

## Social determinants as a way to promote health in prenatal care: perception of primary care professionals

Determinantes sociais como caminho para promover saúde no pré-natal: percepção dos profissionais da atenção primária

Determinantes sociales como vías para promover la salud durante el prenatal: percepción de los profesionales de la atención primaria

**Carolina Gabriele Gomes da Rocha<sup>I</sup>, Ivonete Teresinha Schülter Buss Heidemann<sup>II</sup>, Jeane Barros de Souza<sup>III</sup>, Michelle Kuntz Durand<sup>IV</sup>, Kamila Soares Maciel<sup>V</sup>, Marli Terezinha Stein Backes<sup>VI</sup>**

**Abstract: Objective:** to understand the perception of primary care professionals about the influence of social determinants in promoting the health of pregnant women in prenatal care. **Method:** qualitative study, participant action type, based on Paulo Freire's Research Itinerary, developed through Thematic Investigation, Codification and Decoding and Critical Unveiling, which consists of data analysis. Two Culture Circles were held in a Health Unit, between July and October 2019, with 18 health professionals. **Results:** two themes were investigated: one reflects the determinants involved in prenatal care, and the other discusses prenatal care and determinants as a way to promote health. They revealed the relevance of knowing the determinants involved in the daily lives of pregnant women and which should be considered in full. **Conclusion:** there are multiple barriers faced by pregnant women in prenatal care, and it is necessary to strengthen these women with health-promoting care and linked to social determinants.

**Descriptors:** Health Promotion; Social Determinants of Health; Primary Health Care; Prenatal care; Patient Care Team

**Resumo: Objetivo:** compreender a percepção dos profissionais da atenção primária acerca da influência dos determinantes sociais na promoção da saúde das gestantes no pré-natal. **Método:** estudo qualitativo, tipo ação participante,

<sup>I</sup> Nurse. Master's in nursing. Nurse at the State Health Secretariat of Santa Catarina, Florianópolis, Santa Catarina, Brazil. carolinagabriele.r@gmail.com <https://orcid.org/0000-0003-4150-9332>

<sup>II</sup> Nurse. Post PhD in Public Health Nursing. Professor at the Federal University of Santa Catarina, Florianópolis, Santa Catarina, Brazil. ivonete.heidemann@ufsc.br <https://orcid.org/0000-0001-6216-1633>

<sup>III</sup> Nurse. Post PhD in Nursing. Professor at the Federal University of Fronteira Sul. Florianópolis, Santa Catarina, Brazil. jeane.souza@uff.edu.br <https://orcid.org/0000-0002-0512-9765>

<sup>IV</sup> Nurse. Post PhD in Nursing. Professor at the Federal University of Santa Catarina, Florianópolis, Santa Catarina, Brazil. michakd@hotmail.com <https://orcid.org/0000-0003-3660-6859>

<sup>V</sup> Student in Nursing at the Federal University of Santa Catarina. Florianópolis, Santa Catarina, Brazil. kmaciel153@gmail.com <https://orcid.org/0000-0002-0793-1508>

<sup>VI</sup> Nurse. PhD in Nursing. Professor at the Federal University of Santa Catarina, Florianópolis, Santa Catarina, Brazil. marli.backes@ufsc.br <https://orcid.org/0000-0003-3258-359X>

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fundamentado no Itinerário de Pesquisa de Paulo Freire, desenvolvido por meio da Investigação Temática, Codificação e Descodificação e o Desvelamento Crítico, que consiste na análise dos dados. Realizaram-se dois Círculos de Cultura em uma Unidade de Saúde, entre julho e outubro de 2019, com 18 profissionais da saúde. **Resultados:** investigaram-se dois temas: um reflete os determinantes envolvidos no pré-natal; e o outro, discute o cuidado no pré-natal e os determinantes como caminho para promover saúde. Desvelaram a relevância de conhecer os determinantes envolvidos no cotidiano das gestantes e que devem ser considerados integralmente. **Conclusão:** são múltiplas as barreiras enfrentadas pelas gestantes no pré-natal, sendo necessário o seu fortalecimento com cuidados promotores de saúde e articulado aos determinantes sociais. **Descritores:** Promoção da Saúde; Determinantes Sociais da Saúde; Atenção Primária à Saúde; Cuidado Pré-Natal; Equipe de Assistência ao Paciente

**Resumen:** **Objetivo:** comprender la percepción de los profesionales de la atención primaria sobre la influencia de los determinantes sociales en la promoción de la salud de mujeres embarazadas durante el prenatal. **Método:** estudio cualitativo, tipo acción participante, basado en el Itinerario de Investigación de Paulo Freire, desarrollado mediante Investigación Temática, Codificación y Decodificación, y el Desvelamiento Crítico, que consiste en el análisis de los datos. Se realizaron dos Círculos de Cultura en una Unidad de Salud, entre julio y octubre de 2019, con 18 profesionales de la salud. **Resultados:** se investigaron dos temas: uno refleja los determinantes involucrados en el prenatal; y el otro discute la atención prenatal y los determinantes como vías para promover la salud. Desvelaron la relevancia de conocer los determinantes involucrados en el cotidiano de las embarazadas y que deben ser considerados íntegramente. **Conclusión:** las mujeres embarazadas se enfrentan a múltiples barreras durante el prenatal, haciéndose necesario su fortalecimiento con cuidados promotores de la salud y articulados a los determinantes sociales.

**Descriptores:** Promoción de la Salud; Determinantes Sociales de la Salud; Atención Primaria de Salud; Atención Prenatal; Grupo de Atención al Paciente

## Introduction

Health promotion is a concept that causes ambiguities and contradictions. In this approach, two distinct discourses prevail: one, with an emphasis on modifying individual behaviors; and another, which seeks to move towards a liberating perspective, by strengthening the knowledge of different meanings and concepts, as well as multiple actions and perspectives.<sup>1</sup>

In 1986, the 1<sup>st</sup> International Conference on Health Promotion was held, when the Ottawa Charter that conceptualizes health promotion as the process that seeks to enable people and the community to increase control and improve health was released. In this charter, five priority strategies for action were established, which are: implementation of healthy policies; creation of environments favorable to health; reorientation of health services; strengthening community action; and, development of personal skills.<sup>2-3</sup>

In Brazil, after 30 years of the creation of the Unified Health System (SUS), it can be said that

there is still a long way to overcome the disease-centered model. The health-promoting actions have not yet been able to solidify the way of producing and facing the Social Determinants of Health (SDH) that involve the health-disease process.<sup>4,5</sup>

In this perspective, health promotion needs to focus on health actions the SDH, which include the individual and his/her lifestyle, social and community networks, the provision of health, education, housing and sanitation services, in addition to conditions socioeconomic, cultural and environmental aspects. SDH are understood as factors that influence the health conditions of the population and are available at individual, social, economic, cultural, ethnic/racial, psychological and behavioral levels.<sup>4</sup> Therefore, the synergy of SDH with the promotion of health is relevant in favor of equity, for a better understanding and addressing inequities.<sup>4</sup>

The concern with prenatal care in Primary Health Care (PHC) is highlighted, which is one of the subjects of greatest discussion and public investment today. The reception of pregnant women in PHC takes place in individual and collective spaces, such as consultations and group meetings. The strengthening of prenatal care by PHC professionals can provide interventions that contribute to the reduction of premature births, neonatal diseases and infant mortality.<sup>6</sup>

Thus, it is understood that care for pregnant women should be multidimensional. It requires exceeding the limits of the offices and be performed not only by the Family Health team (FHT), but by the entire multiprofessional team, including the Extended Family Health and Primary Care Center (NASF-AB).<sup>7</sup> The multiprofessional approach in the pre-natural favors the humanization and integrality of care, which are qualifying devices in the process of promoting women's health during pregnancy. In addition, the integration of knowledge of the various professionals in a team enables interventions considered relevant in the continuous care that precedes childbirth.<sup>8</sup>

The fact is that there are multiple barriers faced by pregnant women: regional, social and economic inequalities; difficulty in accessing consultation facilities; misunderstanding of the prescribed guidelines; extended waiting time for consultations; and the failure to perform the tests.<sup>9</sup>

Regardless of these determining and conditioning factors that surround them, there is an unsatisfactory infrastructure and an insufficient number of professionals, which reveal weaknesses for them to face the SDH: the disorganization of PHC to prenatal care, the lack specific office, as well as material resources for consultations and essential medicines for use in pregnancy.<sup>10</sup>

In order to promote the health of pregnant women during prenatal care, it is necessary to involve different actors, in order to produce excellent monitoring during this period. Therefore, it is essential to know their profiles in order to identify the SDH that may interfere with the healthy development of pregnancy, as this particular feature will support the health team to develop promotion actions that provide an improvement in the quality of life,<sup>8-9</sup> which justifies the relevance of this study.

From a narrative literature review, few studies were identified that related the SDH of pregnant women, in the context of prenatal care in PHC. Thus, efforts by health professionals are urgent to address this important issue.

In view of the above, the following research question was revealed: what are the perceptions of PHC professionals about the influence of social determinants in promoting the health of pregnant women? Therefore, the aim of this study was to understand the perception of primary care professionals about the influence of social determinants in promoting the health of pregnant women in prenatal care.

## **Method**

It is a study with a qualitative approach, of the action-participant type,<sup>11</sup> linked to Paulo Freire's Research Itinerary, which consists of three distinct and interconnected stages, namely: Thematic Research; Encoding and Decoding; and, Critical Unveiling. Paulo Freire's Research Itinerary develops in a dynamic format, in a space called the Culture Circle, which is characterized by a group of individuals with some common interest, who come together to reflect on their problems,

share experiences, build a perception deeper understanding of reality and collectively structure concrete intervention actions.<sup>12-13</sup>

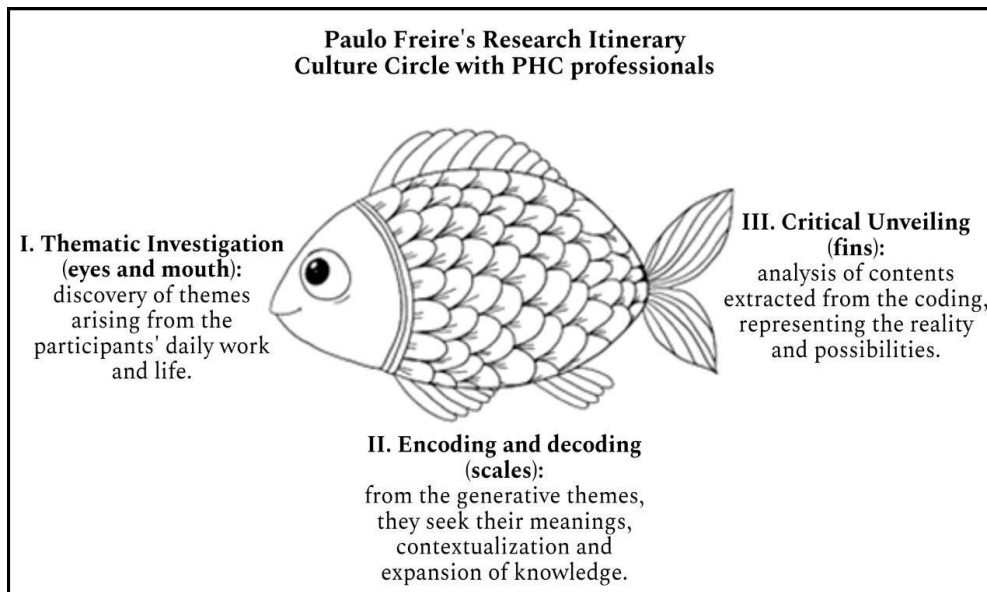
The research was carried out between the months of July and October 2019. Two Culture Circles were held, lasting approximately 90 minutes each meeting, which took place in the meeting room of a Basic Health Unit (BHU), of a municipality of the coast of Santa Catarina, southern Brazil, with the support of the Municipal Health Secretariat.

Researchers, with experience in the methodology and training in this type of approach, were the mediators in this study. They already had links with this BHU - which serves a greater number of pregnant women, for having carried out theoretical and practical activities in undergraduate nursing at the Federal University of Santa Catarina (UFSC). Of the health professionals who worked at this BHU, 18 participated of the study. The coordinator of the chosen unit was previously inviting the participation of the Culture Circles on team meeting days.

For inclusion criteria, the following were listed: being a professional linked to primary care teams; and be present on the days of the Culture Circles to participate in discussions and reflections. As exclusion criteria, professionals on leave due to vacation or leave were neglected. In the first Culture Circle, researchers shared about the objectives of the study and the participants signed the Informed Consent Form.

For Thematic Research, the first stage of Freire's Research Itinerary, the mediator started from the professionals' perception about health promotion and the relationship with social determinants in prenatal care. The debate was stimulated by means of a triggering question: what is the influence of SDH on health promotion for you? Cards were made available for each participant to describe the meaning of the proposed theme. All participants were able to share their reflection on health promotion and raised several questions, organizing two generating themes for discussion in the next Culture Circle: 1) SDH involved in prenatal care; 2) Prenatal care and SDH as a way to promote health.

In the second Culture Circle, to instigate dialogue and make it more dynamic, interactive and concrete, it was decided to go through the stages of Paulo Freire's Research Itinerary based on an analogy with the parts of a fish, thus representing the context of the professionals' performance, that is, the coastal context, as shown in Figure 1. In this analogy, it was reflected about the parts of a fish, which are interconnected, such as Paulo Freire's Research Itinerary.



**Figure 1:** Research Itinerary: analogy with fish

Source: Image adapted by the authors (<https://pt.clipart.me/istock/coloring-book-with-fish-674455>)

To rescue and validate the two generating themes raised in the first Culture Circle, a blue fabric was exposed on the floor, symbolizing the sea of life. A boat was placed in the center of the fabric, with the image of a pregnant woman. The two propositions were symbolized, each, by a large fish drawn on cardboard, accompanied by smaller fish containing the same colors, with the description of a representative term, discussed at the first meeting.

The mediator reread the two themes and their representations and invited the participants to turn their eyes to the pregnant woman in the sea of life, in order to reflect on the factors that influence well-being and health promotion during prenatal care, instigating them to the SDH discussion. For the Coding and Decoding of the two generating themes, the participants were divided into two groups (Lilac and Green). Each group received a name and a poster with the figure of a fish,

containing a question for reflection. Lilac group reflected on: how do SDH influence the quality of life during prenatal care? The Green group analyzed about: how do SDH influence care during prenatal care?

To problematize the issues raised, the mediator shared the conceptual model of Dahlgren and Whitehead<sup>4</sup> on a cardboard, with a view to clearly representing the SDH. The groups debated intensely and then presented their perceptions to the large group, coding and decoding the two generating themes.

The Critical Unveiling occurred simultaneously, as predicted by Paulo Freire's analytical process, based on the SDH framework. This stage, traditionally called data analysis, is a continuous process and occurs with the involvement of all participants that make up the Culture Circles. It is also called the problematization phase, that is, the moment of the construction of knowledge through the revelation of emerging concepts. It represents the awareness that the situation experienced and shared in the codification phase is problematized and decoded, revealing a new look and generating the action-reflection-action process.<sup>12-13</sup>

To record the themes, an audio recording was made, previously authorized by the participants, in order to record the meetings in full. The research was approved by the UFSC Research Ethics Committee, under number 3,253,685 and CAAE 10432719.8.0000.0121 on April 9, 2019, with the determinations of Resolutions 466/12 and 510/2016 of the National Council of Health. To guarantee anonymity, the participants were identified with the names of beaches on the Santa Catarina coast.

## Results

The 18 health professionals who participated in the study were: a doctor, three nurses, a dental surgeon, an oral health assistant, four community health workers, a physical education professional, a physical therapist, three nursing technicians and four nutritionists. The age range of

the participants ranged from 23 to 51 years and the time of work in PHC was from one month to 22 years.

The two generating themes that emerged for discussion in the Culture Circles were: 1) Living conditions of pregnant women as Social Determinants of Health; 2) Prenatal care as a Social Determinant of Health.

### **Living conditions of pregnant women as social determinants of health**

Participants pointed out that the SDH can negatively or positively influence the adherence and development of prenatal care and unveiled gender as a guiding aspect. They reflected on the reality faced by women in the current world and how it interferes with the quality of life of pregnant women. In addition to gender, age was highlighted by professionals, which triggered dialogues about pregnant teenagers, being a worrying and challenging factor, as their lifestyle can negatively influence the quality of life during prenatal care:

*Being a woman is already an influencer, often due to the double workday: women work at home, work outside the home, take care of the family. (Campeche)*

*We reflect on several determining factors. For example, if you are an adolescent pregnant woman, how will she deal with this situation during pregnancy, with the lifestyle she has. (Ingleses)*

The socioeconomic situation, such as work and income, was identified as influencing the quality of prenatal care, as it affects other factors, such as food and leisure, which in turn have an impact on the quality of life of pregnant women:

*The economic situation of the pregnant woman, a situation of unemployment, some financial difficulty, it can also influence several aspects, in terms of food, leisure, culture. So there are several aspects that can influence her quality of life. (Do Rosa)*

The participants highlighted time as something that constantly influences the path to promote health. They reflected and realized that time is socially determined, being permeated by social, economic and gender issues:

*The time available is socially determined. The time available for yourself, to take care of yourself, depends on super individual factors, such as race, color and social class. In Brazil, being a black and poor woman means having less time for yourself, it means living farther from work, receiving less, having less healthy occupations. Having other children will also limit what*



*is possible for yourself; working conditions and more dramatic situations, such as unemployment. (Ipanema)*

The support of family and partner during pregnancy were also raised by the participants, who pointed out that pregnant women who have this strengthened support network demonstrate a differential in relation to those who do not have it, directly interfering in the quality of life during prenatal care:

*If the support network is weakened, how will she be cared for? Having someone to talk to, someone to accompany consultations, we believe to be a differentiator. (Lagoinha do Leste)*

It was revealed that there are countless factors that interfere in the quality of life of women during pregnancy, which go through the workday, income, age and support network and need to be known and understood by health professionals, in order to promote health based on the SDH framework.

### **Prenatal care as a social determinant of health**

The professionals reflected on the importance of not blaming the pregnant women, always considering factors that condition their well-being:

*The non-continuity of prenatal care due to missed appointments needs to be discussed, as it results in the professionals being blamed by pregnant women. The moment we think about the aspects that limit the possibilities of decision and individual options, we leave the discourse of blaming the victims and, consequently, from the fallacy that the health of each one depends on their individual choices or depends strictly on their individual decisions. (Ponta das Canas)*

*It has to do with our daily practice. We talked about some issues here, for example, we missed a prenatal consultation in the rain, in the system it looks like this: "Will you want to see this person, even if they are missing?" So we blame it if we don't discuss what our role is here at the BHU, which is to serve the other. And the way we look at this human being. (Rififi)*

For the study participants, empathizing with the pregnant women and understanding the real reasons that lead them to make decisions during prenatal care are essential acts to qualify the care provided and promote the health of women and babies:

*How would I like to be seen if I was pregnant and went to the BHU? How would I like to be received if I arrived in a bad situation with a series of social problems, emotional problems? Would I like someone to look at me with bad eyes, or would I want someone to say "Good morning! How can I help you?". (Açores)*

The participants reflected on the care provided during prenatal care and highlighted the relevance of being centered on the pregnant woman and her family, as well as on the demands that

this woman presents, avoiding excessive care, which can lead to conflicts during this period:

*Social determinants are fundamental for the elaboration of a prenatal care and assistance plan, as long as they are centered on the person. When we go to see a woman or a family, what is the economic, social and environmental situation of the construction of this maternity hospital? We will have to take into account what that woman brings us and this reflects a lot on how much care this woman can take, how much she came to get, so that I am not excessive in things that I may not really reach her. So, the construction on top of the cultural baggage that this woman brings, of the living and working conditions, of the social networks that she occupies, of the lifestyle that she leads, the food issues, where she lives, how she lives, the social support network she has, housing. Anyway, all the social determinants will make me look within the assistance to focus on what is necessary and interesting. (Pântano do Sul)*

In addition, professionals discussed the need to know the reality of the pregnant women, since the beginning of prenatal care, seeking to know the meaning of this pregnancy and motherhood for them. Another aspect of discussion was the joint construction (professional-pregnant-family) of a care plan, which takes into account the SDH as a possibility to promote women's health and empowerment, during the gestation process:

*So, for example, a woman who starts prenatal care at the office, I think the first approach is for us to try to understand who this woman is, how she was born, how she built her life, how that is motherhood, what this motherhood means to her and from that, make it possible within this story, to base the care not in what I think is right, but in what makes sense to her. (Galheta)*

*These days I gave a very clear example about SDH. I saw a patient who has a more alternative way of life and another with a different belief, for example, an evangelical and a Buddhist. I am neither Buddhist nor evangelical, but how can I make this make sense to her, so that she can leave there after nine months with this baby on her lap, and with the feeling that she is constituting the motherhood of a way that she is empowered to do that, that she has the power, to understand that the process is hers and not mine. The construction is ours! (Açores)*

The dialogue in the Culture Circles stimulated reflection on the SDH in the context of pregnancy and the family, social and cultural interface. These factors appeared as situations that influence pregnancy and that should be considered when the health professional performs prenatal care, as a way to promote women's health in their pregnancy process.

## Discussion

Health promotion consists of a set of strategies, at the individual and collective level, that aims to meet social health needs and improve the quality of life.<sup>5</sup> However, the effectiveness of these

principles depends, on a macro level, on the action on the SDH and, at the micro level, the action on the person, family and community.<sup>4</sup>

It should be noted that the Dahlgren and Whitehead<sup>4</sup> model describes the social determinants that influence health. At the center of this model are individuals with their characteristics of age, gender and hereditary factors. When observing testimonies of the PHC professionals, they pointed out the ages of the pregnant women, citing adolescent pregnancy, as well as addressing the fragility of the female sex, and her economic vulnerability, especially the situation of black women.

At the first level of the model by Dahlgren and Whitehead<sup>4</sup> are the factors related to lifestyles. The participants of this study showed this situation, highlighting the lack of time in the pregnant woman's life, which interferes in her choices, according to her behavior and way of living. The second level includes the social and community support networks, with health professionals addressing the relevance of the support of family members and the pregnant woman's companion in the path of health promotion in prenatal care.

The third level illustrates the macro determinants, related to the economic, environmental and cultural factors of society in general. In this aspect, the study participants highlighted the economic conditions, in which they highlighted the unemployment, education and poverty of women, which can interfere in their health conditions. They also remembered leisure, housing and food, but they did not mention anything about the situation of water, sewage and agricultural production of food, which is mentioned in the model by Dahlgren and Whitehead.<sup>4</sup>

Social conditions have a significant influence on the individual's habits and behaviors. In addition, they influence the knowledge, perception and self-management capacity of the health condition.<sup>14</sup> From a broad perspective, it can be seen that the recognition of socioeconomic inequalities and the identification of their dimension, are essential for the promotion of public policies that can eliminate these differences,<sup>15</sup> mainly with regard to the most vulnerable populations.

When pregnant, women can become vulnerable to the social and demographic aspects that involve them, which influence health conditions. Pregnancy consists of a natural physiological process and comprises a sequence of specific physical, psychological and social changes, which require adaptations not only in the body, but especially in female life.<sup>15</sup> During this process of intense changes, it is expected that pregnancy be a positive experience. For this to happen, the professional/user relationship, established during prenatal care, needs to be based on dialogue, so that information and guidance on health care can be seen as a differential that contributes to the achievement of quality of care.<sup>16</sup>

However, there are many challenges in PHC for reaching qualified prenatal care, as maternity is understood as a social construction. The protection of pregnant women is still threatened, marked by a history of negligence in the health, care and political spheres. Pregnant women who seek prenatal care in PHC may face difficulties related to availability, the direct and indirect costs of assistance and the relationship established with the services. In this sense, to understand that the peculiarities involved in accessing prenatal care collaborate for the reorganization of health services.<sup>17</sup>

It is noteworthy that social opportunities are not equally offered, as women have a long workday due to the countless occupations to which they take ownership, which can generate stress and physical overload, added to gender inequalities to reconcile tasks.<sup>18</sup> Young women and less fortunate, who are devoid of educational and professional projects, feel the weight of economic limitations and the lack of access to various social benefits, which violate basic rights. Teenage pregnancy in Brazil is one of the factors that make women less likely to work and have a decent life, and it is necessary to develop actions that promote their rights and decent living conditions. This public needs prenatal care in a welcoming and humane manner by nurses and other PHC professionals, in order to face the vulnerabilities that surround these women.<sup>19</sup>

Factors such as level of education and perception of the need for treatment influence the

acquisition of knowledge and health care. Individuals with greater social deprivation have beliefs about their health and less perception of maintaining essential care. In this context, health is a concept that expresses social and population beliefs, which in turn are influenced by cultural and demographic values, which result from its relationship with the territory and its characteristics.<sup>10-15</sup>

PHC professionals are responsible for the health of individuals in the territory covered by the team, appropriating demands and the health, social, historical, cultural and environmental context for planning actions. Through this performance, the bonds become close between professionals and users, which favors the establishment of bonds and performance in a broad way, considering the determining and conditioning factors, which contributes to the development of prenatal care. PHC should strengthen its role as coordinator of the Health Care and Care Network, with a view to enabling access and continuity of prenatal care, seeking, mainly, to mediate the empowerment of pregnant women, so that they are protagonists of their own history.<sup>20-21</sup> It should be emphasized that, when seeking to value and promote the health of pregnant women, professionals need to consider the SDH, without blaming them in the health-disease process.<sup>22</sup>

In addition, it is essential that professionals are sensitive and attentive to identify the support network, act together and achieve quality during prenatal care. The family is directly related to the SDH and is perceived as an important factor in this period, as it constitutes a complex system that directly influences all members. It is from the family that emotional support and guidance to build concepts, beliefs, values and traditions are provided. The influences generated by the family network also impact on how individuals take care of themselves, how they deal with the health-disease process, which extends to the gestational period, childbirth and postpartum.<sup>23</sup>

It reveals the importance of health professionals to build a care plan, together with pregnant women, considering the health needs and the SDH. Within PHC, professionals should seek to empathize with the history of women, their interfaces with pregnancy, their context of life and provide moments of listening and interaction that allow them to become active in their care,

promoting female empowerment during the process of gestating.

The prenatal care performed in the PHC transcends biologic conducts in health care, making it essential to understand and recognize the social, economic, cultural, ethnic-racial, psychological and behavioral factors of pregnancy, to promote comprehensive care. In this scenario, listening is an excellent resource for knowing what the needs of each pregnant woman are and, from then on, providing them with the relevant information and care.<sup>24</sup> Thus, it is essential to develop interdisciplinary actions by professionals who operate in the context of primary health care. Prenatal care requires the performance of activities that encompass different knowledge, which may come from health professionals as well as from other sectors of society.<sup>25</sup>

As a limitation of the study, it is pointed out the reduced time for the realization of the Culture Circles, which were developed during the FHt meetings, in order to optimize the participation of the PHC professionals. It is also noteworthy the limited number of studies related to the theme of SDH in the context of prenatal care.

## **Conclusion**

Participants discussed the living conditions of pregnant women as SDH, reflecting on the care provided to them in PHC. They revealed that it is essential to promote prenatal care based on their ways of being and living, their families and the context in which they are inserted. Knowledge about the SDH facilitates the health promotion of pregnant women and assists in the development of a prenatal care plan that meets the expectations and needs of each woman. The understanding about the influence of SDH in prenatal care is noticeable among professionals working in PHC. Through this study, the participants highlighted the socioeconomic difficulties faced during pregnancy, the problem of age and, also, about the support network, which have an impact on the quality of life and health promotion of these women.

The methodological approach chosen by the researchers provided opportunities for

reflection and exchange of experiences among the participants. Paulo Freire's Research Itinerary provided an understanding of social situations and an understanding of reality, which were achieved through collective dialogue. It is suggested that other studies be developed with participatory methodologies, as they become broader, more liberating and with results that go beyond the scope of the research, with repercussions on the transformation of reality. Further research on this topic is recommended, with a focus on the practice of care and teaching of health professionals.

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### **Corresponding author**

Ivonete Teresinha Schülter Buss Heidemann

Email: ivonete.heidemann@ufsc.br

Address: Servidão Natureza, 160. Bairro Campeche. Florianópolis/Santa Catarina – Brazil. CEP: 88063 - 545

### **Authorship contributions**

#### **1 - Carolina Gabriele Gomes da Rocha**

Conception or design of the study/research, analysis and/or interpretation of the data, final review with critical and intellectual participation in the manuscript.

#### **2 - Ivonete Teresinha Schülter Buss Heidemann**

Conception or design of the study/research, analysis and/or interpretation of the data, final review with critical and intellectual participation in the manuscript.

#### **3 - Jeane Barros de Souza**

Final review with critical and intellectual participation in the manuscript.

#### **4 - Michelle Kuntz Durand**

Final review with critical and intellectual participation in the manuscript.

#### **5 - Kamila Soares Maciel**

Final review with critical and intellectual participation in the manuscript.

#### **6 - Marli Terezinha Stein Backes**

Final review with critical and intellectual participation in the manuscript.

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