



DIFFICULTIES EXPERIENCED BY MEN DURING THEIR PARTNERS' PREGNANCY*

DIFICULDADES VIVENCIADAS PELO HOMEM DURANTE A GRAVIDEZ DA COMPANHEIRA

DIFICULTADES ENFRENTADAS POR EL HOMBRE DURANTE EL EMBARAZO DE LA COMPAÑERA

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Pregnancy causes physical and psychological changes in women, which directly affect the spouse. Thus, this study aimed at investigating the difficulties experienced by men during pregnancy, describing male reactions when facing such difficulties. This is an exploratory and descriptive study with a qualitative approach, developed in Natal / RN, Brazil. Data collection occurred from May to July 2008, with 27 men, through semi-structured interviews, after authorization n° 176/2008 issued by the Ethics Committee of the Rio Grande do Norte Federal University. The interviews were elaborated according to Bardin's Content Analysis. Results suggest that mood changes in pregnant women, alterations in marital life, financial hardship and access to health services are the main difficulties perceived by interviewed men. When facing such problems, respondents stated that they reacted calmly and understandingly. We concluded that the interviewees experienced difficulties resulting from their partners' pregnancy, but these did not represent an obstacle to their relationships within the family context.

Descriptors: Obstetrical Nursing; Spouses; Family Relations.

A gravidez acarreta modificações físicas e psicológicas na mulher, as quais repercutem diretamente no cônjuge. Diante disso, objetivou-se averiguar as dificuldades vivenciadas pelo homem no processo gravídico e descrever as reações masculinas frente a essas dificuldades. Trata-se de um estudo exploratório-descritivo, em abordagem qualitativa, desenvolvido em Natal/RN, Brasil. A coleta de dados ocorreu de maio a julho de 2008, com 27 homens, por meio de entrevista semiestruturada, após parecer n° 176/2008 do Comitê de Ética da Universidade Federal do Rio Grande do Norte. Os depoimentos foram trabalhados conforme Análise de Conteúdo, segundo Bardin. Os resultados apontaram como dificuldades a oscilação de humor da companheira, mudanças na vida conjugal, situação financeira e acesso aos serviços de saúde. Frente a essas dificuldades, os entrevistados afirmaram reagir de maneira tranquila e compreensiva. Conclui-se que os depoentes conviveram com dificuldades advindas da gestação da companheira, porém, isso não representou obstáculos para seu relacionamento intrafamiliar.

Descritores: Enfermagem Obstétrica; Cônjuges; Relacionamento Familiar.

El embarazo causa cambios físicos y psicológicos en las mujeres, que afectan directamente al cónyuge. El objetivo fue investigar las dificultades experimentadas por el hombre con el embarazo y describir las reacciones masculinas a las dificultades. Estudio descriptivo exploratorio, con enfoque cualitativo, desarrollado en Natal-RN, Brasil. La recolección de datos tuvo lugar entre mayo-julio de 2008, con 27 hombres, a través de entrevista semiestructurada, según N° 176/2008 del Comité de Ética de la Universidad Federal do Rio Grande do Norte. Las declaraciones fueron trabajadas como el Análisis de Contenido. Los resultados apuntan las dificultades de humor compañero columpios, cambios en el estado civil, financiero y de acceso a los servicios de salud. Los encuestados afirmaron reaccionar calma y comprensión. Por lo tanto, los entrevistados vivían con dificultades derivadas del embarazo de sus parejas, pero esto no representa obstáculos a su relación intrafamiliar.

Descriptores: Enfermería Obstétrica; Esposos; Relaciones Familiares.

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INTRODUCTION

In this study we approach difficulties experienced by men during their partner's pregnancy. The motivation to investigate this topic was born through the belief that the changes and expectations inherent to the pregnancy state affect the couple and the family as a whole. Although the pregnancy stage is part of the evolutionary process in humans, it imposes physical and psychological changes to the female body that directly affect those who live together with the pregnant woman.

Being so, the man/partner experiences together with the woman, alterations that begin with gestation, continue with the parturition and puerperium stages and finish with breast-feeding. Although in most cases the partners feel like mere observers of the pregnancy process, they seek to participate in their partner's pregnancy with attitudes such as satisfaction, concern, reminders and care⁽¹⁾. Therefore, they become more susceptible to face doubts, anguish and anxiety related not just to pregnancy but also to the other stages of the pregnancy and childbirth cycle.

Through the specific peculiarities of each stage and the nuances of pregnancy changes, the partner's participation in the pregnancy context appear as extremely important for the pregnant, parturient and puerperal woman. It is widely accepted that by interacting with themselves and with their partner's pregnancy, men predispose their families to a state of wellbeing, thus bringing benefits for both the mother and the child⁽²⁾. Considering this fact, some initiatives have been elaborated, seeking to widen man/partner participation in the reproductive cycle context, from pre-natal consultation to childbirth.

With regards to pre-natal care, an interpersonal, family-oriented approach must be established. In the context of such care, it is necessary to pay attention to the health professionals involved in assisting pregnant

women, their partners and the family as a whole, seeking to promote a human and friendly care. Therefore, seeking to humanize assistance, it is up to health services and professionals to assist the pregnant woman and her relatives in a way that directly involves them in the care process⁽³⁾.

However, in order to make male participation effective in the context of obstetric assistance, it is necessary to be familiar with some peculiar aspects related to their participation in the pregnancy process. Consequently, assistance strategies must be based on concrete data on the partner in the pregnancy environment, seeking to protect the pregnant woman and her partner from marital disharmony that may result from gestation changes.

Acknowledging the peculiarities that affect men during partner gestation, the study assumes that the arrival of a child leads them to face situations that may affect their participation in their partner's pregnancy process. This assumption brought the following research question: what are the possible difficulties faced by the spouse during his partner's pregnancy? Thus we sought to identify difficulties experienced by men during the pregnancy stages, describing male reactions when facing such difficulties.

METHODS

This is an exploratory and descriptive research with a qualitative approach, developed in four health units that adopt a family health strategy. The referred institutions belong to the western Natal /RN, Brazil health district. The research included the participation of 27 men who had partners between the second and third pregnancy trimester.

The interviewee's selection met the following inclusion criteria: their partners should be 18 or older, registered in the pre-natal assistance program and

experiencing their second or third pregnancy trimester. Their partners should also demonstrate good mental health.

Data collection took place between the months of May and July, 2008 through a semi-structured interview. For this purpose, socio-demographic questions specific to the study object were applied. This stage was carried out after project approval was granted by the Rio Grande do Norte Federal University Ethics and Research Committee (CEP), CAAE nº 0019. 0051.000-00 law nº 176/2008, together with the approval granted by the Natal Municipality Health Authority and formal interviewee consent through the signature of a Statement of Informed Consent (S.I.C). Seeking to preserve participants' identity, they are referred to with a letter E, followed by a number that suggests the order in which interviews took place.

Statements were dealt with in agreement with Bardin's Contents Analysis Precepts using the thematic analysis technique⁽⁴⁾. Interview analysis consisted of the following stages: transcription, fluctuating and exhaustive interview reading, identification of sense nuclei, codification and categorization. Through this process, the topic of "experiencing difficulties during the partner's pregnancy" arose. Results discussions were supported by literature related to man in the context of the pregnancy and puerperal cycle.

RESULTS AND DISCUSSION

Participant's socio-demographic profile

Most interviewees were between 22 and 36 years of age, with schooling level from basic to secondary incomplete and family income from 1 to 2 minimum monthly salaries. With regards to their marital status, most interviewees declared to have been in stable union with their partners for more than three years. This data reveals the participants' social profile and demonstrates

that they were all young adults living with their partners for a considerable time.

This relevant data corroborates research results developed together with partners who experienced female pregnancy, identifying that older men who have been in stable relationships for a longer time, tend to live their partner's pregnancy with difficulty and concern⁽¹⁾.

Experiencing difficulties during the partner's pregnancy

Interviewees recognized a number of issues that they perceive as difficulties, such as: their partner's changing humor, alterations in their marital/sexual lives, financial hardship, pregnant women access to health care services, purchase of medicines during pregnancy and materialization of laboratorial tests. Among all these, humor alterations and jealousy scenes made by their partners were appointed as the main problems faced during pregnancy.

In this stage, under the effect of pregnancy hormones, the mother's body suffers alterations that go from the physiologic to the social environment. Consequently, some women experience humor changes, particularly in their coexistence with their partners, reacting in unusual ways to situations that are common to wedlock⁽⁵⁾. Therefore, behavioral alterations experienced by pregnant women are directly affected by social and aesthetic factors, mainly related to bodily changes resulting from their pregnancy state.

On this matter, authors admit that changes resulting from pregnancy are perceived by pregnant women differently according to the gestation period in which they are. This suggests the need for a qualified assistance in which professionals should offer pregnant women advice on the changes they are going through, as sometimes doubts remain throughout the entire gestation process⁽⁶⁾.

During gestation, besides the physical changes, the central nervous system acts in the female body, leading the pregnant woman to experience different alterations that result in affective clashes, personality changes and psychomotor slowness⁽⁷⁾. When these issues affect the mother's humor, they can become a problem for those who coexist with her and in particular, for her partner.

On this conjuncture, interviewees expressed to have endured moments of doubts and uncertainty with regards to humor changes in pregnant women, as the following statement shows: *sometimes I think she's angry with me because of something I may have done. But I don't do anything to deserve that...* (E21). Emotional instability experienced by the women during pregnancy tends to stimulate her partner to adopt a more tolerant and benevolent behavior in order to keep marital harmony⁽¹⁾.

Besides having shown that they understand humor alteration as a common phenomenon during pregnancy, the interviewees revealed the possibility of divorcing after the child is born. *I know it is because of the pregnancy but if things don't change after the baby is born, I will have to do something about it* (E10). This affirmation makes it clear that the tolerant posture adopted by the male partners regarding their spouses' emotional fragility is only restricted to the gestation process and would not be admitted in a different situation. For this reason, it is important to call the attention of professionals who offer pregnant women care in Basic Health Care Units (UBS), in the sense of developing strategies for men care, seeing to clarify doubts related to the changes experienced by women during the gestation-puerperal stages.

For some participants, humor alterations were consistent with jealousy scenes provoked by the pregnant woman: *sometimes I want to go out and she won't let me. She hides the key so that I cannot leave and I get angry. I am a quiet man so I take it easy and I end up forgetting about it* (E12). This statement reveals once again, a tolerant attitude

regarding the behavior of the pregnant woman. It is important to highlight that exacerbated jealousy in the pregnancy context is possibly related to the way in which the pregnant woman perceives herself in such situation. Body changes may make her see herself as less attractive for her partner, leading her to feel afraid of being emotionally and physically cheated.

Seeking to better explain these issues, it is relevant to clearly define jealousy in the context of marital relationships involving affection. Jealousy is understood as a feeling of fear faced by humans when they are afraid of being rejected by the person with whom they have a relationship⁽⁸⁾. Although some may consider this feeling as an expression of love, others admit that it can provoke anguish and sadness, as well as develop unhealthy personal relationships. Therefore, once manifested in the individual, jealousy awakes the need of possessing and keeping the loved one. Such situation demands permanent presence and leads the "jealous" subject to demonstrate intolerance with the other person⁽⁹⁾.

Therefore, jealousy is understood as a reaction that appears when affective stability is threatened by a rival, whatever the cause may be. For women, jealousy is related to the possibility that another woman may take her emotional stability away, as well as her children's⁽¹⁰⁾. For the interviewees, coexisting with their partners' emotional instability and jealousy bursts during pregnancy caused them dissatisfaction in their relationships.

It is worth highlighting that although this research has not approached the origin of the difficulties experienced, some participants were unaware of the possible pregnancy factors likely to provoke humor changes in the pregnant woman or the alterations in their marital/sexual lives. As from this affirmation, health professionals and pre-natal professionals in particular, must have knowledge, skills and sensitivity to perceive

the dimension of the influence of pregnancy changes in everyday life for the pregnant couple, seeking to contribute to a healthy gestation experience.

Based on the statements obtained, we understand that the interviewees experienced the gestation period with adaptations to the new situation and that these occurred at a physical, emotional, existential and sexual level. Consequently, it is important to consider the presence of men in discussions on their presence and active participation during the pregnancy process, seeking to offer them advice and make them feel co-participant of their partner's gestation.

The need to guide men on matters inherent to the reproductive process has already been demonstrated in another study, which revealed that they don't have enough information. However, when they do receive information, in most cases, it is related to routine services and not to the pregnancy situation experienced by women. This places them in an adverse reality in which uncertainties and insecurity are felt beyond the gestational period⁽¹¹⁾. Likewise, it is mandatory to insert the partner in pre-natal consultations so that doubts about the physiological alterations experienced by women - and observed by men - can be minimized⁽²⁾.

Other difficulties mentioned by participants are related to alterations in their financial lives and concerns related to the woman's access to health care services, laboratorial exams and the purchase of medicines inherent to the pregnancy condition: *sometimes I feel unhappy, as my salary is not very good and I want to give her more, but I can't* (E6); *Now I have more responsibility, everything is for the house and for her* (E22). Here, we can observe that men experienced their partner's pregnancy through ideas ruled by gender relationships, which demand that they should take the role of provider. This fact contributes to raise concerns about their financial state, which start before birth and continue during the breast-feeding period⁽¹⁾.

As for the concerns related to the access to public health care services, the answers obtained suggest that assistance strategies aimed at female health care still don't meet population demands in an effective way. Such reality tends to cause uneasiness in men; in particular in those from lower social classes, as for them, the public service is the only one available for the care of their partners and sons/daughters: *I worry about the delay to receive results of tests requested by the doctor... And every now and then, there are not enough medicines in the health center* (E9).

Generally speaking, statements lead to consider that interviewees assumed the responsibility of ensuring the wellbeing of their spouses and the child. In the context of male hegemony, this qualifies a man as a good father and husband, as the idea of the male as the family protector has been perpetuated for centuries and it is still strongly rooted in society.

For men, paternal responsibility involves present and future obligations and duties, as pregnancy and childbirth demand financial needs⁽¹²⁾. This concept is based on the fact that gestation increases family expenses with the pregnant woman's needs and preparations for the arrival of the new-born. Besides, some men project their child's future when they are still in the intrauterine phase, suggesting that a man, as the providing father, can feel threatened if he fails to meet the needs resulting from pregnancy. This is related to the masculinity ideas that also affect the gestation context, in particular, those referred to the financial support offered by the male partner^(1,13). Likewise, the male concern with financial issues is a factor to be considered, as it represents a problem that can generate other difficulties in the couple's life.

It is worth highlighting that although physiological changes seem to be a difficult aspect of the pregnancy experience, bringing negative feelings such as concern and fear, interviewees reacted to these issues with easiness and sympathy. This fact turned out to be a

positive aspect in the way issues that pervade the gestational period are faced.

Taking these considerations into account, it is worth highlighting that calmness is favorable to the interaction of men with themselves and to the pregnancy context, leading to an understanding of the phenomenon, which positively affects the final response. Following this reasoning, tranquility and sympathy, even when facing difficulties, contributed to keeping the well-being and the family harmony of those interviewed.

Working with men as a part of the trilogy mother-child-father means to contribute to overcoming obstacles experienced by them not just during pregnancy but also during parturition and post-parturition, in accordance with the principles of obstetric assistance humanization. In this sense, it is worth mentioning that the promotion and prevention of grievances in the assistance to the pregnant woman and her family during the gestational process, from ambulatory assistance to hospital care during parturition, should grant the integrality of all initiatives. Therefore, it is imperative that all intellectual, emotional, social and cultural needs relevant to the pregnant couple and their relatives are included in the environment of obstetric assistance^(3,14).

The integrality of the assistance to the female population is still seen as a challenge in the current health scenario, as some aspects represent obstacles to be overcome. Among them, we can mention the insufficient knowledge demonstrated by health professionals in Health Care Units with regards to the Single Health System principles and the Family Health Strategy. In addition to these problems, we should include the organization of such services, which are fragile in the sense of fulfilling the real health needs of the pregnant woman, including services related to the implementation of the reference and counter-reference systems⁽¹⁾.

Even considering the troubles related to obstetric care, it is important to remember the responsibility of the health team and the obstetric nurse in particular. As the latter is qualified and prepared to develop a close relation with the pregnant woman and her family, this professional must have the necessary competences to detect early on, situations that may put marital harmony at risk as a result of pregnancy alterations.

CONCLUSION

Reflecting on the results obtained in this study, it is worth mentioning that the interviewees said to have been directly affected by the changes experienced during their partner's pregnancy, in particular by female humor oscillations. Besides, they narrated changes in their marital routine and facing both emotional and financial troubles.

However, although the interviewees had undergone difficulties resulting from their partner's gestational stage, that did not represent an obstacle to their coexistence and marital relationship. Most of them expressed to have reacted calmly and understandingly during pregnancy. However, we should not forget those who experienced feelings of fear and concern, as these often create emotional problems that may interfere with the intra-family harmony.

The study of the issue in question is relevant in the context of nursing assistance, as facts inherent to the difficulties felt by the spouse during the gestation period were revealed. Consequently, results shall contribute as necessary tools for the planning of nursing initiatives related to the assistance to the pregnant couple. This way, it is expected that men can be included in pre-natal care and in this scenario, they can receive all relevant information on the entire gestation and puerperal cycle.

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