

Quality of life of adolescents after maternity

Qualidade de vida de adolescentes após a maternidade

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Keywords

Quality of life; Nursing; Maternal-child nursing; Primary care nursing; Adolescent

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Abstract

Objective: To evaluate the influence of sociodemographic, obstetric and neonatal variables on the quality-of-life index of adolescents after maternity.

Methods: Cross-sectional study with 96 adolescents who gave birth in a teaching hospital, with data collection done through a questionnaire administered during home visits.

Results: Overall quality-of-life index: 21.48. The socioeconomic domain had the lowest score attributed (17.34) and the family domain had the highest score (25.31). Statistically significant variables: maternal level of education, own income, gestational age at birth and number of live children.

Conclusion: Such variables had a negative impact on the quality of life of the adolescents.

Resumo

Objetivo: Avaliar a influência de variáveis sociodemográficas, obstétricas e neonatais no índice de qualidade de vida de adolescentes após a maternidade.

Métodos: Estudo transversal com 96 adolescentes que paríram em um hospital de ensino, com coleta de dados realizada por meio de questionário aplicado em visita domiciliar.

Resultados: Índice Qualidade de Vida geral: 21,48. O domínio socioeconômico teve o menor escore atribuído (17,34) e o domínio família teve o maior escore (25,31). Variáveis estatisticamente significativas: escolaridade materna, renda própria, idade gestacional no momento do nascimento e o número de filhos vivos.

Conclusão: Tais variáveis impactaram negativamente na qualidade de vida das adolescentes.

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Introduction

Pregnancy and maternity constitute important themes in adolescence due to potential social, cultural, legal, psychoemotional and physical consequences for the young woman.^(1,2) Maternity imposes a process of maturing due to new psychological, social and economic responsibilities, for which the adolescent may not yet be prepared, which ends up having direct impacts on her quality of life.⁽³⁾

Quality of life is a theme of interest in health care due to the complexity and multifactorial nature of its determinants.⁽⁴⁾ Identification of potentially-influencing aspects permits a vision of the needs perceived by the community, and thus improved care and management practice of health services.⁽⁵⁾

The nursing team works on the interface between the community and health services, and because of this, deserves highlight on the care to the adolescent who experiences maternity, on the perspective of quality of life.

This study has the objective to evaluate the quality-of-life index of adolescents after maternity and the influence of sociodemographic, obstetric and neonatal variables.

Methods

This cross-sectional and descriptive study was performed in a teaching hospital in the city of Uberaba, in the state of Minas Gerais, in the southeast region of Brazil. Ninety-six adolescent mothers between the ages of 10 and 19, who gave birth in a teaching hospital between January and December of 2010, were investigated, independent of type of birth, parity and gestational time at birth.

The research instrument was a questionnaire developed based on the study variables. The strategy adopted for data collection was the application of the questionnaire during visits to the homes of the adolescents, which took place between May and July 2011.

The sociodemographic variables selected for the study were: age at time of birth, age at time of interview, marital status, employment, level of educa-

tion, main means of information used, number of family members, average monthly family income and whether or not she has her own income. The gynecological and obstetrical history and neonatal record variables investigated were: age of the newborn, number of pregnancies, number of births, number of abortions, gestational age at time of last birth, type of birth, maternal complication during last pregnancy, neonatal malformation, specialized neonatal hospital care, number of live children, and breastfeeding.

For evaluation of the quality of life, the generic version of the Quality-of-Life Index (QLI) was used, which measures the overall quality of life and subdivides its items into four domains, which generate the respective points of the score: Health and functioning; Psychology and Spiritual; Family and Socioeconomic.⁽⁶⁾ The scoring varies from 0 to 30, for all versions, in which the higher the final score the higher the quality of life.

Data management and calculation of scores from the Quality-of-Life Index were performed using the software *Statistical Package for Social Science* (SPSS), version 11.5, and from the computerized syntax of the quality of life index.⁽⁶⁾ Analysis by T-Test was used for independent samples for quantitative and categorical variables, verifying if the results obtained were statistically significant ($p < 0.05$), considering that the p-values should be interpreted in the hypotheses that the casuistry constitutes a simple random sample of a population with similar characteristics.

The study was developed in compliance with international and national standards of ethics in research involving human beings.

Results

In the period studied, 20.8% of births were to adolescent mothers. Of these, the sample universe of adolescents selected for the research was constituted of 144 mothers that fit the inclusion criteria, of which 96 interviews were valid, since 48 losses were registered.

For the youth interviewed, the average overall score of the quality of life index, considering all of

Table 1. Quality-of-Life Index

	n	Mean	Median	DP	Minimum	Maximum
General QLI	96	21.48	21.85	3.82	11.89	28.73
QLI – Health and Functioning	96	21.57	21.94	4.37	11.08	28.77
QLI – Sociodemographic	96	17.34	17.46	4.73	2.86	28.29
QLI – Psychology and Spiritual	96	22.71	23.64	5.15	4.29	30.00
QLI – Family	96	25.31	25.85	3.94	13.30	30.00

Table 2. Study variables according to Quality-of-Life Index

Variable	QLI Overall	QLI Health and Functioning	QLI Sociodemographic	QLI Psychological and Spiritual	QLI Family
Education level	0.272	0.916	0.008	0.342	0.678
Have own income	0.417	0.616	0.017	0.953	0.642
Number of live children	0.009	0.004	0.058	0.305	0.006
Gestational age	0.121	0.029	0.612	0.288	0.596

the domains evaluated, was 21.48 points, with a variation of 16.84 points between the lowest and highest value scored. Evaluation by quality of life domains indicates that the most affected aspects are socio-economic, while questions related to family show a higher average score. Among the component items of quality of life, that with the highest and lowest average scores relate, respectively, to the children of the adolescents and to the fact that they do not develop employment-related activities (Table 1).

Among the socioeconomic variables investigated, comparison of the score from the socioeconomic domain with level of education was statistically significant (Table 2), indicating the higher the level of education, the greater the quality of life for this aspect. The majority of the adolescents (79.2%) perceived the importance of formal education, identifying it as necessary to occupy a position in the job market and to improve her economic condition, even though returning to school was not planned in the short-term.

The own income variable was significant for the socioeconomic domain (Table 2), indicating that there is a certain concern about economic dependency, reinforced by the fact that “To not have a job” is among the lowest scores of the evaluation instrument. The other sociodemographic variables analyzed were not statistically significant for any domain or the overall quality of life index.

In regard to obstetric variables and neonatal background, the number of live children was statis-

tically significant for the general quality of life index and for the health and functioning and family domains (Table 2).

The results of this study point out that prematurity (≤ 36 weeks) had a negative impact on the health and functioning domain of the quality of life of the adolescents (Table 2). The other obstetric and neonatal variables investigated did not present statistically significant differences in the analysis of the overall QLI and by domains.

Discussion

The limitations of the results of this study are related to its cross-sectional design, which does not allow the establishment of causal relationships, the population of the study, adolescents coming from a local public health service and the difficulty of the active home search, which generated 33% of losses in the study population. The results contribute to the understanding of aspects that impact the quality of life of adolescent mothers, and signal the importance of a comprehensive view of these young women, so that health care is more effective and continuous after the birth of the child.

The investigation showed that having more than one live child is directly related to overload in the experience of maternity, negatively influencing quality of life of the young woman, and showing

that becoming pregnant again is a situation that deserves attention. In spite of this, there is socio-cultural acceptance of adolescent maternity in the studied group, indicated by the large value placed on the family domain.

Statistics from the teaching hospital in which the adolescents of this study gave birth reflect the national estimate of live birth children of women in this phase of life, estimated to be between 10 to 20%.⁽⁷⁾

The results for mean overall score of the quality of life of the group of adolescents studied was 1.80 and 4.34 points below the results recorded in other studies, respectively, which also used the quality of life index to evaluate women who are pregnant and after the birth of the child, including adolescent women, which showed overall average scores of 23.28 and 25.82.^(5,8)

The scores by dimension of quality of life of this study reinforce the value of the family institution by youth and its representation as a base of support, independent of the perception that they have of co-existing with family members.⁽⁹⁾

Analysis of the items with the highest and lowest scores from the evaluation instrument, considering the relationship between satisfaction and the importance attributed, reveals that there is a shift of focus on the life of the adolescents as a consequence of incorporation of the maternal role, valuing children as the best aspect of life.

The item “to not have a job” had the worst score, also being pointed out in a study with pregnant women,⁽⁵⁾ and in a situation of mediate puerperium.⁽⁸⁾ Economic conditions and the question of dependency appear to worry women during pregnancy and after the birth of the child, regardless of maternal age, and negatively influence their quality of life.

The results for the relationship between socio-demographic variables and quality of life corroborate the findings of one study, according to which, after maternity the planning of the professional life becomes a distant concern.⁽¹⁰⁾ But the narratives of adolescents also indicate that the impossibility of continuing their education is one of the losses suffered as a consequence of maternity.⁽¹¹⁾

Although a directly proportional relationship exists between level of education and socioeconomic quality of life, even among young women with low levels of education (for which the impact on socioeconomic domain would be negative, according to the relationship observed for these variables), there appears to be a social conformity in regard to their purchasing power, since comparison of the overall quality of life and domain scores with *per capita* income of families does not show statistically significant differences.

Quality of life scores were lower for adolescents who have more than one live child, reinforcing the fact that the negative impact is more related to the experience of maternity than to the number of pregnancies. The results of this study sustain the hypothesis that the negative impact on the life of the young woman is directly related to the pregnancy outcome, that is, maternity or one more interrupted pregnancy. Thus, the affirmation that “worse than one pregnancy in adolescence is another” is applicable to the group studied, as long as the outcome of the successive pregnancy has been the birth of one more live child, which reinforces the importance of family planning for young mothers.⁽¹²⁾

Conclusion

The evaluation by quality of life domains indicated that the most affected aspects were socioeconomic, while questions related to family presented higher mean scores. Among the items that compose quality of life, that with the highest and lowest mean score related, respectively, to the children of the adolescents and to the fact that they do not develop employment-related activities.

Collaborations

Ferreira FM; Haas VJ and Pedrosa LAK declare that they contributed to the conception and project, analysis and interpretation of data; writing of the article; critical revision of the intellectual content and final approval of the version to be published.

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