

# Health needs and quality of life of nursing mothers

Necessidades de saúde de nutrizes e qualidade de vida

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## Descritores

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## Abstract

**Objective:** Establish a relationship between nursing mothers' health needs and their quality of life.

**Methods:** Cross-sectional study with 219 nursing mothers selected by consecutive convenience sampling. The assessment instrument WHOQOL-bref was used in this study.

**Results:** A significant statistical difference was found between the non-satisfaction of the nursing mothers' health needs and a lower mean quality of life score as follows: in the physical domain, for women who needed sleep and rest, family support and time for themselves; in the social relationships domain, for women who needed family support; in the environment domain, for those who needed access to health services, an appropriate environment to breastfeed and professional support; in the psychological domain, for mothers who needed good mental health.

**Conclusion:** Nursing mothers with unsatisfied health needs presented a lower mean quality of life score.

## Resumo

**Objetivo:** Relacionar as necessidades de saúde e a qualidade de vida de nutrizes.

**Métodos:** Estudo transversal com 219 nutrizes selecionadas por amostra consecutiva de conveniência. O instrumento de pesquisa utilizado foi o WHOQOL-bref.

**Resultados:** O não atendimento das necessidades de saúde das nutrizes esteve associado às menores médias de qualidade de vida, com diferença estatística significativa: no domínio Físico, para mulheres com necessidade de sono e repouso, apoio familiar e tempo para si; no domínio Relações Sociais, para mulheres com necessidade de apoio familiar; no domínio Meio Ambiente, para aquelas com necessidade de acesso aos serviços de saúde, ambiente adequado para amamentar e apoio profissional; no domínio Psicológico para nutrizes com necessidade de ter boa saúde mental.

**Conclusão:** As nutrizes com necessidades de saúde não supridas apresentaram média de qualidade de vida inferior.

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## Introduction

There is currently growing consensus regarding the interactive perspective of breastfeeding, which considers mother and child as players of an interaction established not only between themselves, but a broader interactive process that comprises and, at the same time, interferes in the context in which they live. Although some biological aspects have a significant effect on women's lactation performance, it is necessary to consider the subjective aspects involved in its course and in the mother's decision to breastfeed or not.

Hence, the results of a study regarding essential aspects in the care of the women and her child in the period of breastfeeding could compose a more reliable picture of the nursing mother's needs and the impact of those needs on her quality of life and health needs during this process.

The quality of life of the nursing mother involves the individual's perceptions regarding her position in life within the context of her culture and value systems and in relation to her goals, expectations, standards and concerns.<sup>(1)</sup> Therefore, quality of life is a human perception translated by the degree of satisfaction obtained through the individuals' interactions in their social and affective experiences as well as existential aesthetics; that is, everything that is determined by the values a certain society adopts in its historical time and space, which defines the standards of comfort and well-being. It is a multifactorial social construction, which is not limited to health condition, but rather also involves emotional aspects, social interactions, and each person's way of seeing life. This relates to the complex and interactive format of the breastfeeding process, and to the way the nursing mother/woman/mother interlocution is constructed, day by day, with her needs and ways of living life and conciliating the breastfeeding practice. It is presupposed that the satisfaction or non-satisfaction of their needs and the way they experience breastfeeding may result account for an impact on their quality of life.<sup>(2)</sup>

Associating the satisfaction of health needs and the evaluation of the quality of life of women who breastfeed presupposes understanding and incorpo-

rating female meanings related to the breastfeeding experience and the effective support of family members, professionals, and institutions duly contemplated in the formulation of public policies. The purpose of this study was to establish a relationship between nursing mothers' health needs and their quality of life.

## Methods

This cross-sectional study was developed in the Butantã Teaching Health Center, in the city of São Paulo, in southern Brazil. The study population consisted of 219 women who complied with the following inclusion criteria: to be breastfeeding children, aged six months or younger. Consecutive convenience sampling was used.

The utilized study instrument was the brief version of the World Health Organization Quality of Life-Bref (WHOQOL-BREF).<sup>(3)</sup> Overall quality of life was measured as well as quality of life scores in the physical, psychological, social relationships and environment domains; followed by an open question to clarify the score obtained in each domain.<sup>(3)</sup>

In order to identify the elements of these women's breastfeeding experience, which comprise the health needs categories, a semi-structured interview was performed with the nursing mothers, comprising three guiding questions: "What has your breastfeeding experience been like?"; "What does it take for a mother to breastfeed?"; and "How can the health professional contribute to breastfeeding?".<sup>(4)</sup>

Data were organized as per the stages of the Collective Subject Discourse<sup>(5)</sup> methodological strategy and the health needs.<sup>(4)</sup>

Statistical analysis was performed using the program Statistical Package for the Social Sciences (SPSS), version 11.0, which was input with data regarding the elements of identified health needs and the overall quality of life scores and that of each domain (physical, psychological, social relationships and environment).<sup>(1)</sup> Student's t test was used to verify whether there was any difference between the mean quality of life score in each domain to which the identified health needs belonged.

This study was developed in compliance with all national and international ethical standards and procedures for research with human beings.

## Results

Health needs were organized according to the women's breastfeeding experience elements and the obtained quality of life scores.<sup>(3,4)</sup> The physical domain comprised the following health needs: having good nutrition, working or studying, having personal time, adequate sleep and rest, good milk production and instrumental and/or emotional support from the family. The psychological domain consisted of the need for good mental health and feeling confident towards breastfeeding. The social relationships domain comprised the need for instrumental and/or emotional support from the family. The environment domain comprehended the need for an adequate environment at home to breastfeed, handling with breastfeeding complications, having access to health services for follow-up after discharge, bonding with the health team or professional, orientation regarding breastfeeding during the prenatal and hospitalization periods, and receiving instrumental and/or emotional support from the professional.

In general terms, the women in this study presented a positive perception regarding their quality of life. Regarding the perceived overall quality of life, a mean score of 75.4 was found in a scale between zero and 100. Table 1 shows the means score obtained for each domain.

Table 2 presents the relationship between health needs and the mean scores obtained for the respective domains of QoL of the nursing women.

As shown in table 2, a statistically significant difference was found in the physical domain for women who expressed the need for sleep and rest ( $p<0.01$ ), receiving instrumental and/or emotional support from the family ( $p<0.01$ ) and having personal time ( $p=0.03$ ).

The women who indicated the need for instrumental and/or emotional support from the family presented a lower mean of quality of life in the social relationships domain ( $p<0.01$ ).

The environment domain revealed the need for access to health services ( $p<0.01$ ), having an adequate environment at home to breastfeed ( $p<0.01$ ) and receiving instrumental and/or emotional support from the professional ( $p=0.04$ ).

The women who reported the need for good mental health obtained a lower mean in the psychological domain ( $p<0.01$ ).

## Discussion

The limitations of this study are related to its cross-sectional design, which does not allow establishing causal relationships. In addition, the study was developed in a single health service, with local specificities. On the other hand, the results revealed the importance of satisfying the health needs of the nursing mothers in order to improve their quality of life, since one aspect is intrinsically connected to the other.

The social relationships domain presented the highest score in relation to the other domains, with a mean of 71.0. The authors considered that the nursing mothers found support in their social relationships for performing daily activities, which affected their emotions and the recovery of their

**Table 1.** Distribution of the WHOQOL-BREF measures

Domains	n	Minimum	Median	Maximum	Mean	Standard deviation
Physical	219	32.1	71.4	96.4	69.2	12.4
Psychological	219	20.8	70.8	95.8	68.4	12.7
Social relationships	219	8.3	75.0	100.0	71.0	16.2
Environment	219	21.9	53.1	90.6	54.6	13.2
Overall	219	12.5	75.0	100.0	75.4	14.3

**Table 2.** Nursing mothers' health needs regarding the quality of life domains

Domains	Health needs		n*	Mean	Standard deviation	t**	p-value
Physical	Adequate sleep and rest	yes	156	66.46	12.25	-5.52	< 0.01*
		no	63	76.02	9.80		
	Good nutrition	yes	8	66.96	12.77	-1.67	0.502
		no	97	69.70	10.89		
	Instrumental/emotional support from family	yes	35	63.37	13.65	-3.06	< 0.01*
		no	143	70.68	12.41		
	Work or study	yes	67	70.20	13.02	-1.48	0.142
no		12	76.19	11.93			
Personal time	yes	73	64.29	12.86	-2.20	0.03*	
	no	14	72.45	11.76			
Good milk production	yes	34	66.60	15.43	-0.85	0.398	
	no	83	68.89	12.29			
Social relationships	Instrumental/emotional family support	yes	35	62.38	20.55	-3.35	< 0.01*
		no	143	72.73	15.20		
Environment	Handle breastfeeding complications	yes	119	54.20	12.98	-0.34	0.736
		no	92	54.82	13.62		
	Access to health services for follow-up after discharge	yes	26	48.44	13.95	-2.56	< 0.01*
		no	193	55.42	12.93		
	Orientation regarding breastfeeding	yes	20	51.88	15.22	-1.20	0.233
		no	164	55.68	13.19		
	Adequate environment at home to breastfeed	yes	65	45.38	11.27	-8.29	< 0.01*
no		72	61.76	11.79			
Bonding to the health team or professional	yes	10	58.13	14.37	0.98	0.327	
	no	127	53.94	12.87			
Instrumental/emotional support from the professional	yes	136	56.00	13.66	2.03	0.044*	
	no	77	52.23	11.75			
Psychological	Good mental health	yes	83	64.21	14.57	-4.55	< 0.01*
		no	52	74.76	10.39		
	Feel confident regarding breastfeeding	yes	7	71.43	9.45	0.20	0.844
no		38	70.50	11.64			

Legend: total \*n is lower than 219 because the health needs emerged spontaneously according to the nursing women's statements, that is, not all of them expressed the need identified; \*\*Student's t test.  $p < 0.05$  – with a significant difference between the presence or not of the health need in the domains of quality of life

physical well-being, since they could rest with the help of family members and friends.

The physical domain, with a score of 68.4, showed the perception of the nursing mother regarding her physical condition and comprised the aspects: pain and discomfort, energy and fatigue, sleep and rest, activities of daily living and capability to work. This domain was remarkable because of the clear accumulation of activities experienced by the nursing mother, with the need to conciliate all her roles.

The psychological domain obtained the third best score, with a mean of 68.4. It showed the perception of the nursing mother regarding her

daily activities, personal satisfaction and appearance, as well as the identification of positive feelings related to breastfeeding.

The environment domain comprised the perception of the nursing mother regarding the aspects related to her social context and household settings, comprising physical safety and protection, home environment, financial resources, access to health and social care, opportunities to acquire new information and abilities, participation and opportunity for recreation/leisure, and physical environment (pollution/noise/traffic/weather/transportation) and obtained the lowest mean score. The lack of financial resources interfered in

all other aspects, mainly in housing, transportation and leisure.

Women who suffered interference in their sleeping pattern presented a lower mean quality of life score in the physical domain, with a statistically significant result. Nursing mothers reported that their compromised sleeping pattern was related to meeting the demands of exclusive breastfeeding, mainly regarding night feeds.

Regarding the need for instrumental/emotional support from the family, such actions perceived by the women could be understood in the instrumental and emotional dimensions.<sup>(6)</sup> The instrumental dimension comprised elements of practical and informational nature, which, in the family context, ranged from financial support to help in household chores. The emotional dimension consisted of elements existing in interpersonal relationships, evidencing the importance of the bonding and appreciation of the woman. Statistically significant results were observed in the lowest quality of life scores for women who did not have family support. Hence, it is possible to consider the family as an essential part of the care to nursing mothers; and health professionals must consider family members as participating agents in the breastfeeding process and encourage their participation in programs for breastfeeding promotion.<sup>(4,7)</sup>

As for the personal time element, it was verified that maternity adds to other already existing roles of the nursing mother, generating overload.<sup>(4)</sup> The need to find more time to take care of herself or to dedicate to other aspects of their daily living, without being centered only on the child and on breastfeeding, compromised the quality of life, as the women who reported lack of support presented a significantly lower quality of life score in the physical domain. The women may or may not be able to manage the changes resulting from childbirth, breastfeeding and the development of household chores; however, in dissatisfying situations, some of them report conformism and hope that, after childbirth, their life will go back to normal. The difference is in the tools (strategy and support, among others) to conciliate their roles and recover their space and projects, besides maternity.<sup>(8)</sup>

All participants reported the need for access to health services in order to attend follow-up after hospital discharge. The concept of access is presented as one of the elements of the health system, associated with the organization of the services, related to entering the health service and to the continuity of treatment, that is, the delivery of subsequent care, prevailing the idea that access is a dimension of the health system performance associated with the supply.<sup>(9)</sup> For nursing mothers, access to health services was represented by their need of having some sort of reference after being discharged from hospital, in order to attend follow on her child's health and her own, regarding the difficulties of breastfeeding and to monitor the baby's weight, as an important factor to evaluate if breastfeeding is successful. The reported difficulties comprise geographical limitations, long waits at the service, difficulty to schedule appointments and to conciliate their personal schedule with the availability of the service.<sup>(4)</sup> A significant relationship was identified between this specific need and lower quality of life scores in the environment domain.

For the element *need for an adequate environment at home to breastfeed*, the main characteristics mentioned by the women were: having a clean, calm place, without any noise and a minimum external interference.<sup>(5)</sup> It was observed that women who did not have an adequate environment to breastfeed presented a lower quality of life score in the environment domain, with statistical significance. This result is justified by the fact that these women had less years of education and a lower family income and, consequently, worse housing conditions.<sup>(4)</sup>

Regarding the element receiving instrumental and/or emotional support from the professional, some of the women reported they did not need any type of support regarding breastfeeding.<sup>(4)</sup> Developing skills in the breastfeeding technique may help women acquire autonomy, security and confidence and the maintenance and success of breastfeeding. The women who claimed professional support was unnecessary presented lower quality of life scores in the environment domain, with a significant statistical difference. The women who did not need support were also related to lower

education, a greater number of children and gave birth in public hospitals.<sup>(4)</sup>

Having good mental health involved emotional aspects in the breastfeeding process, such as the perception of depression, stress and anxiety experienced due to the difficulties found in breastfeeding or to family issues. The nursing mothers were concerned about keeping emotional balance and calmness, due to the belief that bad feelings and stress could affect the milk and harm their child.<sup>(4)</sup> It was observed that the women who reported they experienced some sort of emotional problem during breastfeeding presented lower quality of life scores in the psychological domain, with statistical significance. The intensity of feelings of happiness or sadness and calmness or anxiety affects the quality of life of nursing women and is a reflection of their extended family and social context.

## Conclusion

The nursing mothers with unsatisfied health needs presented a lower mean quality of life score.

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## Collaborations

Shimoda GT; Aragaki IMM and Silva IA contributed to the conception, analysis, data interpretation, article composition and final approval of the version to be published. Sousa CA contributed to the data analysis and interpretation.

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