QUALITY OF LIFE AND SOCIAL PROFILE: THE CASE OF PUERPERAL ADOLESCENTS

QUALIDADE DE VIDA E PERFIL SOCIAL: O CASO DE PUÉRPERAS ADOLESCENTES

CALIDAD DE VIDA Y PERFIL SOCIAL: EL CASO DE PUÉRPERAS ADOLESCENTES

Janaina Maria dos Santos Francisco de Paula\textsuperscript{1}, Kalina Vanderlei Paiva da Silva\textsuperscript{2}

ABSTRACT
Objective: to evaluate the quality of life of puerperal adolescents by means of the Ferrans and Powers Quality of Life Index and its association to individual characteristics and sociodemographic unfavorable conditions of the child’s mother and father. Method: this is a hybrid research conducted with 135 puerperal adolescents in maternity hospitals in the Unified Health System (SUS). We used as data collection instruments: a form; the Ferrans and Powers Quality of Life Index; and a semi-structured interview. The study was approved by the Research Ethics Committee of Centro Integrado de Saúde Amaury de Medeiros (CISAM), under the CAAE 0005.0.250.000-08 and the Opinion 05/2008. Results: the overall quality of life showed 78.79% of satisfaction and importance. Through discourse analysis we found out: pregnancy as a personal decision; feelings of loss of leisure and social life; and family indulgence in the constitution of a nuclear family of their own. Conclusion: although wished for, in most cases, pregnancy compromised the quality of life of adolescents. Descriptors: Adolescent; Pregnancy; Quality of Life.

RESUMO
Objetivo: avaliar a qualidade de vida de puérperas por meio do Índice de Qualidade de Vida de Ferrans e Powers e sua associação com características individuais e condições sociodemográficas desfavoráveis da mãe e do pai da criança. Método: trata-se de pesquisa híbrida desenvolvida com 135 puérperas adolescentes em maternidades do Sistema Único de Saúde (SUS). Foram empregados como instrumentos de coleta: um formulário; o Índice de Qualidade de Vida de Ferrans e Powers; e uma entrevista semiestruturada. O estudo foi aprovado pelo Comitê de Ética em Pesquisa do Centro Integrado de Saúde Amaury de Medeiros (Cisam), sob o CAAE n. 0005.0.250.000-08 e o Parecer n. 05/2008. Resultados: a qualidade de vida geral apresentou 78,79% de satisfação e importância. Na análise de discurso constatou-se: gravidez como decisão pessoal; sentimentos de perda de lazer e convívio social; e condescendência familiar na constituição de núcleo familiar próprio. Conclusão: apesar de desejada, na maioria dos casos, a gravidez comprometeu a qualidade de vida das adolescentes. Descriores: Adolescente; Gravidez; Qualidade de Vida.

RESUMEN
Objetivo: evaluar la calidad de vida de puérperas por medio del Índice de Calidad de Vida de Ferrans y Powers y su asociación con características individuales y condiciones sociodemográficas desfavorables de la madre y del padre del niño. Método: esta es una investigación híbrida desarrollada con 135 puérperas adolescentes en maternidades del Sistema Único de Salud (SUS). Fueron utilizados como instrumentos de recogida: un formulario; el Índice de Calidad de Vida de Ferrans y Powers; y una entrevista semi-estructurada. El estudio fue aprobado por el Comité de Ética en Investigación del Centro Integrado de Salud Amaury de Medeiros (Cisam), bajo el CAAE 0005.0.250.000-08 y la Opinión 05/2008. Resultados: la calidad de vida general mostró 78,79% de satisfacción e importancia. En el análisis de discurso se constató: embarazo como decisión personal; sentimientos de pérdida de ocio y vida social; e indigencia familiar en la constitución del núcleo familiar propio. Conclusión: aunque deseada, en la mayoría de los casos, el embarazo comprometió la calidad de vida de las adolescentes. Descriptores: Adolescente; Embarazo; Calidad de Vida.

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INTRODUCTION

The importance of reproductive health of adolescents has been increasingly recognized, particularly in developing countries, and, in this context, pregnancy during adolescence is a theme which arouses interest among scholars from various fields. This interest may have two explanations: the first refers to concern with the health problems of adolescents and the second to increased fertility during adolescence, in contrast with the trend shown by other age groups.1

Whereas, from the health perspective, pregnancy during adolescence has been discussed taking into account the risks to mother and child, issues related to health and social and economic factors, from the point of view of social focus, the scholars address the differences in fertility rates according to the territorial distribution and the interruption in school education of mothers, especially those with recurrent pregnancy.2 6

These approaches silence the differences on the way how social classes deal with pregnancy, something which contributes to reinforce the stereotypical and simplified version of the phenomenon.7 Taking into account the demographic transition in the country, the fertility rate of women of the other age groups has decreased, while fertility during adolescence has increased. In Brazil, total fertility increased from 75:1,000 to 94:1,000, between 1991 and 2000; 20% to 25% of the total number of pregnant women were teenagers, and, in 2002, almost 1,700 deliveries per day were performed of teenagers aged from 10 to 19 years.8

At the reproductive level, sexual maturity obtained before social, emotional, or economic maturity stimulates the early onset of sexual life, without proper knowledge of contraceptive methods, making the female adolescents vulnerable to unwanted pregnancy, the acquisition of sexually transmitted infections, and other health problems.9 10

In less favored classes, due to the greater economic and social vulnerability, pregnancy during adolescence compromises the professional future, because of the interruption of school education, difficulties in entering or returning to the labor market, and the consequent social and economic marginality.11

Despite the predominance of young people at the bottom of the age pyramid of Recife and the social inequalities observed in this city, statistical data show that pregnancy during adolescence seems, in some situations, to play a significant role in the life of these young women and, contrary to the rather alarmist discourses, many of them wish to become pregnant. The observation of some adolescent mothers allows inferring that pregnancy in this phase of life reflects not irresponsibility, but a life project. Caring for a child becomes a planned act, an attempt to build a family of their own, a chance to anticipate a phase of the life cycle.12-14

Understanding the influence of adolescents’ perception level with regard to their quality of life and their relation to the birth of a child may allow going beyond the epidemiological point of view, revealing the complexity of the phenomenon in the discourse of social actors.

This article aims to evaluate the quality of life of puerperal adolescents by means of the Ferrans and Powers Quality of Life Index and its association to individual characteristics and sociodemographic unfavorable conditions of the child’s mother and father.

METHOD

Article prepared through the dissertation << Puerperal adolescents from Recife: quality of life and social profile based on risk indicators >>, presented to Universidade de Pernambuco. Camaragibe, Pernambuco, Brazil. 2009.

This is a hybrid research carried out in maternity hospitals of the Unified Health System (SUS) in Recife, Pernambuco, Brazil, within the period from May to July 2008. We used as data collection instruments: 1) a form, containing sociodemographic information, personal and obstetric background of the female respondent, and sociodemographic information of the child’s father; b) the Ferrans and Powers Quality of Life Index15; and c) semi-structured interview to collect the adolescents’ oral history.

The independent variables common to puerperal adolescents and their companions were: age, marital status, education, housing characteristics regarding the nuclear family, type of relation to the person responsible by the household, and income. We also considered variables of the puerperal adolescents related to time of day for study, labor occupation, according to the levels of complexity and training of the Brazilian Classification of Occupations, number of people in the household, and gynecological and obstetrical backgrounds. Regarding the child’s father, we investigated the intent to claim paternity.
The dependent variables were the domains health and functional capacity, socioeconomic, psychological/spiritual, and family from the Ferrans and Powers Quality of Life Index, taking into account life satisfaction and importance attributed by the puerperal adolescents to various aspects of life.

Although 135 adolescents participated in the research, only 12 allowed their interviews to be recorded.

Sociodemographic and gynecological/obstetric information, as well as that regarding quality of life were organized into a database through the software Epi-Info, version 3.4.3, from 2007, and analyzed using the software Statistical Package for Social Sciences, version 13.0. The testimonies obtained during data collection will not be analyzed in this article.

For the independent variables, we used the distribution of absolute and relative frequencies, as well as the descriptive statistics parameters.

The study was approved by the Research Ethics Committee of Centro Integrado de Saúde Amaury de Medeiros (CISAM), under the CAAE 0005.0.250.000-08 and the Opinion 05/2008.

RESULTS

The sample of puerperal adolescents presented a mean age of 17.1 ± 0.1 years and a median of 17 years; 50.4% had a marriage-like relationship, 54.1% had incomplete Primary School, 85.9% had no labor activity, 52.5% studied at the night shift, and there was a predominance of school dropout due to pregnancy (61%) among those who reported not to be studying at the survey time.

The puerperal adolescents came from families with monthly income between 1 to 3 minimum wages (79.3%), whose household, in most cases, was inhabited by members of a nuclear family (59.3%), consisting of 4 to 7 people (53.3%), under the responsibility of a relative of the adolescent (50.4%).

Out of the 55 adolescents who had the spouse as the head of household, 41 (74.5%) reported being married, living in a single-family household, 3 (5.5%) regarded themselves as unmarried, but they also had a single-family household, while 11 (20%) were married and lived in a multi-family household.

Menarche was more frequent from 9 to 12 years (60%) and the first sexual intercourse occurred before 16 years of age (71.1%), having weekly, at the survey time, a frequency of 1 to 3 intercourses (51.1%) without using contraceptive methods (54.8%).

The fathers declared as regular partners (58.5%) were aged from 20 to 24 years (45.2%), they had a marriage-like relationship with the puerperal adolescents (51.1%) and intended to claim paternity (84.4%). The fathers with labor activity (76.3%) had a monthly income between 1 and 3 minimum wages (74.8%).

The overall quality of life according to the Ferrans and Powers Quality of Life Index corresponded to 78.79% of satisfaction and importance attributed to the items under investigation. We found out that the puerperal adolescents perceived a better quality of life in the domain family (84.16%), followed, in order of magnitude, by the spiritual and psychological domains (83.8%).

The domain scored by pregnant adolescents as the most compromised was the socioeconomic (69.89%) (Figure 1).
By evaluating the association between the sociodemographic, socioeconomic, and gynecological variables of puerperal adolescents and overall quality of life, we found out greater satisfaction and importance attributed by the married puerperal adolescents (p = 0.048), with multi-family housing (p = 0.015), and monthly income of ≥ 1 minimum wage (p = 0.003) (Table 1).

Table 1. Distribution of sociodemographic, socioeconomic, and gynecological variables of puerperal adolescents, according to the domains from the Ferrans and Powers Quality of Life Index. Recife, 2008.

<table>
<thead>
<tr>
<th>Variables related to the puerperal adolescent</th>
<th>Health and functional capacity</th>
<th>Socioeconomic</th>
<th>Psychological and spiritual</th>
<th>Family</th>
<th>Overall quality of life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 to 16</td>
<td>23.13±2.89</td>
<td>20.77±3.20</td>
<td>25.41±2.31</td>
<td>24.92±2.45</td>
<td>23.21±2.29</td>
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<td>17 to 19</td>
<td>23.18±2.81</td>
<td>21.05±3.46</td>
<td>25.07±3.50</td>
<td>25.38±2.98</td>
<td>23.26±2.46</td>
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<tr>
<td>P value *</td>
<td>0.918</td>
<td>0.667</td>
<td>0.571</td>
<td>0.392</td>
<td>0.908</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incomplete Primary School</td>
<td>23.00±2.78</td>
<td>20.43±3.42</td>
<td>25.15±3.45</td>
<td>25.32±2.91</td>
<td>23.04±2.54</td>
</tr>
<tr>
<td>Complete Primary School/incomplete High School</td>
<td>23.31±2.90</td>
<td>21.12±3.25</td>
<td>25.11±2.97</td>
<td>25.11±2.95</td>
<td>23.32±2.28</td>
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<tr>
<td>Complete High School</td>
<td>23.62±2.93</td>
<td>23.56±2.38</td>
<td>25.52±2.49</td>
<td>25.33±1.85</td>
<td>24.17±1.98</td>
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<tr>
<td>P value *</td>
<td>0.712</td>
<td>0.010</td>
<td>0.922</td>
<td>0.912</td>
<td>0.319</td>
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<tr>
<td>Work</td>
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</tr>
<tr>
<td>Yes</td>
<td>23.71±2.60</td>
<td>23.23±2.66</td>
<td>25.65±1.91</td>
<td>24.88±2.28</td>
<td>24.10±1.75</td>
</tr>
<tr>
<td>No</td>
<td>23.08±2.86</td>
<td>20.60±3.34</td>
<td>25.09±3.35</td>
<td>25.30±2.92</td>
<td>23.11±2.47</td>
</tr>
<tr>
<td>P value *</td>
<td>0.370</td>
<td>0.001</td>
<td>0.479</td>
<td>0.543</td>
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<td>Marital status</td>
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<tr>
<td>Single</td>
<td>22.70±3.02</td>
<td>20.52±3.23</td>
<td>24.70±3.00</td>
<td>24.30±2.92</td>
<td>22.74±2.46</td>
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<td>Married</td>
<td>23.50±2.67</td>
<td>21.20±3.43</td>
<td>25.46±3.30</td>
<td>25.95±2.57</td>
<td>23.58±2.33</td>
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<td>P value *</td>
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<td>0.250</td>
<td>0.176</td>
<td>0.001</td>
<td>0.048</td>
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<tr>
<td>Multi-family</td>
<td>23.86±2.42</td>
<td>21.08±3.17</td>
<td>26.09±1.88</td>
<td>26.04±2.12</td>
<td>23.85±1.91</td>
</tr>
<tr>
<td>Single-family</td>
<td>22.69±3.00</td>
<td>20.85±3.52</td>
<td>24.51±3.71</td>
<td>24.71±3.14</td>
<td>22.82±2.62</td>
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<tr>
<td>P value *</td>
<td>0.018</td>
<td>0.695</td>
<td>0.005</td>
<td>0.008</td>
<td>0.015</td>
</tr>
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<td>Number of people living in the household</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 to 3</td>
<td>22.74±3.13</td>
<td>20.75±3.75</td>
<td>24.65±4.14</td>
<td>24.88±3.34</td>
<td>22.87±2.78</td>
</tr>
<tr>
<td>4 to 7</td>
<td>23.22±2.68</td>
<td>20.92±3.07</td>
<td>25.21±2.68</td>
<td>25.30±2.63</td>
<td>23.27±2.23</td>
</tr>
<tr>
<td>≥ 8</td>
<td>23.97±2.52</td>
<td>21.66±3.66</td>
<td>26.21±2.11</td>
<td>25.89±2.24</td>
<td>24.06±1.98</td>
</tr>
<tr>
<td>P value *</td>
<td>0.275</td>
<td>0.605</td>
<td>0.206</td>
<td>0.421</td>
<td>0.195</td>
</tr>
<tr>
<td>Monthly Income (minimum wages)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 1 wage</td>
<td>21.74±3.21</td>
<td>19.52±3.24</td>
<td>24.20±3.47</td>
<td>24.38±3.54</td>
<td>21.96±2.64</td>
</tr>
<tr>
<td>≥ 1</td>
<td>23.50±2.64</td>
<td>21.30±3.33</td>
<td>25.39±3.09</td>
<td>25.45±2.62</td>
<td>23.54±2.26</td>
</tr>
<tr>
<td>P value *</td>
<td>0.005</td>
<td>0.017</td>
<td>0.092</td>
<td>0.088</td>
<td>0.003</td>
</tr>
</tbody>
</table>

* Student t test with equal variances.

DISCUSSION

We found out that higher education and work were associated to better quality of life only in the domain socioeconomic and these differences were significant (p = 0.010 and p = 0.001, respectively). Being married contributes to a better quality of life in the domain family (p = 0.001). The multi-family household characteristic was associated to...
greater satisfaction and importance in the domains health and functional capacity (p = 0.018), psychological and spiritual (p = 0.005), and family (p = 0.008). Finally, a monthly income ≥ 1 minimum wage was associated to a better quality of life in the domains health and functional capacity (p = 0.005) and socioeconomic (p = 0.017).

Through the analysis of associations between the partner’s characteristics, the overall quality of life, and the domains, we found out that none of them was associated to greater satisfaction or importance by the mothers. However, the father’s intent to claim paternity was significantly associated to better quality of life in the domain family (p = 0.035). The spouse or partner older than 24 years (p = 0.036) and working (p = 0.007) contributed to greater satisfaction and importance in the domain socioeconomic, while the married status married or married-like relationship was associated to the domain family (p = 0.007).

The study design allowed us to know the reality of adolescents, appreciate their experience, and reconstruct the paths followed during the gestational period.

To analyze in a more comprehensive way the results related to the quality of life of puerperal adolescents, there is a need to draw their profile, taking into account the characteristics identified in most of them.

In their narratives, they clearly led us to see that pregnancy did not pose them personal, social, or family constraints; it was not an obstacle to work or even to study, but it did compromise leisure, since work and study were absent or they were not relevant to them. Their pregnancy also did not mean a challenge to family norms, since the community was naively Epicurean: politics, morality, material concerns, or great romantic expectations were not included into the universe of the group under analysis.

The highest score for the domain family from the Ferrans and Powers Quality of Life Index attributed by the surveyed adolescents may have been derived from the benevolence for accepting the pregnancy of the adolescent daughters in embracing families. The welcoming attitude is a way for readapting to maternity which requires a review of values to seek for the more harmonious solution to support the adolescent’s life project. This means saying that pregnancy during adolescence must not be regarded as an isolated personal event, but rather contextualized from the family and social point of view.

The lack of taboos in the community or other prohibitions on the expression of sexuality driven by the vigor of adolescence is regarded as a natural process.

Opal (19 years), asked about her expectations for the future, pointed out, with a relative confidence, the value which has been taught by the family, that it is up to the nuclear family caring for, regardless of social conditions and the responsibility this caring for requires. The interdiscourse of this adolescent showed that responsibility may be transferred. Coral (17 years) also reinforced this transfer of responsibility, at the same time she suggested the family role in order to provide support with regard to the loss of partner reference and to such a marked immaturity that it even thwarts life expectations, as a person.

For the surveyed adolescents, the pregnancy situation is perceived as the pursuit of freedom and autonomy within family traditions, even without plans for the future, and an existence summarized in the here and now.

The timelessness observed in the interdiscourses demonstrates that preventive guidelines must involve issues of the present to become more effective, as mentioned by Jade (15 years), when asked to advise other young people at her age:

[...] To think twice, right? Because when you are a mother, you dedicate all the time to the baby, and, thus, I will not lose that much in this regard, because I did not go out often, you see. We, no, we do not go out often, we stay at home most of the time. The girls who like going out to have fun, those who spend the night away from home, it is worth thinking twice, because they will no longer be able to do it anymore. The baby needs all your love, attention, these things, you know, then, there is a need for thinking twice before getting pregnant, right?

The puerperium of an uneventful delivery, within the perfection and invulnerability imaginary, reflect the immediacy of adolescence.

The early age of first sexual intercourse is related to the lack of embracement and the perception of not being loved within the family, and this lack contributes so that the adolescent gets fooled by the vigor of adolescence, being unable to comply with the social norms or moral and social convictions, because the relation to authority is sustained by the affective exchanges, and, thus, the child’s birth represents the beginning of this new family. We cannot analyze this set of data reinforcing the stereotypical and
simplified version of the phenomenon, because social differences cannot remain covert.\textsuperscript{7}

The losses related to the domain socioeconomic were regarded as the greatest losses regarding quality of life, something which corroborates that motherhood during adolescence may constitute an instability factor in the life of the young mother, leading to the rejection of the former system of emotional support and marginalization with regard to school and professional life. Low education and low socioeconomic status, cohabitation with the partner, and performance of household chores are risk factors for pregnancy during adolescence and they were observed in most cases.\textsuperscript{17}

Pregnancy during adolescence seemed to promote a resignification of the passage rite from child to adult, as a complex process, whose peaking point is the child’s birth. This birth, regardless of family support, raises new questions for the adolescent, to which she may be unprepared and provide no response.

At the time of child’s birth, the adolescents could not be guided by a hypothetical situation, because they were faced with a fact that was not predicted. Thus, there came irritation, worry, stress, and mood change. The same reasoning seemed to explain the fact that the vast majority of adolescents did not allow their testimonies to be recorded.

The results of this research reinforced that pregnancy during adolescence compromises quality of life and represents a social, economic, and cultural event which involves various actors and requires from them all an adaptation marked by embrace, but, also, by suffering, because this adaptation must be abrupt, from the time of child’s birth.

**CONCLUSION**

Pregnancy during adolescence has already been analyzed from the perspectives of commitment to growth and physical, psychological, and educational development, of complications derived from pregnancy and childbirth. This characteristic, which seems to be changing, is supported by the results of this research, since the generalizations do not allow realizing that, due to the fact that adolescents have different life histories, the symbolisms involved in motherhood need to be considered.

Undoubtedly, the adolescents form a group socially vulnerable to situations which may compromise their biopsychosocial development, exposing them to a marginal status where opportunities are increasingly decreased, while new compromising situations emerge, sometimes running over the puberal development, the resolution of psychic conflict of adolescence, and preventing or hindering people to play an autonomous social role. However, pregnancy during adolescence may also be playing the liberating role of pursuit of social autonomy, since this event, by being related to various experiences, interferes with the possibilities of choice and life projects.

From the biology point of view, there is a need to take into account the risks of pregnancy in a body whose development is still maturing, but, from the social point of view, the fact invites to other reflections, based on the narrative of the surveyed adolescents. In these narratives, people revealed aspects and explanations which would remain hidden behind the numbers obtained through the Ferrans and Powers Quality of Life Index, such as pregnancy as a personal decision, the family indulgence in an early reproductive life and, especially, the awakening of motherhood from the moment the newborn infant is seen.

This awakening seemed to provide the pursuit of social autonomy with a new meaning among female adolescents. Although the interviewed adolescents had obtained high overall scores in the Ferrans and Powers Quality of Life Index, the discourse analysis of recorded interviews showed that they realized the loss of freedom to come and go freely at the expense of maintaining a socially approved behavior, which is even encouraged by their peers. The interviews and the reading of narratives allowed us to notice a strong feeling of “almost regret”, expressed in the form of advice to other young women to think before they get pregnant, using a social or foul language. Thus, even considering the small sample size and the sociodemographic conditions, which may not be representative of the adolescent population, the results of this research seemed to indicate the need for redirecting the reproductive health education for adolescents, assuming that the society, the media, and the other communication means invite them or even urge them to take an “adult” reproductive life when they are still unprepared for the feelings and concerns which will come in face of a pregnancy.

This social process, if we may call it this way, has been so widely spread among adolescents that it came to change the behavior of families, taking responsibility of the newborn infant even in a vulnerable...
financial status, something which was also found out in the narratives.

Whereas in the North and Northeast regions the percentage of successive pregnancies reaches 46.2% of adolescents, a fact that correlates to the early onset of sexual life, then, the social dimensions are alarming, something which seems to indicate the need to change the dialogue between the health care system and the adolescents. This does not mean just teaching them the biology of the reproductive system, but contextualize along with them the resignification of pregnancy during adolescence as a factor which compromises their quality of life. This seems to be the most important point of this research.

There are many challenges so that the puerperal adolescent assumes the motherhood role with maturity and safety and it is up to the health professionals facilitating the adaptations. This participation emerges when the professional plans her/his care in order to favor the autonomy of adolescents in care, in prenatal care consultations, when preparing the adolescents for pregnancy, delivery, and puerperium, using a clear and objective language, dynamic and participatory, as a means for sensitizing these adolescents and their relatives so that this process takes place in a more natural and healthy way.18

Further researches must aim at detailing the quality of life, in a cohort, to compare this quality during pregnancy, puerperium, and the full experience of motherhood.

REFERENCES


