SELF-ESTEEM IN AT-RISK PREGNANT WOMEN: CORRELATED SOCIAL AND OBSTETRIC FACTORS*

AUTOESTIMA EM GESTANTES DE RISCO: FATORES SOCIAIS E OBSTÉTRICOS CORRELACIONADOS*

AUTOESTIMA EN MUJERES EMBARAZADAS CON RIESGO: FACTORES SOCIALES Y OBS- TÉTRICOS CORRELACIONADOS

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RESUMO

Objetivo: correlacionar os fatores sociais e obstétricos com a Escala de Autoestima em gestantes de alto risco. Método: trata-se de um estudo quantitativo, descritivo, transversal, tipo pesquisa de campo. Compôs-se a amostra por 112 gestantes de alto risco. Utilizou-se a Escala de Autoestima Rosemberg, adaptada no Brasil por Hutz em 2000, bem como um questionário sobre questões socioeconômicas e obstétricas. Usaram-se, para a análise dos dados, um modelo ajustado de regressão univariada de Poisson e dois modelos multivariados e apresentados em forma de tabela. Resultados: verificou-se a apresentação dos resultados referentes a quatro variáveis significativas a 5%: nos modelos multivariados, a escolaridade até o Ensino Fundamental e, no univariado, a escolaridade e o número de cirurgias cesarianas. Conclusão: nota-se que os principais fatores que levam as gestantes de alto risco a desenvolverem uma autoestima baixa relacionam-se à baixa escolaridade, à falta de ocupação e a cirurgias cesarianas. Aponta-se que isso contribui para uma preocupação científica em se instituir tecnologias que promovam a melhoria do bem-estar físico e mental das gestantes.

Descritores: Gestantes; Autoestima; Enfermagem; Obstetrícia; Gravidez de Alto Risco; Saúde da Mulher.

ABSTRACT

Objective: to correlate social and obstetric factors with the Self-Esteem Scale in high-risk pregnant women. Method: It is a quantitative, descriptive, cross-sectional, field research type study. The sample was composed of 112 high-risk pregnant women. The Rosemberg Self-Esteem Scale, adapted in Brazil by Hutz in 2000, was used, as well as a questionnaire about socioeconomic and obstetric questions. For the data analysis, an adjusted model of Poisson’s univariate regression and two mul-
tivariate models were used and presented in table form. **Results:** it was verified that the results referring to four significant variables at 5% were presented: in the multivariate models, the education up to Elementary School and, in the univariate, the education and the number of cesarean operations. **Conclusion:** It is noted that the main factors that lead high-risk pregnant women to develop low self-esteem are related to low education, lack of occupation and cesarean surgeries. It is pointed out that this contributes to a scientific concern in instituting technologies that promote the improvement of the physical and mental well-being of pregnant women.

**Descriptors:** Pregnant women; Self-esteem; Nursing; Obstetrics; High Risk Pregnancy; Women's Health.

**RESUMEN**

**Objetivo:** correlacionar factores sociales y obstétricos con la Escala de Autoestima en gestantes de alto riesgo. **Método:** se trata de un estudio cuantitativo, descriptivo, transversal, tipo de investigación de campo. La muestra estuvo compuesta por 112 gestantes de alto riesgo. Se utilizó la Escala de Autoestima de Rosemberg, adaptada en Brasil por Hutz en 2000, así como un cuestionario sobre aspectos socioeconómicos y obstétricos. Para el análisis de datos, se utilizó un modelo ajustado de regresión univariante de Poisson y dos modelos multivariados y presentados en forma de tabla. **Resultados:** se verificó la presentación de los resultados referidos a cuatro variables significativas al 5%: en los modelos multivariados, la educación hasta la Primaria y, en el univariante, la educación y el número de cesáreas. **Conclusión:** se observa que los principales factores que llevan a las gestantes de alto riesgo a desarrollar baja autoestima están relacionados con la baja educación, la falta de ocupación y las cesáreas. Se señala que esto contribuye a una preocupación científica por instituir tecnologías que promuevan la mejora del bienestar físico y mental de las embarazadas.

**Descripciones:** Mujeres Embarazadas; Autoestima; Enfermería; Obstetricia; Embarazo de Alto Riesgo; Salud de la Mujer.

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It is considered that pregnancy, known as a natural event that triggers a succession of adaptations in the woman's body, generating internal and external changes that are essential and expected, is a biological process of transformation, which intervenes in the physical, emotional, hormonal and social images of the woman, as well as in her family life.\(^1\)

It is pointed out that pregnancy is a singular moment, but not for all women, because it is in this gravidic-puerperal phase that there is a great prevalence of psychic disorders, such as anxiety, depression, insomnia, fatigue, irritability, among others. This vulnerability is related to psychosocial and conjugal factors, personality and self-esteem, and can thus affect the mother and baby.\(^2\)

It is known in Brazil that about 10% to 20% of pregnant women present an inadequate evolution and may develop complications because they are carriers of diseases, by some clinical intercurrence or even by previous reproductive history. Thus, an inappropriate development is registered for the mother and the baby, defining the group of pregnant women of high risk.\(^3\)

On the other hand, it is called, in relation to those who do not develop any situation different from those expected in the gravitational stage, as a pregnancy of habitual risk, characterizing this phase as a scenario in which modifications, adaptations and a picture of anxiety are predicted, considering that the appearance of risks for the mother or the fetus may make this pattern of high anxiety, and may even extend to a depressive state.\(^4\)

Personal self-esteem is understood as referring to the positive or negative appreciation/analysis of the individual about him/herself, in relation to his/her self-confidence, based on a personal judgment of value in a central vision of the self, being able to have an approval or repulsion that will play an essential role in the process of elaboration of the identity.\(^5\)

In this context, it is important to point out that Rosemberg created an instrument to analyze self-esteem, a scale that evaluates the attitude and the positive or negative feeling of oneself. Low levels of self-esteem are associated to the emergence of mental disorders such as depression, anxi-
The need to correlate socio-cultural, economic, psychosocial and conjugal factors, in general, influence the appearance of health problems, when associated with the vulnerability of a high-risk pregnancy, is thus pointed out. Therefore, it is considered of great importance to understand the profile of these women, in order to detect which are the problems that can interfere in the healthy development of pregnancy, so that a specialized evaluation can be carried out that will give support to the health team to execute, through the promotion/prevention in health, solutions that bring improvement to the quality of life of pregnant women.

From this perspective, this study had as its premise to analyze which factors associated with self-esteem, interfere in high-risk pregnancy.

**OBJECTIVE**

To correlate social and obstetric factors with the Self-Esteem Scale, in high-risk pregnant women.

**METHOD**

It is a quantitative, descriptive, cross-sectional, field research type study that sought to correlate social and obstetric factors with the Rosemberg Self-Esteem Scale (RSES) in high-risk pregnant women.

Pregnant women over the age of 18 were included, who were treated in the high-risk maternity services of the Agamenon Magalhães Hospital (AMH). Pregnant women with a previous mental disorder and/or hearing impairment who could not read were excluded.

It is registered that the research was census and the population of this study was composed of 126 pregnant women sent to the high risk sector of the mentioned institution. However, it is worth mentioning that it was only possible to interview 112 pregnant women, eight of whom were excluded because they refused to participate in the study, three because they had escaped from the institution, one because they had been previously diagnosed with mental disorder and two because they were underage.

The study was carried out at the AMH maternity clinic, located in the III Sanitary District of the city of Recife (PE), a reference in high-risk care.

The data was collected through visits made from April to June 2016. Women were approached after admission in the high-risk sector of maternity, and explanations were given about participation in the study, its risks and benefits, confidentiality, as well as their withdrawal during the process.
of questioning related to the collection instruments. The RSES (1965), which is widely used and known internationally, has been applied since 1989 and adapted in Brazil by Hutz in 2000.

This scale is made up of ten multiple-choice questions, six of which concern oneself and four which refer to a self-deprecating vision. The items are analyzed on a Likert scale, and one of four distinct scores is given: “totally agree” (four points); “agree” (three points); “disagree” (two points) and “totally disagree” (one point). A high self-esteem is indicated by a high score. It is specified that punctuation can vary from ten to 40, from the sum of the punctuation given to the ten sentences. A satisfactory self-esteem is defined by a score greater than or equal to 30 and unsatisfactory by a score less than 30.7

This research was complemented by a checklist type questionnaire, the Survey of Sociodemographic and Obstetrical Data, for the analysis of biopsychosocial factors, elaborated by the researchers of this research, which approaches 12 variables: age; education; housing; occupation; gestational age; birth route of previous pregnancies; marital status; socioeconomic level; housing; religion; number of pregnancies and, as for the pregnancy, if it was desired and planned or not.

The data was studied descriptively and by means of inferences. To evaluate each percentage of unsatisfactory self-esteem, a univariate Poisson regression model and two multivariate models were adjusted, one for each dependent variable. The independent variables were selected when they presented p<0.20 in univariate regressions. It is specified that the program used for data entry and statistical calculations was SPSS, version 23.0.

The collection was carried out after the approval of the Research Ethics Committee (REC) of AMH, under CAAE 53579916.2.0000.5197, preceded by the signature of the Free and Informed Consent Term (FICT) by the study subjects. The research is part of a cutout of the Residency Completion Paper (RCP) entitled Association between Self-Esteem and Levels of Anxiety in High Risk Pregnant Women in a Reference Maternity in the City of Recife, Pernambuco, Brazil. The recommendations of Resolution 466/12 of the National Health Council/Ministry of Health (NHC/MH) were taken into account.

Table 1 presents the results of the adjustment of Poisson's univariate and multivariate regressions, with the variables selected in the bivariate study with p<0.20 for the proportion of patients with unsatisfactory self-esteem. From this table, it is important to note that of the four variables selected, only education and occupation were significant at 5% and, of the values and intervals for the reasons between prevalences, it is estimated that the probability of a patient having unsatis-
factory self-esteem is higher if he or she has education up to Elementary School, compared to those who had at least High School and those who had occupation. It is noteworthy that the occupation variable was not significant in the univariate regression, but it was significant in the multivariate, while the number of cesarean sections was significant in the univariate regression and not significant in the multivariate regression. The study also showed that 72.3% of pregnant women had unsatisfactory self-esteem and only 27.75% had a satisfactory self-esteem.

Table 1. Results of univariate and multivariate Poisson regressions for the proportion of high-risk pregnant women with unsatisfactory self-esteem in the AMH maternity ward. Recife (PE), Brazil. 2019.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Univariate PR (CI 95%)</th>
<th>P value</th>
<th>Multivariate (Adjusted) PR (CI 95%)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>0.006*</td>
<td></td>
<td>0.003*</td>
<td></td>
</tr>
<tr>
<td>Up to Elementary School</td>
<td>1.39 (1.10 a 1.76)</td>
<td>0.006*</td>
<td>1.45 (1.13 a 1.85)</td>
<td>0.003*</td>
</tr>
<tr>
<td>High school / Higher</td>
<td>1.00</td>
<td></td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>Occupation</td>
<td>0.104</td>
<td></td>
<td>0.025*</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>1.27 (0.95 a 1.69)</td>
<td>1.00</td>
<td>1.36 (1.04 a 1.78)</td>
<td>1.00</td>
</tr>
<tr>
<td>No</td>
<td>1.00</td>
<td></td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>Number of pregnancies</td>
<td>0.114</td>
<td></td>
<td>0.449</td>
<td></td>
</tr>
<tr>
<td>Primigravid</td>
<td>1.00</td>
<td></td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>Secundigravid</td>
<td>0.80 (0.54 a 1.19)</td>
<td>0.273</td>
<td>0.74 (0.50 a 1.09)</td>
<td>0.025*</td>
</tr>
<tr>
<td>Tercigravid</td>
<td>1.06 (0.78 a 1.44)</td>
<td>0.705</td>
<td>0.90 (0.63 a 1.27)</td>
<td>0.705</td>
</tr>
<tr>
<td>Multigravid</td>
<td>1.22 (0.92 a 1.62)</td>
<td>0.175</td>
<td>0.93 (0.67 a 1.29)</td>
<td>0.175</td>
</tr>
<tr>
<td>No. of cesarean surgeries</td>
<td>0.007*</td>
<td></td>
<td>0.074</td>
<td></td>
</tr>
<tr>
<td>Up to one</td>
<td>1.00</td>
<td></td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>Two or three</td>
<td>1.32 (1.08 a 1.62)</td>
<td>1.24 (0.98 a 1.58)</td>
<td>1.00</td>
<td></td>
</tr>
</tbody>
</table>

(1) 5% significant.

**DISCUSSION**

One of the dangers that can affect pregnancy was related to the degree of school inferiority of pregnant women, when associated with the limitation of low understanding and relevance to the access of information related to their health care, becoming vulnerable to developing certain diseases.

It is noted that they identified as threatening factors for pregnancy, especially when referring to an adolescent pregnancy, low education, insufficient information and the prematurity of the first
sexual relationship, associated with dropping out of school and lack of future expectations, thus leading to a decrease in self-esteem.9

They added that education levels below four years, when associated with lack of access to qualified education and low income, are related to a high risk of maternal mortality, and can also serve as an indicator regarding the social vulnerability factor for women's health, since they restrict their access to information and to health precautions that are fundamental for an uneventful pregnancy.10

It was emphasized in a study that an appropriate quality of life index for pregnant women has to be linked to a good level of education and the relevance of education to achieve an appropriate socioeconomic parameter.11

It was pointed out, in the same research, regarding the occupation variable, that the pregnant women who show more anxiety are the ones who have occupation; however, the findings in the literature go against this result.

It was suggested, due to these findings, that the unfavorable socioeconomic factors, referring to not having an occupation and having less social support, lead pregnant women to develop depression, reflecting negatively on the affective state between mother and child, because they become more anxious, show less sensitivity and less feelings of self-efficacy as caregivers, considering that poverty is a risk factor for pregnancy.12

It is estimated that the occupation gives the female population more independence to make decisions, especially regarding their sexual and reproductive life, and may influence factors of social fragility, such as the use of alcohol, for example. Thus, protective factors are generated, since autonomy provides high self-esteem. However, it is warned that it can also generate risk factors, regarding small salaries, double work hours and precariousness of the work.10

It was pointed out that low education, together with low income, is directly related to negative psychosocial factors and is considered a threatening and risky condition for these less favored social groups. In this way, it is possible to perceive the important inequity that exists, indicating the need to establish measures that can reduce this difference and improve pregnancy and the puerperium.13

On the variable number of cesarean sections, it is emphasized that the lack of knowledge about labor, the information obtained in their family context and the lack of knowledge about their own body and the physiological process that the woman will go through constantly cause feelings of insecurity, hesitation, disbelief, fear, anxiety and anguish, leading them not to contribute to the labor assistance and often opting for cesarean sections.14
It is evident that pain, which is one of the vital signs that bring most anxiety to this group, can be increased considerably, from anxiety combined with fear in moderate and high degrees, throughout the evolution of childbirth. It is found that its appearance or the fear of feeling pain can join a set of negative feelings, emotions, and thoughts. It is warned that fear is not always attributed to pain, but is also related to the fear of the mother's death or that of the baby during labor.\textsuperscript{15}

It is important to stress that pain, fear and anxiety can transform the development of pregnancy and childbirth in a stressful and stressful event, be it normal or performed by cesarean surgery. In order to avoid these everyday events, it is essential to prepare these pregnant women, their spouses, and their families during all the prenatal care. It is argued that explanations, when not given in a coherent manner, can cause negative feelings related to the events that precede the birth and labor itself.\textsuperscript{16}

It is known that the educational work throughout the assistance to the pregnant woman, besides clarifying her doubts, cooperates to clarify the types of childbirth, benefits and possible risks associated, based on the guidance provided by health professionals, mainly at prenatal. This information shows that women are less worried and create sufficient autonomy to choose the most appropriate and safe birth route for that type of pregnancy. It is perceived that the consequence of poor care results in traumatic and frightening experiences, at a time that should be of positive support, regardless of the type of birth chosen.\textsuperscript{17-9}

It is important to emphasize that the role of the health team is not only to guide the pregnant women and make procedures, but also to welcome them in a way that there is interaction between the professionals and the pregnant woman, in order to make them aware of their worries, fears and longings, so that the health professional provides good quality and effective assistance, always respecting their individuality and improving the stress factors.\textsuperscript{16, 20}

It is informed that this study presented some limitations, because there is still a shortage of recent studies on the subject, for this reason, new research in this area is encouraged.

\textbf{CONCLUSION}

It is concluded that from the analysis of the socio-demographic data and the RSES, to which the univariate and multivariate Poisson regressions were adapted; that high-risk pregnant women who underwent cesarean sections and who have psychosocial factors, such as a low level of education and information restriction, have a low self-esteem during the delivery phase.
It is pointed out that the identification of the profile of these high-risk pregnant women provides a reflection on their sociodemographic characteristics and their responses to anxiety symptoms, which can be matured and explored in new studies.

The knowledge acquired in this study is expected to contribute to the improvement in the quality of childbirth care and to be a useful tool for nurses who are health educators, so that this care is carried out from prenatal care, with quality, enlightening and effective information, until after childbirth, in the search to reduce psychological problems, such as anxiety due to poor care, and thus provide well-being in all areas of life and its biopsychosocial areas.

This opens a succession of possibilities for new reflections on this theme and all the details that can be studied, bringing privileges to science, to pregnant women and to Nursing, emphasizing that the primordial part of their work should not only be the biological body but also the human being in all its particularities.

CONTRIBUTIONS

It is informed that all authors contributed equally in the conception of the research project, collection, analysis and discussion of the data, as well as in the writing and critical review of the content with intellectual contribution, and, in the approval of the final version of the study.

CONFLICT OF INTERESTS

Nothing to declare.

REFERÊNCES


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