

Epidemiological profile of working mothers*
Perfil epidemiológico de mães trabalhadoras
Perfil epidemiológico de madres trabajadoras

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This is a cross-sectional study, part of the Inquiry of Women's Health, carried out in 2014 aiming to analyze the epidemiological profile of working mothers who live in the urban area of Uberaba, in the state of Minas Gerais. Data were collected through a self-report. 454 women participated. Most were informal workers/self-employed, with a mean age of 45.38 ± 12.84 years and 2.64 ± 1.48 children. The higher their age, the higher the number of children and of normal child labors. The lower the income and educational level, the higher the number of children and of normal labors. Non-white women had more normal labors. Regarding the characteristics of their work, self-employed women had more children than formally employed/salary workers. There was a high number of reports of postpartum depression, which was associated to the number of children.

Descriptors: Women, Working; Depression, postpartum; Mothers.

Este é um estudo transversal, parte do Inquérito de Saúde da Mulher, realizado em 2014 com o objetivo de analisar o perfil epidemiológico de mães trabalhadoras da zona urbana do município de Uberaba-Minas Gerais. Para obtenção dos dados, considerou-se o autorrelato. Participaram 454 mulheres, com média de idade de $45,38 \pm 12,84$ anos, a maioria trabalhadora informal/autônoma, com $2,64 \pm 1,48$ filhos. Houve associação entre maior média de idade com maior número de filhos e maior número de partos normais. Quanto menor a renda e a escolaridade, maior o número de filhos e de partos normais. As não brancas tiveram mais partos normais. Quanto às características do trabalho, as autônomas/por conta-própria tiveram maior número de filhos que as empregadas/assalariadas. Houve alto número de relatos de depressão pós-parto, que foi associada ao maior número de filhos.

Descritores: Mulheres trabalhadoras; Depressão pós-parto; Mães.

Este es un estudio transversal, parte de la Encuesta de Salud de la Mujer, realizado en 2014 con el objetivo de analizar el perfil epidemiológico de madres trabajadoras de la zona urbana del municipio de Uberaba-Minas Gerais. Para obtención de los datos, se consideró el auto relato. Participaron 454 mujeres, con promedio de edad de $45,38 \pm 12,84$ años, la mayoría trabajadora informal/autónoma, con $2,64 \pm 1,48$ hijos. Hubo asociación entre mayor promedio de edad con mayor número de hijos y mayor número de partos normales. Quanto menor el ingreso y la escolaridad, mayor el número de hijos y de partos normales. Las no blancas tuvieron más partos normales. En cuanto a las características del trabajo, las autônomas/por cuenta propia tuvieron mayor número de hijos que las empleadas/assalariadas. Hubo alto número de relatos de depresión pos-parto, que fue asociado al mayor número de hijos.

Descritores: Mujeres trabajadoras; Depresión pos-parto; Madres.

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INTRODUCTION

Historically, women have also been the one's responsible for caring their house and family, limiting their lives to private spaces. Their entrance in the economic world increased the disadvantages they experience, since now they share with men the responsibility for providing financially to the family, in addition to the reproductive responsibilities¹.

From then on, a profession, maternity, and household chores, are all common female attributes and, as a group, demand a lot from the physical and psychic attributes of women². These women, in addition to being mothers, have to provide part of the income of the family or its entirety. They also have a more active role than men in the care of their dependents, which includes not only children, but also elders and people with disabilities³. Some cases, in which the work of the partner makes it possible for him to help in family and household activities can contribute for women to be able to control better the demands, both at work and at home, since men who aid in these tasks exhibit a better sense of equality and support their careers, which can diminish the conflicts experienced by women⁴.

Women deal with what was previously thought to be impossible: multiple chores, as mothers, wives, balancing work and home, even when their children are small, sewing a complex network of domestic, familial, and professional responsibility⁵.

The association of financial, family care, and maternity responsibilities show how important it is to give special attention to sociodemographic, work, and maternity aspects of women, mothers, and female workers. As a result, the objective of this study was analyzing the epidemiological profile of working mothers in the city of Uberaba, Minas Gerais.

METHOD

Cross-sectional study with a quantitative approach, part of a project called Women's Health Inquiry (ISA MULHER), carried out in residences in the urban zone of the city of Uberaba - MG in 2014, after the approval of the Research Ethics Committee from the Universidade Federal do Triângulo Mineiro (UFTM), under certificate No. 1826.

Participants were women selected from a probabilistic sample in multiple stages⁶. Data were collected through self-reported interviews, and included sociodemographic and occupational characteristics, as well as the characteristics of gestation and labor. Sociodemographic characteristics were self-reported and indicated by age, per capita income (calculated according to the division of monthly family income by the number of people who lived in the house), years of formal education, marital status (classified as "in a stable union": married or in a stable union, or "not in a union": single, separated, or widower).

The characteristics of the work included salary, type of employment bond (salary workers: those who have a formal employment bond; and self-employed: those who have their own business or offer their services to the general public or one or more companies). Profession, time in the same occupation, daily work load, and whether they had a work leave longer than 15 days.

The characteristics of the gestation included: number of children, number of normal labors, number of cesarean sections, and comorbidities during and after gestation, including: urinary infection, anemia, diabetes, pre-eclampsia, varicose veins, gestational hypertension, placental abruption, urinary incontinence, infections, suture opening, and postpartum depression.

Data were initially stored in the EpiData software, version 3.1, and later transferred to a spreadsheet in the software Microsoft Office Excel® 2007, which was used to validate data and verify their consistency. Later, the database was imported to the IBM software Statistical Package for the Social Sciences (SPSS), version 24.0, to carry out the statistical analyses.

For the univariate analysis, measures such as frequency and percentage were used, as well as variability measures, such as means and standard deviations. Later, a bivariate analysis was carried out. Variables were considered as not normal, so Spearman's Correlation test was applied, as well as Pearson's Chi-squared, Mann-Whitney's, and Student's T, all with a statistical significance of 5%.

RESULTS

The research included 1530 women, among which 454 were included, since they were working mothers. The mean age was 45.38 ± 12.84 (indicating participants were mostly in their midlives), with a mean *per capita* monthly income of R\$1240.50 \pm 1302.37; 9.86 \pm 5.51 years of formal education; and 3.47 \pm 1.43 living with them in the same house. The number of white and non-white women was the same, and most were in a stable union.

With regards to work, more than 70 different professions were found. The most common were housemaid, which was the profession of 38 women (8.4%). Most were self-employed (52.86%), worked eight hours per day or more, and was never on leave from work. The sociodemographic and occupational characteristics of these women can be found in Table 1.

Table 1. Sociodemographic and Occupational Characteristics — Inquiry of Women's Health. Uberaba/Minas Gerais, 2014.

Sociodemographic variables		
	M	SD
Age (years)	45.38	12.84
Per capita income (R\$)	1240.52	1302.37
Years of formal education	9.86	5.51
Number of people in the same household	3.47	1.429
	n	%
Skin color		
White	227	50
Not white	227	50
Marital Status		
Not in a stable union	179	39.43
In a stable union	274	60.35
Did not respond	1	0.22
Occupational variables		
	M	SD
Time working in the same occupation (years)	12.79	11.74
	n	%
Type of employment bond		
Contracted/government worker	214	47.14
Self-employed/informal	240	52.86
Daily working hours		
>8 hours	200	44.05
≤8 hours	230	50.66
Working hours vary/did not respond	24	5.29
Has been on leave from work		
Yes	111	24.45
No	343	75.55

There was a minimum of one child and a maximum of eight (2.64 ± 1.48), with a slightly higher mean of normal births. There was an extremely high number of postpartum depression cases (90.6%), followed by varicose veins and urinary infections. The characteristics of the gestation are presented on Table 2.

Table 2. Gestational characteristics — Inquiry of Women's Health. Uberaba/Minas Gerais, 2014.

Children and type of birth	Minimum	Maximum	M	SD
Number of children	1	8	2.64	1.48
Number of normal births	0	8	1.22	1.53
Number of cesarean births	0	5	1.17	1.05
Number of abortions	0	4	0.34	0.70
Comorbidities during and after gestation	n	%		
Urinary infection	92	20.4		
Maternal anemia	74	16.4		
Gestational diabetes	13	2.9		
Pre-eclampsia	51	11.3		
Urinary incontinence	26	5.8		
Varicose veins	96	21.3		
Preterm birth	59	13.1		
Placental abruption	4	0.9		
Suture opening	26	5.9		
Postpartum urinary incontinence	80	18.2		
Postpartum depression	406	90.6		

The inferential analysis between the number of children, type of birth, and sociodemographic and occupational characteristics are presented in Table 3. There is a significant correlation between a higher age and a higher number of children and normal births. The lower the income and educational level, the higher the number of children and of normal labors. Non-white women had more children and more normal births, while white women had more cesarean sections. The number of normal births was higher among women who were not in stable unions.

Regarding the characteristics of their work, self-employed women had more children than formally employed/government workers.

Table 3. Inferential analysis associating the number of children and type of birth with the sociodemographic and occupational characteristics of the participants. Uberaba/Minas Gerais, 2014.

	Number of children		Number of normal births		Number of cesareans				
Sociodemographic variables									
	r		r		r				
Age	0.287*		0.198*		0.017				
Per capita income	-0.142*		-0.197*		0.111*				
Years of formal education	-0.344*		-0.285*		0.387*				
Number of people in the same household	0.127*		0.014		.				
	M	SD	M	SD	p	M	SD	p	
Skin color					0.021**			0.049**	
White	2.47	1.38	1.01	1.33	0.016**	1.25	1.01		
Not white	2.81	1.56	1.43	1.68		1.09	1.08		
Marital Status					0.046**			0.549	
Not in a stable union	2.79	1.60	1.36	1.52		1.15	1.07		
In a stable union	2.54	1.39	1.14	1.53		1.18	1.03		
Occupational variables									
	M	SD	p	M	SD	p	M	SD	p
Type of employment bond			0.005**			0.125			0.276
Contracted/government worker	2.39	1.22		1.04	1.28		1.11	0.99	
Self-employed/informal	2.86	1.65		1.38	1.70		1.23	1.09	
Daily working hours			0.363			0.376			0.689
<8 hours	2.17	1.15		1.14	1.50		1.18	1.04	
≥ 8 hours	2.28	1.22		1.27	1.53		1.14	1.04	
Variable	2.67	1.37		1.38	1.60		1.45	1.10	
Has been on leave from work			0.523			0.684			0.553
Yes	2.59	1.55		1.20	1.46		1.19	1.05	
No	2.04	1.45		1.22	1.63		1.13	1.06	

*p<0.05 Spearman's correlation; **p<0.05 Mann-Whitney's test.

Maternal anemia was significantly associated to a higher number of children; pre-eclampsia was associated to a higher number of cesarean sections; premature birth was associated to higher numbers of children and normal births; low weight at birth was associated to a higher number children and normal births; urinary infection, to a higher number of normal births; and postpartum depression, to a higher number of children. Table 4 presents the inferential analysis associating the number of children and the type of birth to the comorbidities during and after gestation.

Table 4. Inferential analysis associating the number of children and the type of birth to the comorbidities during and after gestation. Uberaba/Minas Gerais, 2014.

	Number of children			Number of normal births			Number of cesarean sections		
	M	SD	p	M	SD	p	M	SD	p
Urinary infection			0.136			0.498			0.454
Yes	2.41	1.18		1.29	1.53		1.29	1.86	
No	2.20	1.17		1.19	1.52		1.15	1.0	
Maternal anemia			0.034**			0.059			0.706
Yes	2.55	1.35		1.55	1.69		1.12	1.04	
No	2.19	1.14		1.16	1.48		1.17	1.05	
Gestational diabetes		0.87	0.449			0.824			0.754
Yes	2.38	2.38		1.15	1.51		1.23	1.09	
No	2.24	1.19		1.23	1.53		1.17	1.04	
Pre-eclampsia			0.048**			0.412			0.019**
Yes	2.67	1.61		1.23	1.8		1.54	1.19	
No	2.19	1.12		1.22	1.47		1.13	1.01	
Urinary incontinence			0.302			0.170			0.730
Yes	2.46	1.20		1.60	1.65		1.24	1.05	
No	2.22	1.16		1.18	1.49		1.18	1.04	
Varicose veins			0.057			0.750			0.376
Yes	2.51	1.34		1.36	1.7		1.29	1.16	
No	2.18	1.30		1.18	1.46		1.14	1.00	
Preterm birth			0.001**			0.020**			0.165
Yes	2.80	1.20		1.77	1.81		1.14	1.24	
No	2.18	1.15		1.14	1.46		1.14	1.01	
Placental abruption			0.768			0.307			0.541
Yes	2.00	0.81		0.50	1.0		1.50	1.29	
No	2.25	1.18		1.23	1.53		1.17	1.04	
Infection			0.141			0.033**			0.674
Yes	2.00	0.95		0.78	1.1		1.21	1.03	
No	2.29	1.21		1.29	1.56		1.17	1.05	
Suture opening			0.583			0.142			0.236
Yes	2.08	0.84		0.77	1.2		1.35	0.97	
No	2.24	1.16		1.23	1.51		1.16	1.04	
Postpartum urinary incontinence			0.526			0.223			0.526
Yes	2.44	1.04		1.11	1.58		1.29	0.98	
No	2.24	4.18		1.26	1.52		1.17	1.05	
Postpartum depression			0.009**			0.113			0.791
Yes	2.31	1.85		1.25	1.53		1.18	1.05	
No	1.76	1.00		0.92	1.40		1.13	1.01	

**p<0.05 Mann-Whitney test.

DISCUSSION

The per capita income found was R\$ 1,048.00 during the research, a number higher than the mean in the state of Minas Gerais, according to the Brazilian Institute of Geography and Statistics⁷. The educational level of 9.86±5.51 is in accordance to IBGE data⁸, which indicated that, in 2013, 73% of women in Brazil had more than 8 years of formal study. This number is

higher than the mean of Minas Gerais in 2011, which, for the female population older than 10 years old, was 7.1 years⁹.

The mean number of people per household was slightly above the Brazilian mean, which was that of 3.1 individuals in 2013. The diminution of the size of the houses is influenced by many factors, from geographic changes, such as the fall in fecundity, to economic factors, that lead to a diminution in the housing deficit of the country^{10,11}.

The mean number of children is above the national mean in the period, since in 2013 the mean fecundity rate in Brazil reached 1.77 children per women¹². Still, the lower the educational level and the income, the higher the number of children and normal births. These social indicators are determinant of the health state of the population. The educational level of mothers is considered to be a mark of risk both for the pregnant woman and for the newborn. It influences her access to health services and how they understand advice about care¹³. Additionally, the relations between low educational levels and multiparity is well documented¹⁴. Considering this, the National Household Survey by Sample (PNAD) from 2009 confirms that there was a strong diminution in fecundity in the last decades. This is related to the educational level of women, which has been increasingly growing¹⁵. As a result, these variables must be evaluated in the context of maternity.

In this study, non-white women had more children and more normal births. Another study¹⁶ also found more black and brown women with vaginal births. The advantage, in this case, is that there is a smaller chance of complications relating to cesarean sections¹⁷. On the other hand, giving birth, in Brazil, is associated to a greater possibility of having to suffer obstetric violence¹⁸. Race is a structuring element for the social inequalities in Brazil¹⁹. The disadvantages of the black population, for example, can involve socioeconomic levels, and as such, they also interfere in the indexes of access to health services and in death rates²⁰.

Regarding their occupational characteristics, this study found that 52.86% of women were self-employed. These data are close to those found by the IBGE, according to which, in 2013, 42.7% of women in Brazil had an informal job⁸.

Women who are self-employed or have informal jobs had a higher number of children than that of contracted workers. This result can be associated to the fact that, among paid registered workers, it is rarely possible to have flexible working hours, that allow them to balance work and family demands.

For women, particularly those with children, self-employment seems to be a way to balance work and family demands, as it offers more flexibility. However, this flexibility has disadvantages, such as lower work quality, lower social protection, and lower income. Therefore, in general, for women, the presence of children increases the odds of working self-employed as opposed to being inserted in paid work in the private sector²¹.

Female professional insertion is also influenced by the perspective of employers, according to which working mothers have rights such as paid maternity leave, breaks to breastfeed, nursery aid, and work stability, all prescribed by Brazilian legislation. Also, they go back to work after their maternity leave with a small child, which increases their responsibility with maternal care and home, and can compromise their performance at work^{22,23}.

The penalties that women workers are subjected to in the productive settings of society reflect a contradiction in the social roles they assume²⁴. If, on one hand, there have been changes in the social role of women and the female identity is increasingly targeted at paid work, on the other hand, the dimension of care, especially that of care for the children, is still mainly attributed to women²⁵.

Comorbidities that took place during gestation and after birth showed extremely high numbers of postpartum depression reports (90.6%), a disease significantly associated to a higher number of children. The prevalence of postpartum depression is diverse. It varies from 6.5% to 53% according to the female population investigated through the world. Possible

explanations for this result may involve the evaluative instrument adopted, differences in the period of data collection, sample size, and acculturation²⁶.

A Brazilian epidemiological study²⁷ with 23,894 pregnant women in their puerperium collected information on depression via telephone, from 6 to 18 months after birth, using the Edimburgh Postnatal Depression Scale²⁸, and also found that multiple children was a significant factor for this comorbidity, in addition to other sociodemographic and individual factors. However, the mean number of postpartum depression cases found was 26.3%, a number substantially lower than the one found here.

There might have been an overestimation of the numbers for postpartum depression due to the absence of a specific instrument to evaluate it, since only the self-report was considered. Considering this, according to the Diagnostic and Statistical Manual of Mental Disorders, postpartum depression starts during gestation or up to four weeks after birth. Its evaluation should take into account the differential diagnostic with regards to the melancholic maternity state known as baby blues²⁹.

The postpartum depression diagnostic is transitory, including symptoms such as crying, irritability, emotional reactivity, and sleep alterations. These affect the sleep of nearly 75% of new mothers and, usually, start in the first two days after birth and spontaneously stop in the tenth day after birth²⁹. As a result, future researches should further investigate the contexts and occurrence of postpartum depression, so there can be an integrated work of prevention and diagnostic, preventing more severe consequences, both to the individual and their family.

CONCLUSION

Most women were self-employed/informal workers, with 2.64±1.48 children. Higher age and educational level are associated to a higher number of children. Non-white women had normal births in most cases. There was a high number of postpartum depression reports, and the morbidity was associated to a higher number of children.

A limitation of this study is the fact that the sample was made up by women from a single city, preventing results from being generalized. However, they are useful for local public policies to offer a special look at working women and mothers.

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CONTRIBUTIONS

Isabel Aparecida Porcatti de Walsh and **Patrícia Ribeiro Marcacine** took part in the conception of this article, as well as in its design, analysis, data interpretation, writing, and revision. **Edneia de Oliveira Salum**, **Jéssica Carvalho Lima** and **Henrique Porcatti Walsh** took part in data interpretation, writing, and revision.

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