Self-assessment of Health, Quality of Life And Dissatisfaction with Work Among Pregnant Teachers

Autoavaliação da Saúde, da Qualidade de Vida e Insatisfação com o Trabalho Entre Gestantes Professoras
Autoevaluación de la Salud, la Calidad de Vida y la Insatisfacción con el Trabajo en Maestras Embarazadas

RESUMO
Verificou-se prevalência e fatores associados à autoavaliação negativa de saúde, da qualidade de vida e à insatisfação com o trabalho entre gestantes professoras. Trata-se de *websurvey* realizada via formulário digital. As variáveis dependentes foram: autoavaliação da saúde, autoavaliação da qualidade de vida e insatisfação com o trabalho docente. Realizou-se Regressão Logística. Participaram 232 gestantes professoras. A prevalência de autoavaliação negativa da saúde foi de 15,5% e da qualidade de vida foi de 19,0%. Hipertensão arterial foi associada a maiores chances de autoavaliação negativa da saúde (OR = 8,14) e da qualidade de vida (OR=7,69). Dentre as participantes, 18,1% estavam insatisfeitas com o trabalho. Gestantes com renda superior a quatro salários mínimos (OR = 2,67), dores nas costas (OR = 2,67) e que consumiam bebidas alcoólicas (OR = 3,34) apresentaram maior probabilidade de insatisfação com o trabalho. Fatores de saúde, estilo de vida e sociodemográficos influenciam o bem-estar e a satisfação com o trabalho.
DESCRITORES: Autoavaliação diagnóstica; Satisfação no trabalho; Gestantes.

ABSTRACT
The prevalence and factors associated with negative self-rated health, quality of life and job dissatisfaction among pregnant teachers were verified. This was a web survey conducted via a digital form. The dependent variables were: self-rated health, self-rated quality of life and dissatisfaction with teaching work. Logistic regression was performed. A total of 232 pregnant teachers participated. The prevalence of negative self-rated health was 15.5% and of quality of life was 19.0%. Arterial hypertension was associated with higher odds of negative self-rated health (OR = 8.14) and quality of life (OR = 7.69). Among the participants, 18.1% were dissatisfied with their jobs. Pregnant women with an income higher than four minimum wages (OR = 2.67), back pain (OR = 2.67) and who consumed alcoholic beverages (OR = 3.34) were more likely to be dissatisfied with their jobs. Health, lifestyle and sociodemographic factors influence well-being and job satisfaction.
DESCRIPTORS: Diagnostic self-assessment; Job satisfaction; Pregnant women.

RESUMEN
Se verificó la prevalencia y los factores asociados a la autoevaluación negativa de la salud, calidad de vida e insatisfacción con el trabajo en maestras embarazadas. Se trata de una encuesta web realizada a través de un formulario digital. Las variables dependientes fueron: autoevaluación de la salud, autoevaluación de la calidad de vida e insatisfacción con el trabajo docente. Se realizó regresión logística. Participaron 232 docentes embarazadas. La prevalencia de autoevaluación negativa de la salud fue del 15,5% y de la calidad de vida del 19,0%. La hipertensión arterial se asoció con mayores probabilidades de autoevaluación negativa de la salud (OR = 8,14) y de la calidad de vida (OR = 7,69). Entre los participantes, el 18,1% estaba insatisfecho con su trabajo. Las mujeres embarazadas con ingresos superiores a cuatro salarios mínimos (OR=2,67), dolor de espalda (OR=2,67) y que consumían bebidas alcohólicas (OR=3,34) tenían mayor probabilidad de estar insatisfechas con su trabajo. La salud, el estilo de vida y los factores sociodemográficos influyen en el bienestar y la satisfacción laboral.
DESCRIPTORES: Autoevaluación diagnóstica; Satisfacción laboral; Mujeres embarazadas.

DOI: 10.36489/saudecoletiva.2025v15i95p15642-15661

RECEIVED: 03/28/2025 **APPROVED:** 04/13/2025

How to cite this article: Oliveira ACQ, Cardoso LGS, Barbosa REC, Haikal DSA, Pinho L. Autoavaliação da Saúde, da Qualidade de Vida e Insatisfação com o Trabalho Entre Gestantes Professoras. Saúde Coletiva (Edição Brasileira) [Internet]. 2025 [acesso ano mês dia];15(95):15642-15661. Disponível em: DOI: 10.36489/saudecoletiva.2025v15i95p15642-15661

Ana Carolina Queiroz de Oliveira
Medical student at the State University of Montes Claros (Unimontes), Montes Claros, MG, Brazil.
ORCID: https://orcid.org/0009-0009-3272-2298

Lívia Gabriela de Souza Cardoso
Medical student at the FIPMoc University Center - UNIFIPMoc, Montes Claros, MG, Brazil.
ORCID: https://orcid.org/0009-0008-6549-0625

Rose Elizabeth Cabral Barbosa
PhD in Health Sciences, with a concentration in Public Health, from the Graduate Program in Health Sciences at the State University of Montes Claros (Unimontes).
ORCID: https://orcid.org/0000-0001-5383-0102

Desirée Sant'Ana Haikal
Graduated in Dentistry from the Federal University of Minas Gerais (UFMG, 1999), specialist in Public Health from the UFMG School of Pharmacy (2002), Master's (2004) and PhD (2013) in Public Health from the UFMG School of Dentistry. She is a permanent faculty member of the Graduate Program in Health Sciences (PPGCS) at the State University of Montes Claros (Unimontes).
ORCID: https://orcid.org/0000-0002-0331-0747

Lucineia de Pinho
PhD in Health Sciences from the State University of Montes Claros (2013). Master's degree in Agricultural Sciences from the Federal University of Minas Gerais (2008). She is a professor in higher education at the State University of Montes Claros (Unimontes) and a permanent member of the Professional Master's Program in Primary Health Care at the same institution.
ORCID: https://orcid.org/0000-0002-2947-5806

INTRODUCTION

Self-assessment is an important indicator of health status, being widely used to assess population groups due to its simplified application. [1] It is a parameter that reflects both morbidity and mortality, even when adjusted for pathologies or limitations. [2] Several factors influence self-assessment, including biological, psychological, sociodemographic and environmental aspects. [1] Individual perception of health is shaped by working conditions, lifestyle habits, relationships and access to resources, with quality of life directly affecting this assessment. [2]

Quality of life is defined by the subjective perception of the various dimensions of life, such as mental state, social interactions and physical health, which is not just the absence of disease, but a state of complete physical and social well-being. [3-4] It is also evaluated by indicators such as work activity. [5]

From this perspective, the teaching profession is marked by high physical and psychological stress due to factors such as multiple work shifts, lack of institutional support, salary gap and difficulties in relationships with students and parents. [6-7] Teacher workload limits free time for personal activities and affects teachers' general well-being, in addition to being associated with physical and mental health problems. [5;8-9]

Teachers represent one of the professional categories most vulnerable to illness, which contributes to dissatisfaction and abandonment of the profession. [1;10] Among teachers, women are more likely to have a negative self-assessment of their health and quality of life, especially during pregnancy due to the physiological and psychological changes that occur during this period. [8;11] Pregnancy causes significant changes that can be seen as a crisis phase in the cycle of evolution, affecting the woman's psychological and social state. [12] Several factors also positively influence the quality of life of pregnant women, including sexual health, social support and financial stability. [11]

The experiences lived during pregnancy make pregnant teachers more susceptible to compromised physical and mental well-being, leading to a decline in quality of life and feelings of dissatisfaction with teaching. Understanding the aspects associated with health, quality of life and dissatisfaction with teaching work can contribute to the implementation of measures that minimize these effects.

To this end, the present study aimed to verify the prevalence and factors associated with negative self-rated health, negative self-rated quality of life and dissatisfaction with work among pregnant teachers in the state basic education network of Minas Gerais.

METHOD

This cross-sectional study used data collected in a web survey called the ProfSMoc Project - Minas Covid Stage, which examined the health and working conditions of teachers in the state education system of Minas Gerais during the COVID-19 pandemic.

At the time of data collection, which took place between August and September 2020, the target population of the Project was approximately 90,000 teachers working in 3,441 state public schools, according to data provided by the Minas Gerais State Department of Education (SEE-MG). The following parameters were assumed to calculate the sample size: prevalence of 50%, confidence level of 95%, error of 3%, cluster design effect (deff = 2), and a 20% increase in sample size to compensate for possible losses. An estimated minimum sample size of 2,564 teachers was reached.

Basic education teachers working in state schools who were pregnant during the COVID-19 pandemic were considered eligible. Teachers who were not pregnant during the pandemic period up until the time the survey was conducted, those who worked in a position other than teaching, and those who answered "no" when asked if they agreed to participate in the survey were not included.

An online questionnaire was sent by SEE-MG to the institutional email of all teachers in the state public school system. To prevent bots from filling out the questionnaire, a reCAPTCHA with image tests was used. Teachers' participation was voluntary and anonymity was guaranteed. All questions were mandatory, minimizing the loss of information.

For this study, three dependent variables were considered: self-rated health, self-rated quality of life, and dissatisfaction with teaching work. Self-rated health was defined based on the answers to the question: 'In general, how do you rate your health?', with the following response options: excellent, good, moderate, poor, and very poor. The options 'excellent' and 'good' were grouped into positive self-rated health, and the options 'moderate', 'poor', and 'very poor' were grouped into negative self-rated health.

With regard to self-rated quality of life, the question that originated the aforementioned variable was the following: 'In general, how do you rate your quality of life?' The response options were: excellent, good, moderate, poor, and very poor. The variable was dichotomized, and the participants who answered 'excellent' and 'good' comprised the positive self-rated health category. The others were grouped into the negative self-rated health category.

The variable job dissatisfaction was calculated using the question: 'Before social isolation, how did you feel about your job as a teacher?' The response options followed a Likert scale with three options: 'satisfied', 'neither satisfied nor dissatisfied' and 'dissatisfied'. Pregnant teachers who answered 'neither satisfied nor dissatisfied' and 'dissatisfied' were classified as dissatisfied with their job.

The independent variables considered in the analysis were age (up to 35 years old, 36 years old or older); skin color (white, black/brown/yellow/indigenous); education (with postgraduate degree, without postgraduate degree); marital status (affirms or denies the presence of a partner); whether they have other children (yes, no); monthly family income (up to 3 minimum wages, 4 minimum wages or more); back pain (no, yes); diagnosis of hypertension (no, yes); diagnosis of diabetes (no, yes); smoking (no, yes); use of alcoholic beverages (no, yes); diet (best dietary pattern, worst dietary pattern) and practice of physical activities (yes, no).

The data were tabulated and analyzed using the Stata 13.0 statistical program. Initially, descriptive analysis estimated the relative and absolute frequencies of the study variables and the prevalence of the three outcomes of interest was estimated. Then, using Pearson's chi-square test, bivariate analyses were performed to estimate the gross associations between each of the outcomes and the selected variables. The variables associated with the outcomes at $p \leq 0.20$ were entered into multiple models – one for each of the outcomes – and these were adjusted using logistic regression until variables associated with $p \leq 0.05$ remained in the final models. This study followed the ethical principles of Resolution 466/12 of the National Health Council and was approved by the Research Ethics Committee of the State University of Montes Claros under substantiated opinion no. 4,200,389 (CAAE 35982220.0.0000.5146). The participating teachers received the Free and Informed Consent Form when accessing the research form.

RESULTS

A total of 232 pregnant teachers participated in this study. Among the participants, 60.3% were up to 35 years old, 86.2% lived with a partner and 54.3% had a monthly family income of up to 3 minimum wages. Regarding health status and behaviors/habits, 39.7% did not practice physical activity, 42.2% reported worsening of their eating pattern and 21.1% had back pain (Table 1).

DOI: 10.36489/saudecoletiva.2025v15i95p15642-15661

Table 1 – Description of the study population according to sociodemographic and occupational characteristics, behavioral aspects and health status, among pregnant elementary school teachers in the state public school system (n=232). ProfSMoc - Etapa Minas Covid, Minas Gerais, Brazil, 2020.

VARIABLES	N	%
Age		
Up to 35 anos	140	60,3
36 years or older	92	39,7
Color of skin		
White	107	46,1
Black/Brown/Yellow/Indigenous	125	53,9
Education		
With postgraduate degree	158	68,1
Without postgraduate degree	74	31,9
Marital status		
Without a partner	32	13,8
With a partner	200	86,2
Other children		
Yes	157	67,7
No	75	32,3
Monthly family income		
Up to 3 minimum wages	126	54,3
4 minimum wages or more	106	45,7
Pack pain		
No	183	78,9
Yes	49	21,1
Hypertension diagnosis		
No	219	94,4
Yes	13	5,6
Diabetes diagnosis		
No	225	97,0
Yes	7	3,0
Smoking habits		
No	231	99,6
Yes	1	0,4
Use of alcoholic beverages		
No	204	87,9
Yes	28	12,1
Diet		
Best diet pattern	134	57,8
Worst diet pattern	98	42,2
Practice of physical activities		
Yes	140	60,3
No	92	39,7

Source: prepared by the authors

The prevalence of negative self-rated health was 15.5%, with a higher frequency among professionals aged 36 or over (19.6%) and who did not live with a partner (31.3%). Regarding behavioral and health status variables, higher frequencies of negative self-rated health were observed in professionals who reported back pain (22.5%), those who did not practice physical activity (20.7%) and those diagnosed with hypertension (53.9%) or diabetes (42.9%) (Table 2).

DOI: 10.36489/saudecoletiva.2025v15i95p15642-15661

Table 2 – Prevalence of negative self-rated health and analysis of its association with sociodemographic and occupational characteristics, behavioral aspects and health status among pregnant primary school teachers in the state public school system (n=232). ProfSMoc - Etapa Minas Covid, Minas Gerais, Brazil, 2020.

VARIABLES	P (%)	p-value*
Age		
Up to 35 years	12,9	0,167
36 years or older	19,6	
Color of skin		
White	15,0	0,826
Black/Brown/Yellow/Indigenous	16,0	
Education		
With post-graduation degree	17,1	0,334
Without post-graduation degree	12,2	
Marital status		
Without partner	31,3	0,008
Without partner	13,0	
Other children		
Yes	17,2	0,306
No	12,0	
Monthly family income		
Up to 3 minimum wages	17,5	0,373
4 minimum wages or more	13,2	
Back pain		
No	13,7	0,131
Yes	22,5	
Hypertension diagnosis		
No	13,2	0,000
Yes	53,9	
Diabetes diagnosis		
No	14,7	0,042
Yes	42,9	
Smoking habits		
No	15,6	0,668
Yes	0,0	
Use of alcoholic beverages		
No	15,2	0,715
Yes	17,9	
Diet		
Best diet pattern	14,9	0,771
Worst diet pattern	16,3	
Practice of physical activities		
Yes	12,1	0,080
No	20,7	

Source: prepared by the authors. * Pearson's χ^2

A prevalência de autoavaliação negativa da qualidade de vida foi de 19,0%. As maiores frequências foram registradas entre aquelas que viviam sem companheiro (43,8%), possuíam renda mensal de até 3 salários mínimos (25,4%), referiram dores nas costas (30,6%), negaram praticar atividade física (25,0%) e as com diagnóstico de hipertensão (53,9%) ou diabetes (42,9%) (Tabela 3).

DOI: 10.36489/saudecoletiva.2025v15i95p15642-15661

Table 3 – Prevalence of negative self-assessment of quality of life and analysis of its association with sociodemographic and occupational characteristics, behavioral aspects and health status, among pregnant teachers of basic education in the state public school system (n=232). ProfSMoc - Etapa Minas Covid, Minas Gerais, Brazil, 2020.

VARIABLES	P (%)	p-valor*
Age		
Up to 35 anos	17,9	0,595
36 years or older	20,7	
Color of skin		
White	18,7	0,922
Black/Brown/Yellow/Indigenous	19,2	
Education		
With postgraduate degree	20,3	0,465
Without postgraduate degree	16,2	
Marital status		
Without a partner	43,8	0,000
With a partner	15,0	
Other children		
Yes	21,0	0,248
No	14,7	
Monthly family income		
Up to 3 minimum wages	25,4	0,006
4 minimum wages or more	11,3	
Pack pain		
No	15,9	0,019
Yes	30,6	
Hypertension diagnosis		
No	16,9	0,001
Yes	53,9	
Diabetes diagnosis		
No	18,2	0,102
Yes	42,9	
Smoking habits		
No	19,1	0,628
Yes	0,0	
Use of alcoholic beverages		
No	19,6	0,501
Yes	14,3	
Diet		
Best diet pattern	17,2	0,413
Worst diet pattern	21,4	
Practice of physical activities		
Yes	15,0	0,057
No	25,0	

Source: prepared by the authors. *Pearson's χ^2

Of the total number of respondents, 18.1% were dissatisfied with their teaching work. The prevalence of job dissatisfaction was higher among those who had a monthly family income of four minimum wages or more (26.4%), reported back pain (32.7%) and consumed alcoholic beverages (39.3%) (Table 4).

DOI: 10.36489/saudecoletiva.2025v15i95p15642-15661

Table 4 – Prevalence of dissatisfaction with teaching work and analysis of its association with sociodemographic and occupational characteristics, behavioral aspects and health status, among pregnant elementary school teachers in the state public school system (n=232). ProfSMoc - Etapa Minas Covid, Minas Gerais, Brazil, 2020.

VARIABLES	P (%)	p-valor*
Age		
Up to 35 years	17,9	0,904
36 years or older	18,5	
Color of skin		
White	19,6	0,577
Black/Brown/Yellow/Indigenous	16,8	
Education		
With post-graduation degree	20,3	0,214
Without post-graduation degree	13,5	
Marital status		
Without partner	15,6	0,695
Without partner	18,5	
Other children		
Yes	17,2	0,604
No	20,0	
Monthly family income		
Up to 3 minimum wages	11,1	0,003
4 minimum wages or more	26,4	
Back pain		
No	14,2	0,003
Yes	32,7	
Hypertension diagnosis		
No	17,8	0,632
Yes	23,1	
Diabetes diagnosis		
No	18,2	0,790
Yes	14,3	
Smoking habits		
No	18,2	0,638
Yes	0,0	
Use of alcoholic beverages		
No	15,2	0,002
Yes	39,3	
Diet		
Best diet pattern	19,4	0,548
Worst diet pattern	16,3	
Practice of physical activities		
Yes	17,9	0,904
No	18,5	

Source: prepared by the authors. *Pearson's χ^2

The results of the final multiple models are presented in Table 5. A significant reduction in the probability of negative self-rated health (OR = 0.31) and quality of life (OR = 0.24) was observed among pregnant women with a partner. In contrast, the presence of a diagnosis of arterial hypertension was associated with a considerable increase in the odds of negative self-rated health (OR = 8.14; OR = 7.69) and quality of life (OR = 7.69).

DOI: 10.36489/saudecoletiva.2025v15i95p15642-15661

High income proved to be a protective factor for negative self-rated health (OR = 0.38). Pregnant women with an income above four minimum wages were more likely to be dissatisfied with their jobs (OR = 2.67), as were those with back pain (OR = 2.67) and who consumed alcoholic beverages (OR = 3.34) (Table 5).

Table 5 – Multiple model of factors associated with negative self-rated health, negative self-rated quality of life and job dissatisfaction among pregnant elementary school teachers in the state public school system (n=232). ProfSMoc - Etapa Minas Covid, Minas Gerais, Brazil 2020.

VARIABLES	Negative self-rated health		Negative self-assessment of quality of life		Insatisfação com o trabalho	
	OR* (CI 95%)	p-value	OR* (CI 95%)	p-value	OR* (CI 95%)	p-value
Marital status						
Without partner	1,00		1,00			
With partner	0,31 (0,13-0,75)	0,010	0,24 (0,10-0,57)	0,001		
Monthly family income						
Up to 3 minimum wages			1,00		1,00	
4 minimum wages or more			0,38 (0,18-0,83)	0,015	2,67 (1,29-5,53)	0,008
Back pain						
No					1,00	
Yes					2,67 (1,24-5,72)	0,012
Hypertension diagnosis						
No	1,00		1,00			
Yes	8,14 (2,49-26,63)	0,001	7,69 (2,20-26,90)	0,001		
Use of alcoholic beverages						
No					1,00	
Yes					3,34 (1,36-8,19)	0,009

Source: prepared by the authors. *Pearson's χ^2 *
Adjusted Odds Ratio

DISCUSSION

The study revealed a significant prevalence of negative self-rated health, negative self-rated quality of life and dissatisfaction with teaching work among pregnant teachers in public elementary schools in Minas Gerais.

The data obtained in this study – regarding negative self-rated health – presented slightly lower values in relation to some studies, however, the variation was not significant, being within a range close to the values previously reported. As an example, there is a cross-sectional study, with data from the National Survey on Health, Working Conditions and Absences of Teachers in Elementary Schools - Educatel Brasil 2015/2016 - which showed that 25% of teachers do not consider themselves healthy. [10]

Furthermore, the prevalence of reduced perception of one's own health, observed in a cross-sectional study that addressed chronic health conditions and associated factors in a probabilistic sample of 712 teachers working in basic education at state schools in the municipality of Montes Claros, was 32.9%. [1]

The results obtained in the present study showed lower values compared to other groups of teachers, possibly due to the fact that, in the studies mentioned, the sample included both men and women, who were not all pregnant. Furthermore, the medical monitoring of the pregnant teachers evaluated may have positively influenced their perception of health, since it provides continuous monitoring of maternal and fetal health, guidance on care and healthy habits, as well as emotional support. [12]

The evidence from this study reveals that, for women with a partner, the probability of having a negative self-rated health is reduced by 69%. These findings are in line with a study, which observed that an unstable marital situation or the absence of a partner were considered risk factors for a negative pregnancy experience. [1] Furthermore, a 76% reduction was observed in the probability of negative self-assessment of quality of life, corroborating the thesis that a stable marriage contributes to a safer and more welcoming environment, favoring improved mental health, lower risk of complications and a better quality of life. [11]

A study that investigated the health condition, lifestyle and work characteristics of municipal teachers in Bagé (RS), with the majority of participants being women, found a prevalence of hypertension in 20.3% of those evaluated. [13] In this sense, the present study showed that Systemic Arterial Hypertension (SAH) exerts a negative influence on the health perception among pregnant teachers. The presence of SAH can aggravate the feeling of malaise and increase the risk

DOI: 10.36489/saudecoletiva.2025v15i95p15642-15661

of complications during pregnancy, leading to a more unfavorable perception of health status. This factor, combined with the hormonal and physiological changes typical of pregnancy, can result in a more negative subjective assessment of health, compromising the well-being of pregnant women. [14]

Regarding self-assessment of quality of life, the values found in this study are similar to those reported in the scientific literature, indicating convergence in the findings and reinforcing the consistency of the available data on the subject.

A study that analyzed the perception of quality of life of professors at a public higher education institution in southern Brazil found that 84.3% (n=247) of the professors perceived their quality of life as good or very good, while a smaller percentage had the opposite perception in relation to this same variable. Differences were found in favor of men when each group was evaluated separately, with a more positive perception of quality of life occurring in 86.3% (n=107) of men and 82.9% (n=140) of women. [15]

Furthermore, a study carried out with basic education teachers in the city of Florianópolis (SC) showed that, as with general quality of life, satisfaction with health was perceived as good by the majority of teachers, with only 7.5% of teachers classifying their quality of life as very bad or bad. [16]

Systemic arterial hypertension was also shown to be a significant risk factor for negative self-assessment of quality of life among pregnant teachers. According to the results of the present study, pregnant teachers diagnosed with hypertension were approximately 7.69 times more likely to report a negative perception of well-being compared to pregnant teachers without this condition. This finding reinforces the hypothesis that normotensive pregnant women had better health-related quality of life when compared to hypertensive women, possibly due to functional limitations, concerns about gestational complications and the need for greater medical monitoring. [17]

A study that analyzed the association between working conditions and physical health using data from the Sixth European Working Conditions Survey (EWCS6) released in 2017, showed that respondents whose total monthly family income is sufficient to cover expenses are more likely to report a good quality of life and less likely to become ill. [18] This scenario is consistent with the quality of life variable in the current study, since a 62% reduction was observed in the probability of reporting a negative self-assessment of this item, although there is a discrepancy regarding the fact that the educators - classified as dissatisfied with their teaching work - have an income above 4 minimum wages.

Regarding dissatisfaction with teaching work, this is a complex concept, which is influenced by the most varied aspects related to work that interact with living and health conditions. 19 The findings of this research presented values below those described in other studies. For example, there is a cross-sectional study with basic education teachers from the public school system in Montes Claros-MG, which showed a prevalence of dissatisfaction with teaching work of 35%. This perspective is similar to that of teachers from the public school system in Passo Fundo, whose dissatisfaction was 37.3%. [20]

The observed discrepancies can be explained by the fact that the literature used covers both male and female teachers - not restricted to the gestational period. Female teachers may have less job dissatisfaction due to a number of factors, including greater labor protection guaranteed by law, which provides job stability and reduces job insecurity. In addition, pregnancy may generate an increase in the social support received in the workplace. [21]

Alcohol consumption was shown to be a significant factor in dissatisfaction with teaching work. Pregnant teachers who reported drinking alcohol were 3.34 times more likely to be dissatisfied with their jobs. This finding suggests that alcohol consumption may be associated with stress factors, emotional difficulties or a possible attempt to deal with dissatisfaction at work, which directly impacts the perception of satisfaction in the professional environment. [22]

Another associated factor is the presence of back pain, described by a portion of pregnant women in the current study. The presence of this condition can lead to difficulties in carrying out work activities, reduce productivity and increase general discomfort, which probably contributes to a negative perception of work, affecting the physical and emotional health of the teacher. [23]

The limitations of the study should be mentioned. Epidemiological surveys of the web survey type depend on internet access, which demonstrates selection and restriction bias. Furthermore, the responses are based on self-reporting, assuming memory bias. However, remote data collection and the possibility of reaching a larger population contingent, especially during a pandemic, in which social distancing was one of the main coping measures, justify the use of web surveys. Other positive points of the study are methodological rigor, robust sample, support from SEE-MG, and good distribution of the sample throughout the state of Minas Gerais.

CONCLUSION

A high prevalence of negative self-rated health, negative self-rated quality of life and dissatisfaction with teaching work was found among pregnant teachers in public elementary education in Minas Gerais. The results obtained in this research have the potential to support a broader discussion on the subject, given the scarcity of studies of this nature and scope with pregnant teachers. Measures should be adopted to monitor teachers' work and health, providing quality education and protecting the health of pregnant teachers.

CONFLICTS OF INTEREST

The authors declare no conflicts of in-

DOI: 10.36489/saudecoletiva.2025v15i95p15642-15661

terest.

FUNDING

This work received financial support from FAPEMIG (Minas Gerais State Research Support Foundation) - Process APQ-00901-22 approved by Notice No. 001/2022 - Universal Demand.

ACKNOWLEDGMENTS

The authors would like to thank the elementary school teachers of the state of Minas Gerais, the Voluntary Scientific Initiation program of the FIPMoc University Center, the Institutional Scientific Initiation Scholarship Program (PIBIC/BIC-UNI-UNIMONTES) and the Research and Technological Development Incentive Grant (BIPDT).

REFERENCES

1. Barbosa REC, Fonseca GC, Vieira MRM, Magalhães TA, Silva RRV, Haikal DS. Fatores associados à autoavaliação negativa de saúde entre professores da educação básica. Rev Baiana Saúde Pública. 2021;45(3):32-49.

2. Theme Filha MM, Souza Junior PRB, Damacena GN, Szwarcwald CL. Prevalência de doenças crônicas não transmissíveis e associação com autoavaliação de saúde: Pesquisa Nacional de Saúde, 2013. Rev bras epidemiol. 2015;18(Supl. 2):83-96

3. World Health Organization. Promoción de la Salud: Glosario. Genebra: WHO; 1998. Disponível em: https://iris.who.int/bitstream/handle/10665/67246/WHO_HPR_HEP_98.1_spa.pdf.

4. Borges de Vasconcelos L, Santos MCL, Magalhães da Silva R, Filho CG, Santos VL, Probo DRG. Quality of life related to health: Dimensional analysis of the concept. NTQR [Internet]. 2020;3:226-238.

5. Araldi FM, Poulsen FF, Guimarães ACA, Farias GO, Folle A. Qualidade de vida de professores do ensino superior: uma revisão sistemática. Retos. 2021;41:459-470.

6. Silva OON da, Miranda TG, Bordas MAG. Condições de trabalho docente no Brasil: ensaio sobre a desvalorização na educação básica. Jornal de Políticas Educacionais 2019;13(39).

7. Agyapong B, Obuobi-Donkor G, Burback L, Wei Y. Stress, Burnout, Anxiety and Depression among Teachers: A Scoping Review. Int J Environ Res Public Health. 2022;19(17):10706.

8. Silva EC. Processos de medicalização e trabalho docente: reflexões sobre o adoecimento de professoras da rede pública de Salvador/BA. Salvador. Dissertação [Mestrado em Educação] – Faculdade de Educação, Universidade Federal da Bahia, 2020.

9. Souza MCL de, Carballo FP, Lucca SR de. Fatores psicossociais e síndrome de burnout em professores da educação básica. Psicol Esc Educ [Internet]. 2023;27:e235165.

10. Morais ÉAH de, Abreu MNS, Assunção ÁA. Autoavaliação de saúde e fatores relacionados ao trabalho dos professores da educação básica no Brasil. Ciênc saúde coletiva [Internet]. 2023;28(1):209-222.

11. Santos AB dos, Santos KEP, Monteiro GTR, Prado PR do, Amaral TLM. Autoestima e qualidade de vida de uma série de gestantes atendidas em rede pública de saúde. Cogit. Enferm. 2015;20(2):392-400.

12. Fernandes RAQ, Oliveira PM de, Freitas N de O. Adaptação e validação de Índice de Qualidade de Vida para gestantes brasileiras. Acta paul enferm [Internet] 2023;36:eAPE013431.

13. Santos MN dos, Marques AC. Condições de saúde, estilo de vida e características de trabalho de professores de uma cidade do sul do Brasil. Ciênc Saúde Coletiva [Internet] 2013;18(3):837-846.

14. Chaim SRP, Oliveira SMJV de, Kimura AF. Pregnancy-induced hypertension and the neonatal outcome. Acta Paul Enferm. 2008;21(1):53-58.

15. Oliveira Filho A de, Netto-Oliveira ER, Oliveira AAB de. Qualidade de vida e fatores de risco de professores universitários. Rev educ fis UEM [Internet]. 2012;23(1):57–67.

16. Pereira ÉF, Teixeira CS, Lopes A da S. Qualidade de vida de professores de educação básica do município de Florianópolis, SC, Brasil. Ciênc saúde coletiva [Internet]. 2013;18(7):1963–1970.

17. Carvalho MV de, Siqueira LB, Sousa ALL, Jardim PCBV. A influência da hipertensão arterial na qualidade de vida. Arq Bras Cardiol [Internet]. 2013;100(2):164–174.

18. Nappo N. Is there an association between working conditions and health? An analysis of the Sixth European Working Conditions Survey data. PLoS One. 2019;14(2):e0211294.

19. Alves LI do N, Siqueira GR de, Santos G da S, Soares AR de S, Souza AIG, Dantas D de S, Tenório A da S. Condições de trabalho e saúde de profissionais da linha de frente na pandemia de covid-19. Saúde debate [Internet]. 2024;48(141):e8791.

20. Vieira MRM, Magalhães TA de, Vieira MM, Prates TEC, Silva RRV, Paula AMB de, et al. Inter-relações entre insatisfação com o trabalho docente e sintomas depressivos: modelagem com equações estruturais. Ciênc saúde coletiva [Internet]. 2023;28(7):2075–2086.

21. Toledo J de S, Martins JT, Gonçalves J. Percepções de mulheres sobre gestação e os sentidos do trabalho. Cad Psicol Soc Trab [Internet]. 2023;26: e-184737.

22. Shukla A, Trivedi T. Burnout in Indian teachers. Asia Pacific Education Review 2008;9(3):320-334.

23. Freitas GR de, Calais SL, Cardoso HF. Estresse, ansiedade e qualidade de vida em professores: efeitos do relaxamento progressivo. Psicol Esc Educ [Internet]. 2018;22(2):319-326.

DOI: 10.36489/saudecoletiva.2025v15i95p15642-15661