

Profile of Children Hospitalized in a Health Unit in the Interior of Mato Grosso

Perfil das Crianças Hospitalizadas em uma Unidade de Saúde do Interior de Mato Grosso
Perfil de los Niños Hospitalizados en una Unidad de Salud del Interior de Mato Grosso

RESUMO

Objetivo: O estudo teve por objetivo analisar o perfil clínico e epidemiológico das crianças admitidas em uma unidade de saúde do interior de Mato Grosso. **Métodos:** Trata-se de um estudo Transversal de caráter descritivo com abordagem quantitativa realizado com crianças de 0 a 12 anos hospitalizadas no Hospital Regional de Cáceres Dr. Antônio Fontes no primeiro semestre de 2024. Foi utilizado do Programa Statistical Package for the Social Science (SPSS) versão 21.0 para análise estatística descritiva. **Resultados:** Das 436 crianças investigadas, o maior grupo se concentrou no sexo masculino (58,7%), de 1 a menores de 5 anos (30,5%), provenientes de Cáceres (56%), acompanhadas pela mãe (86,2%), com ensino médio completo dos responsáveis (45,4%), parto cesariana (67,7%), vacinação em dia (81,9%) e com a afecções do sistema respiratório (44,5%). **Conclusão:** Por meio desses achados foi identificado principalmente a prevalência das afecções do sistema respiratório, a oferta de atendimento a crianças provenientes da Bolívia, baixa adesão ao AM exclusivo e alta de cesáreas em relação ao parto normal. Esses achados, são importantes para publicização do perfil dessas crianças hospitalizadas, a fim do direcionamento de medidas mais assertivas para assistência em saúde.

DESCRIPTORIOS: Criança hospitalizada; Epidemiologia; Perfil de saúde; Saúde da criança.

ABSTRACT

Objective: The study aimed to analyze the clinical and epidemiological profile of children admitted to a health unit in the interior of Mato Grosso. **Methods:** This is a cross-sectional, descriptive study with a quantitative approach carried out with children aged 0 to 12 years hospitalized at the Dr. Antônio Fontes Regional Hospital of Cáceres in the first half of 2024. The Statistical Package for the Social Science (SPSS) version 21.0 was used for descriptive statistical analysis. **Results:** Of the 436 children investigated, the largest group was concentrated in the male sex (58.7%), aged 1 to under 5 years (30.5%), from Cáceres (56%), accompanied by the mother (86.2%), with completed high school education of those responsible (45.4%), cesarean section (67.7%), up-to-date vaccination (81.9%) and with respiratory system disorders (44.5%). **Conclusion:** These findings mainly identified the prevalence of respiratory system disorders, the provision of care to children from Bolivia, low adherence to exclusive breastfeeding and a high rate of cesarean sections compared to normal births. These findings are important for publicizing the profile of these hospitalized children, in order to direct more assertive measures for health care.

DESCRIPTORS: Hospitalized child; Epidemiology; Health profile; Child health.

RESUMEN

Objetivo: El estudio tuvo como objetivo analizar el perfil clínico y epidemiológico de los niños ingresados en una unidad de salud en el interior de Mato Grosso. **Métodos:** Se trata de un estudio descriptivo transversal con un enfoque cuantitativo realizado con niños de 0 a 12 años hospitalizados en el Hospital Regional Dr. Antônio Fontes de Cáceres en el primer semestre de 2024. El Paquete Estadístico para las Ciencias Sociales (SPSS) versión 21.0 se utilizó para el análisis estadístico descriptivo. **Resultados:** De los 436 niños investigados, el grupo más grande se concentró en el sexo masculino (58,7%), de 1 a menos de 5 años (30,5%), de Cáceres (56%), acompañados de la madre (86,2%), con educación secundaria completa de los responsables (45,4%), cesárea (67,7%), vacunación al día (81,9%) y con afecciones del sistema respiratorio (44,5%). **Conclusión:** Estos hallazgos identificaron principalmente la prevalencia de trastornos respiratorios, la atención a niños de Bolivia, la baja adherencia a la lactancia materna exclusiva y una alta tasa de cesáreas en comparación con los partos normales. Estos hallazgos son importantes para dar a conocer el perfil de estos niños hospitalizados y así orientar medidas de atención sanitaria más asertivas.

DESCRIPTORIOS: Niño hospitalizado; Epidemiología; Perfil de salud; Salud del niño.

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INTRODUCTION

Hospitalization is an event that makes individuals susceptible to a range of negative feelings, such as fear, insecurity, and anxiety¹. In the case of children, this experience is even more impactful, since their limited cognitive maturity makes it difficult for them to understand their health status and accept the abrupt separation from the emotional bonds established in the family environment².

In addition to the emotional aspects, the hospital environment is a significant stressor for both children and their families. Among the main factors that cause distress are the fear of co-infection by other diseases, the imposition of invasive procedures, physical and emotional confinement, and the additional costs of hospitalization, which are often not covered by the Unified Health System (SUS), mainly affecting populations in situations of socioeconomic vulnerabili-

ty³.

Children, because they are in the process of immune development, are more susceptible to infections and complications related to the health-disease process, which makes them a priority group for health care⁴. According to data from the Department of Informatics of the Unified Health System (DATASUS), between January 2019 and January 2020, approximately 121,437 pediatric hospitalizations were recorded in the SUS, 42,716 of which were children under one year of age, 33,253 in the five to nine age group, and 19,938 between ten and fourteen years of age⁵.

Understanding the factors that lead to child hospitalization is essential to support the formulation of intervention strategies that address the social and pathophysiological determinants of health. Prior knowledge of the clinical and epidemiological profile of these hospitalizations allows for the planning of more targeted, effective, and decisive care actions,

minimizing the impacts of hospitalization^{5, 6}.

Epidemiology, in this context, is an indispensable tool, as it enables the identification and quantification of factors associated with illness in specific populations. Through epidemiological analysis, it is possible to outline morbidity and mortality profiles, identify risk factors, and guide public health interventions⁶.

Studies aimed at characterizing the profile of pediatric hospitalizations are essential for improving public policies and care protocols. The analysis of this information contributes to the development of care flows, prevention strategies, and health promotion actions that effectively meet the demands of the child and adolescent population⁷.

Given the above, this study aims to analyze the clinical and epidemiological profile of pediatric hospitalizations in a health unit located in the interior of Mato Grosso. The objective is to support the formulation of

strategies that improve child health care and contribute to reducing hospitalization and morbidity and mortality rates.

METHOD

This is a cross-sectional, retrospective, descriptive study with a quantitative approach. According to Bordo8, cross-sectional studies refer to the dynamics of epidemiological research, observing the incidence and/or prevalence of the occurrence and exposure of health events without interaction between the researcher and the researched.

The research was conducted in the pediatrics department of the Dr. Antônio Regional Hospital in Cáceres (HRCFAF), located in Cáceres, a city in the Pantanal region in the interior of Mato Grosso, with a population of approximately 89,478 according to the latest census⁹. The public institution provides care to 22 municipalities in the western and southwestern regions of the state, as well as patients from Bolivia.

The unit has 106 beds, 23 of which are for the pediatric ward. The population included in the study consisted of children aged 0 to 12 years admitted to the hospital who agreed to participate in the survey in the first half of 2024. The exclusion criteria were: refusal of the guardians to participate in the study and those guardians who were absent at the time of data collection.

The information was collected using a questionnaire produced by the research team, containing structured and open questions, with the following variables: age, reason for hospitalization, origin, companion, companion's level of education, type of delivery, duration of breastfeeding, and the child's vaccination card. To construct the alternatives presented in the structured questions, a pre-test was conducted with ¹⁰ hospitalized

children to establish the variables to be studied, and these samples were excluded from the scope of the research.

After collection, the quantitative data were tabulated and transcribed into Microsoft Office Excel 2016 (Microsoft Corporation) for storage and primary processing. Subsequently, the Statistical Package for the Social Science (SPSS) version 21.0 was used for descriptive statistical analysis using absolute and relative frequencies, with the results presented in tables.

The study was guided by the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) tool 10. Data collection was carried out after understanding and agreement of the responsible party and upon signing the free and informed consent form, thus being developed in accordance with the

guidelines regulated by Resolution 466/2012 of the National Health Council/Ministry of Health¹¹, under opinion No. 6,591,840 and CAAE: 74716123.3.0000.5166 submitted and approved by the Research Ethics Committee of the State University of Mato Grosso – UNEMAT .

RESULTS

The study sample consisted of 436 children aged between 0 and 12 years. The most common age group was children aged between 1 and 5 years (30.5%), followed by those aged between 5 and 10 years (29.4%). Children aged 12 years represented the lowest hospitalization rate in the unit (0.7%). Most patients were male (58.7%) and from Cáceres (53%) (Table 1).

Table 1. Distribution of hospitalized children according to demographic variables, Cáceres, Mato Grosso, Brazil, 2024.

VARIABLES	N	%
Age		
< 6 months	94	21,6%
6 months to < 1 year	54	12,4%
1 to < 5 years	133	30,5%
5 to < 10 years	128	29,4%
10 to < 12 years	24	5,5%
> 12 years	3	0,7%
Gender:		
Male	256	58,7%
Female	180	41,3%
Origin:		
Cáceres	231	53%
Municipalities covered	182	41,7%
Bolivia	19	4,4%
Other states	4	0,9%
Total	436	100%

Source: Survey data, 2024.

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Regarding the educational level of the companions of hospitalized children, most have completed high school (45.4%), followed by those with incomplete high school educa-

tion (16.5%). In addition, just over 8.5% had attained higher education, and 13 participants (3%) did not wish to disclose their educational level at the time of the survey. Regarding kin-

ship, mothers (86.2%) accounted for the majority of companions in this follow-up (Table 2).

Table 2. Characterization of variables in relation to the accompanying person, Cáceres, Mato Grosso, Brazil, 2024.

VARIABLES	N	%
Accompanied by:		
Mother	376	86,2%
Father	24	5,5%
Other	36	8,6%
Education level of accompanying person:		
High school graduate	198	45,4%
Incomplete high school education	72	16,5%
Incomplete elementary education	47	10,8%
Complete elementary education	43	9,9%
Complete higher education	37	8,5%
Incomplete higher education	22	5%
Illiterate	4	0,9%
Not reported	13	3%
Total	436	100%

Source: Survey data, 2024.

Of the 436 children present at the health unit referred to in the survey period, 357 (81.9%) had their vaccination cards up to date, and of these,

114 (26.1%) did not meet the Ministry of Health (MS) recommendation of exclusive breastfeeding until six months of age. The mode of delivery at conception was also collected, with

cesarean section prevailing (67.7%) over vaginal delivery (31.2%) (Table 3).

Table 3. Distribution of health determinants according to demographic variables, Cáceres, Mato Grosso, Brazil, 2024.

Variables	N	%
Up-to-date vaccination		
Yes	357	81,9%
No	79	18,1%
Duration of breastfeeding		
< 3 months	114	26,1%
3 to 6 months	71	16,3%
6 months to 1 year	86	19,7%
1 to 2 years	102	23,4%
> 2 years	35	8,0%
Did not know	28	6,4%
Type of delivery		
Cesarean	295	67,7%
Normal	136	31,2%
Did not know	5	1,1%
Total	436	100%

Source: Survey data, 2024.

Regarding the conditions that led to the hospitalization of children, a preliminary list of the main health conditions affecting this group was compiled using the pre-test questionnaire, and conditions not included in the options were classified as “other.” Respiratory system conditions were

the main cause of hospitalization (44.5%), followed by surgical recoveries (7.8%). Approximately 28.2% of pathological conditions were classified as multiple causes that were reported after the pre-test during the survey (Table 4).

of those responsible, a pattern similar to that found in a study conducted in a hospital in the interior of Rio de Janeiro was observed¹⁵. Most of the accompanying persons had completed high school, followed by incomplete elementary school. Education plays a fundamental role as a protective factor in health, since low levels of education are associated with difficulty in accessing, understanding, and adhering to guidelines related to health prevention, promotion, and rehabilitation²¹.

Among the health determinants addressed in the study, vaccination status, type of delivery, and duration of breastfeeding were investigated. Most children had an up-to-date vaccination card (89.1%). However, 18.1% of guardians reported that the vaccination schedule was incomplete. Immunization is an essential element of adaptive immunity, promoting healthy child development. Studies show that parental awareness is crucial to increasing vaccination coverage rates²².

Another worrying finding is the low adherence to breastfeeding (BF) up to two years of age, with exclusive breastfeeding in the first six months, as recommended by the Ministry of Health¹². It was found that about 26% of the children investigated were breastfed for less than three months. This reduced practice of BF compromises the transfer of antibodies and essential nutrients, hindering immune maturation and increasing susceptibility to diseases²³.

The mode of delivery was also analyzed, with a predominance of cesarean sections (67.7%) over normal deliveries (31.2%). This finding is in line with the national trend, as pointed out by a study based on DATASUS data, which indicates a growing number of cesarean deliveries. Among the factors associated with this phenomenon are regional conditions, sociocultural factors, and even issues such as medical remuneration linked to the type of delivery²⁴.

In addition, scientific evidence points to significant benefits of normal delivery in relation to maternal and infant morbidity and mortality, puerperal recovery, reduced need for medical interventions,

Table 4. Reason for hospitalization of children, Cáceres, Mato Grosso, Brazil, 2024.

Variables	N	%
Reason for hospitalization		
Respiratory system disorder	194	44,5%
General surgery	34	7,8%
Urinary system disorders	21	4,8%
Digestive system disorder	18	4,1%
Diabetes Mellitus 1 and/or 2	19	4,4%
Flu-like symptoms	11	2,5%
Hepatic system disorder	3	0,7%
In diagnostic screening	13	3%
Other	123	28,2%
Total	436	100%

Source: Survey data, 2024.

DISCUSSION

The above data, which indicate a higher incidence of hospitalization among children aged 1 to under 5 years, are consistent with the evidence available in the scientific literature^{13, 14}. Similar results were found in a cross-sectional study¹⁵ conducted in a public hospital in the interior of the state of Rio de Janeiro, which found a higher frequency of hospitalizations in the 29-day to 2-year age group. This predominance can be explained by the immaturity of the immune system, which is still developing in children up to five years of age^{4,16}.

With regard to biological sex, a predominance of males among hospitalizations was observed, a finding that corroborates previous studies on the profile of pediatric hospitalizations. Although there is no consensus on the causes of this difference, some hypotheses suggest that boys tend to expose themselves more to

risky situations or that there is a socially imposed fragility on females, requiring greater care^{13,14,17}.

It was also observed that, although most of the children came from the city of Cáceres and neighboring municipalities, a considerable number (4.4%) came from neighboring countries, especially Bolivia. This data requires attention from the health institution to ensure ethical, equitable, and non-discriminatory care, as recommended by Law No. 8,080/1990¹⁸. This includes promoting effective and welcoming communication through actions such as continuing health education¹⁹.

Regarding the presence of companions during hospitalization, a predominance of mothers was identified, a result that is consistent with a study conducted at the University Hospital of Minas Gerais, which analyzed 432 medical records and found that mothers were predominantly involved in the care of hospitalized children²⁰.

With regard to the educational level

pain reduction, lower risk of hemorrhage, and encouragement of breastfeeding²⁵. The role of women in choosing the mode of delivery has also been discussed, with advocates arguing for shared decision-making based on clinical criteria and encouraging the humanization of normal childbirth²⁶.

Respiratory system disorders were highlighted as the main causes of hospitalization, which is supported by several recent studies, both national²⁷ and international^{28,29}. The World Health Organization points out that respiratory diseases account for 8% of deaths in developed countries and up to 5% in developing countries, with pneumonia responsible for 20% to 40% of infant deaths in the latter¹⁵.

Recurrent hospitalizations for respiratory conditions may be related to early exposure to environmental agents and incomplete vaccination schedules^{27, 30}. Although most children in this study were up to date with their vaccinations, there is a need for strategies targeting the small group with incomplete vaccination schedules to ensure effective protection.

The study has limitations, especially regarding the exact quantification of variables such as type of delivery, education level, and duration of breastfeeding, as

some companions did not know or preferred not to answer these questions. There was also a limitation in the classification of causes of hospitalization grouped under the category “others,” which made it difficult to analyze the clinical profile more accurately. Therefore, we opted to consider the most prevalent pathologies defined in the pre-test.

Furthermore, this survey is an important contribution to the public and scientific knowledge of the population and federal agents, since recognition of this reality makes it possible to implement public health strategies to modify unhealthy behaviors in the health-disease process and direct comprehensive care to the demands exposed, serving as a foundation for health actions that require the identification of the profile served.

CONCLUSION

The results of this study show the prevalence of pediatric hospitalizations among children aged one to five years, with a predominance of males and a concentration of cases from the municipality itself and neighboring cities, including international patients, which reinforces the importance of regionalization and universal access to health care. The analysis of variables asso-

ciated with the clinical and social profile of hospitalized children revealed weaknesses in health determinants, such as low adherence to exclusive breastfeeding, incomplete vaccination schedules in part of the sample, and a predominance of cesarean deliveries.

Respiratory system disorders stood out as the main cause of hospitalization, in line with national and international data on child morbidity. The central role of mothers in hospital follow-up was also observed, as well as the impact of the educational level of guardians on their understanding of and adherence to health guidelines.

In view of these findings, there is a reinforced need to strengthen health education strategies aimed at promoting breastfeeding, expanding vaccination coverage, and providing guidance on the benefits of normal childbirth. In addition, it is recommended that hospitals be prepared to serve diverse populations, including foreigners, ensuring humane and equitable care. Finally, we highlight the importance of the continued use of epidemiological studies as a basis for improving pediatric care and formulating public policies aimed at reducing hospitalizations and improving child health indicators.

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