

# Factors associated with quality of life among pregnant and mother university students of Portuguese-speaking countries

## Fatores associados à qualidade de vida entre estudantes universitárias gestantes e mães de países de língua portuguesa

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### Abstract

**Objective:** to assess the quality of life of pregnant and mother university students from the Community of Portuguese-speaking Countries regarding socioeconomic, academic, and health factors. **Methods:** this is an observational, analytical, cross-sectional, and quantitative study conducted at the University for International Integration of the Afro-Brazilian Lusophony (Unilab) between November 2018 and August 2019. After obtaining consent, Brazilian and African university students who are pregnant or mothers completed a sociodemographic questionnaire and the WHOQOL-BREF instrument to assess quality of life. Statistical analysis involved descriptive and analytical statistics. **Results:** of the 81 university students (mean age: 26.4±3.8 years), 50.6% and 43.2% were mothers and Brazilian, respectively. The environmental domain presented the worst quality of life scores (median = 53.1), while the psychological domain presented the best (median = 70.8). Factors associated with better scores included: having a partner ( $p = 0.01$ ), income above half the minimum wage ( $p = 0.04$ ), being an international student ( $p = 0.02$ ), and starting prenatal care in the first trimester ( $p = 0.02$ ). **Conclusion:** it is concluded that the participants' quality of life was influenced by socioeconomic, academic, and health factors, reinforcing the importance of establishing support, equity, and well-being policies in the university environment.

**Keywords:** quality of life; pregnant women; mothers; universities.

### Resumo

**Objetivo:** avaliar a qualidade de vida de estudantes universitárias gestantes e mães da comunidade de países que fala português em relação a fatores socioeconômicos, acadêmicos e de saúde. **Métodos:** trata-se de um estudo observacional, analítico, transversal e quantitativo, realizado na Universidade da Integração Internacional da Lusofonia Afro-Brasileira (Unilab), entre novembro de 2018 e agosto de 2019. Após a obtenção do consentimento, estudantes universitárias brasileiras e africanas, gestantes ou mães, responderam a um questionário sociodemográfico e ao instrumento WHOQOL-BREF para avaliação da qualidade de vida. A análise estatística envolveu estatística descritiva e analítica. **Resultados:** dos 81 estudantes universitários (idade média: 26,4 ± 3,8 anos), 50,6% eram mães e 43,2% eram brasileiras. O domínio ambiental apresentou os piores escores de qualidade de vida (mediana = 53,1), enquanto o domínio psicológico apresentou os melhores (mediana = 70,8). Os fatores associados a melhores escores incluíam: ter um parceiro ( $p = 0,01$ ), renda acima da metade do salário-mínimo ( $p = 0,04$ ), ser estudante internacional ( $p = 0,02$ ) e iniciar o pré-natal no primeiro trimestre ( $p = 0,02$ ). **Conclusão:** a qualidade de vida das participantes foi influenciada por fatores socioeconômicos, acadêmicos e de saúde, reforçando a importância de se estabelecerem políticas de apoio, equidade e bem-estar no ambiente universitário.

**Palavras chave:** qualidade de vida; gestantes; mães; universidades.

### INTRODUÇÃO

Quality of life is a multidimensional construct that reflects individuals' perceptions of their position in life within cultural, social, and environmental contexts. It encompasses physical health, psychological state, social relationships, living conditions, and access to resources. In recent years, it has gained prominence as an important health indicator, particularly among university students, who are more vulnerable to mental health problems and social stressors that may affect academic performance and increase public health burdens<sup>1</sup>.

Within the university environment, academic demands, evaluation systems, internships, and insufficient institutional support can negatively influence students' quality of life<sup>2</sup>. These stressors may be intensified by exposure to alcohol and illicit substances, further compromising health and well-being<sup>3</sup>.

Among students who are pregnant or mothers, quality of life may be even more affected. Pregnancy and motherhood involve physical, emotional, and social changes that increase

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the challenges of academic life<sup>4</sup>. The dual role of student and mother often leads to task overload, reduced time for self-care, financial constraints, and increased psychosocial vulnerability. These factors may compromise academic performance, well-being, and permanence in higher education<sup>4,5</sup>.

In the Community of Portuguese-speaking Countries (CPLP), these challenges become even more complex. Academic mobility promotes cultural exchange and professional development, but it also introduces barriers such as adapting to new educational systems, cultural differences, language variations, and distance from family support networks<sup>6</sup>. When pregnancy or motherhood occurs in this context, the need for institutional support becomes even more evident.

Given this scenario, this study aimed to assess the quality of life of pregnant and mother university students from the CPLP regarding socioeconomic, academic, and health factors.

## METHODS

This observational, analytical, cross-sectional study with a quantitative approach followed STROBE guidelines. It was conducted at the University for International Integration of the Afro-Brazilian Lusophony (Unilab), on the Liberdade and Auroras campuses (Redenção, CE, Brazil) and the Palmares Academic Unit (Acarape, CE, Brazil), from November 2018 to August 2019.

Participants were undergraduate students from Brazil and African CPLP countries enrolled at Unilab during the 2018.2, 2019.1, and 2019.2 semesters. Eligible participants were pregnant women at any gestational stage and mothers who had returned after maternity leave. Mothers whose children sechildren were under third-party care were excluded.

Based on the PROGRAD record indicating 75 eligible students, a census with snowball sampling was conducted, resulting in 81 participants due to new pregnancies during the study period. Data were collected after informed consent using a structured questionnaire covering socioeconomic, demographic, academic, prenatal care, and health behavior variables. Quality of life was assessed using the Portuguese version of the WHOQOL-bref, comprising 26 Likert-scale items across overall, physical, psychological, social relationships, and environment domains<sup>7</sup>. Data were organized in Excel and analyzed using SPSS 20.0 and Epi Info 7.2. Descriptive statistics included frequencies and measures of central tendency. Normality was assessed with the Kolmogorov-Smirnov test; Mann-Whitney and Kruskal-Wallis tests were applied for non-parametric comparisons. Statistical significance was set at  $p < 0.05$ .

The study was approved by the Unilab Research Ethics Committee (2.932.282) and complied with Resolution 466/12 of the National Health Council.

## RESULTS

Participated in the study, all university students were invited, for a total of 81. Of these, whose mean age was 26.4 ( $\pm 3.8$ ) years, 41 (50.6%) were mothers and 68 (84.0%) had a partner. Of the students, 35 (43.2%) were Brazilian, and among the international students, 32 (69.5%) were Guinean. Regarding household income, it corresponded to an average of less than 1 minimum wage. Among to the undergraduate course and semester, 23 (28.4%) and 37 (45.7%) of the students were studying Nursing and were in the initial semesters, respectively. Regarding the beginning of prenatal care, 60 (74.1%) of the pregnant women and mothers mentioned having started it in the first trimester of pregnancy. When asked about their smoking habits, only two participants (2.5%) smoked twice a week. Regarding alcohol intake, regularity, and weekly portion consumed, 9 (11.1%) students drank alcoholic beverages one to two times a week, with an average amount of 10.1 ( $\pm 4.9$ ) drinks/week.

As for quality of life, the data indicated that the worst domain evaluated by all groups – the group consisting only of pregnant women (median = 53.1), the group consisting only of mothers (median = 53.1), and the group composed of pregnant women and mothers (median = 53.1) – was the environment. On the other hand, the domain best evaluated by the group of pregnant women (median = 70.8), as and by pregnant as pregnant women and mothers (median = 70.8) was the psychological domain. Regarding the group formed only by mothers, the domains that obtained the best results were psychological (median = 66.7) and social relationships (median = 66.7) (Table 1).

Regarding the self-assessment of quality of life, the group consisting only of pregnant women presented a better analysis (median = 75.0) when compared to the others, and data were also observed for overall quality of life (median = 62.0) (Table 1).

**Table 1.** Quality of life of pregnant and mother university students. Redenção, CE, Brazil, 2019.

| Quality of life             | Pregnant women | Mothers | Pregnant women and mothers |
|-----------------------------|----------------|---------|----------------------------|
|                             | Median         |         |                            |
| Physical domain             | 57.1           | 60.7    | 60.7                       |
| Psychological domain        | 70.8           | 66.7    | 70.8                       |
| Social relationships domain | 66.7           | 66.7    | 66.7                       |
| Environment domain          | 53.1           | 53.1    | 53.1                       |
| Self-assessment             | 75.0           | 62.5    | 62.5                       |
| Overall                     | 62.0           | 61.3    | 61.5                       |

Source: Authors.

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When comparing the medians of the physical domain between pregnant participants and mothers, in across socioeconomic and demographic factors, and context of socioeconomic and demographic aspects, current semester and beginning of prenatal care, the data showed a lower median among the former ( $p = 0.02$ ) and a higher value among international students ( $p = 0.02$ ). For the psychological domain, a higher median was observed among students over 24 years of age ( $p = 0.00$ ) and those with a partner ( $p = 0.03$ ), while a lower value was recorded among those who attended the final semesters of

their undergraduate studies ( $p = 0.02$ ) (Table 2).

Regarding the social relationship domain, the findings showed a higher median between Brazilian university students ( $p = 0.04$ ) and those with an income above half a minimum wage ( $p = 0.03$ ). Regarding the environment domain, its value was higher among participants who had an income higher than half a minimum wage ( $p = 0.00$ ) and lower among those who were in the final semesters of the course ( $p = 0.04$ ) (Table 2).

**Table 2.** Comparison between the medians of the domains according to socioeconomic and demographic aspects, current semester, and beginning of prenatal care of pregnant women and mother university students. Redenção, CE, Brazil, 2019.

| Variables                       | Physical domain    | Psychological domain | Social relationships domain | Environment domain |
|---------------------------------|--------------------|----------------------|-----------------------------|--------------------|
| Median                          |                    |                      |                             |                    |
| <b>Situation in the study</b>   |                    |                      |                             |                    |
| Pregnant                        | 57.1*              | 70.8                 | 66.6                        | 53.1               |
| Mother                          | 60.7               | 66.6                 | 66.6                        | 59.5               |
|                                 | $P = 0.02^\dagger$ | $P > 0.05^\dagger$   | $P > 0.05^\dagger$          | $P > 0.05^\dagger$ |
| <b>Nationality</b>              |                    |                      |                             |                    |
| Brazilian                       | 57.1               | 66.6                 | 66.6*                       | 53.1               |
| International                   | 60.7*              | 70.8                 | 58.3                        | 53.1               |
|                                 | $P = 0.02^\dagger$ | $P > 0.05^\dagger$   | $P = 0.04^\dagger$          | $P > 0.05^\dagger$ |
| <b>Age</b>                      |                    |                      |                             |                    |
| $\leq 24$ years                 | 60.7               | 66.6                 | 66.6                        | 53.1               |
| $> 24$ years                    | 60.7               | 70.8*                | 66.6                        | 53.1               |
|                                 | $P > 0.05^\dagger$ | $P = 0.00^\dagger$   | $P > 0.05^\dagger$          | $P > 0.05^\dagger$ |
| <b>Marital status</b>           |                    |                      |                             |                    |
| With partner                    | 60.7               | 70.8*                | 66.6                        | 53.1               |
| Without partner                 | 60.7               | 62.5                 | 66.6                        | 53.1               |
|                                 | $P > 0.05^\dagger$ | $P = 0.03^\dagger$   | $P > 0.05^\dagger$          | $P > 0.05^\dagger$ |
| <b>Income</b>                   |                    |                      |                             |                    |
| $\leq \frac{1}{2}$ minimum wage | 60.7               | 70.8                 | 66.6                        | 53.1               |
| $> \frac{1}{2}$ minimum wage    | 60.7               | 60.4                 | 70.8*                       | 59.3*              |
|                                 | $P > 0.05^\dagger$ | $P > 0.05^\dagger$   | $P = 0.03^\dagger$          | $P = 0.00^\dagger$ |
| <b>Current semester</b>         |                    |                      |                             |                    |
| Beginning semesters             | 60.7               | 70.8                 | 66.6                        | 54.5               |
| Half of the course              | 57.1               | 70.8                 | 66.6                        | 53.2               |
| Final semesters                 | 60.7               | 66.6*                | 58.3                        | 50.1*              |
|                                 | $P > 0.05^\dagger$ | $P = 0.02^\dagger$   | $P > 0.05^\dagger$          | $P = 0.04^\dagger$ |
| <b>Start of prenatal care</b>   |                    |                      |                             |                    |
| First trimester                 | 57.1               | 70.8                 | 66.6                        | 53.1               |
| After the first trimester       | 57.1               | 70.8                 | 66.6                        | 53.1               |
|                                 | $P > 0.05^\dagger$ | $P > 0.05^\dagger$   | $P > 0.05^\dagger$          | $P > 0.05^\dagger$ |

$^\dagger$ Mann-Whitney Test;  $^\#$ Kruskal-Wallis Test.

Source: Authors.

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When comparing the median overall quality of life between the pregnant and mother groups, according to socioeconomic and demographic aspects, current semester and beginning of prenatal care, the findings showed a higher median in the group of pregnant women ( $p = 0.01$ ) and among those who had a partner ( $p = 0.01$ ). For income, the median was higher among participants who had an income higher than half a minimum wage ( $p = 0.04$ ) (Table 3).

**Table 3.** Comparison between the medians of overall quality of life according to socioeconomic and demographic aspects, current semester, and beginning of prenatal care of pregnant and mother university students. Redenção, CE, Brazil, 2019.

| Variables                 | Overall quality of life | P value |
|---------------------------|-------------------------|---------|
|                           | Median                  |         |
| Situation in the study    |                         |         |
| Pregnant                  | 62.0*                   | 0.01†   |
| Mother                    | 61.3                    |         |
| Nationality               |                         |         |
| Brazilian                 | 61.5                    | >0.05†  |
| International             | 62.0                    |         |
| Age                       |                         |         |
| ≤ 24 years                | 60.5                    | >0.05†  |
| > 24 years                | 62.9                    |         |
| Marital status            |                         |         |
| With partner              | 62.0*                   | 0.01†   |
| Without partner           | 60.5                    |         |
| Income                    |                         |         |
| ≤ ½ minimum wage          |                         |         |
| 61.5                      | 0.040†                  |         |
| >½ minimum wage           | 64.4*                   |         |
| Current semester          |                         |         |
| Beginning semesters       | 63.5                    | >0.05‡  |
| Half of the course        | 62.9                    |         |
| Final semesters           | 60.0                    |         |
| Start of prenatal care    |                         |         |
| First trimester           | 62.5                    | >0.05†  |
| After the first trimester | 59.6                    |         |

†Mann-Whitney Test; ‡Kruskal-Wallis Test.

Source: Authors.

When comparing the medians of self-assessed quality of life among participants according to socioeconomic and demographic factors, current semester and beginning of prenatal care, a higher value was found among those who started prenatal care in the first trimester ( $p = 0.02$ ) (Table 4).

**Table 4.** Comparison between the medians of the self-assessment of quality of life according to socioeconomic and demographic aspects, current semester, and beginning of prenatal care of pregnant and mother university students. Redenção, CE, Brazil, 2019.

| Variables                 | Self-assessment of the quality of life | P value |
|---------------------------|----------------------------------------|---------|
|                           | Median                                 |         |
| Situation in the study    |                                        |         |
| Pregnant                  | 75.0                                   | >0.05†  |
| Mother                    | 62.5                                   |         |
| Nationality               |                                        |         |
| Brazilian                 | 62.5                                   | >0.05†  |
| International             | 75.0                                   |         |
| Age                       |                                        |         |
| ≤ 24 years                | 62.5                                   | >0.05†  |
| > 24 years                | 68.7                                   |         |
| Marital status            |                                        |         |
| With partner              | 75.0                                   | >0.05†  |
| Without partner           | 62.5                                   |         |
| Income                    |                                        |         |
| ≤ ½ minimum wage          | 75.0                                   | >0.05†  |
| >½ minimum wage           | 62.4                                   |         |
| Current semester          |                                        |         |
| Beginning semesters       | 75.0                                   | >0.05‡  |
| Half of the course        | 68.7                                   |         |
| Final semesters           | 62.5                                   |         |
| Start of prenatal care    |                                        |         |
| First trimester           | 75.0*                                  | 0.02†   |
| After the first trimester | 50.0                                   |         |

†Mann-Whitney Test; ‡Kruskal-Wallis Test.

Source: Authors.

#### DISCUSSION

By analyzing the quality of life of pregnant and mother university students from the CPLP, this research sought to understand how socioeconomic, academic, and health factors influence their well-being and permanence at the university, and to evidence intersectionalities between gender, motherhood, and national origin. In this context, the results obtained can support accommodation and equity policies aligned with the principles of South-South cooperation between Brazil and the Portuguese-speaking African Countries (PALOP).

Regarding the results, the mean age of the participants in this study, in addition to reflecting studies carried out with pregnant

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women, mothers, and university students, reproduced the average observed among Unilab students (26.3 years), according to a historical survey referring to the period from 2010 to 2017<sup>2,8</sup>.

Regarding the greater presence of mother participants, this finding can be attributed to their greater number and accessibility in the investigated sample, as well as to a greater interest among this group in participating in activities related to motherhood. Regarding marital status, although the single status is predominant among university students, the high proportion of students with a partner may be related to the condition of pregnant and puerperal women, in which the presence of a partner can imply both social support and help in the face of demands related to motherhood<sup>2</sup>.

Regarding the low income observed among the respondents, finding is consistent of pregnancy indicates is consistent with previous findings in the literature, especially in studies that address the socioeconomic profile of pregnant women and mothers, which mostly identify incomes between one and three minimum wages<sup>9</sup>. This condition can be explained by the fact that university students, in general, have limited or non-existent insertion in the labor market, which results in low income as a direct consequence.

It can also be assumed that the participants' reduced income the reduced income presented by the participants results from the implementation of Law N. 12,711/2012. This law determined that 50% of spots in universities and federal institutions would be allocated to students coming entirely from public high schools, with a gross household income equal to or less than 1.5 times the minimum wage<sup>10</sup>.

In view of this reality, it is appropriate to highlight that socioeconomic vulnerability is a determining factor for risks associated with pregnancy and motherhood. Evidence indicates that the precariousness of social conditions is directly related to lower adherence or insufficient access to prenatal care, which compromises the early detection of complications and the proper management of pregnancy<sup>11</sup>. In addition, mothers in low-income situations have higher rates of infant morbidity and mortality, with an increase in the incidence of preventable diseases, reflecting a persistent challenge for healthcare services and professionals, especially in primary care.

When analyzing the nationality of the university students, the greater number of Brazilians and Guineans was not unexpected, since these two nationalities were the most numerous among Unilab students in the period in which the research was conducted<sup>8</sup>. Regarding the greater participation of students in the initial semesters, this can be explained by the transition if we consider that the transition from adolescence to adulthood, together with entering university, can favor the adoption of risk behaviors, which can result in pregnancy<sup>12</sup>.

About the high number of students in the Nursing Course, this phenomenon may be linked to the fact that this research

was conducted by a professional in this area, with the help of students from the aforementioned course, which may have facilitated access to them.

When participants were asked about the beginning of prenatal care, the higher proportion of students who sought care in the first trimester of pregnancy indicates awareness of the importance of this care. According to Brito et al.<sup>13</sup>, the early start of prenatal care is essential for the proper development of pregnancy, as it allows for timely interventions that are fundamental, such as the prevention of vertical transmission of syphilis and of the human immunodeficiency virus (HIV), the early diagnosis of ectopic pregnancy, the control of anemia, and the management of clinical conditions, such as hypertension and diabetes mellitus.

Regarding the low percentage of alcohol and tobacco consumption, although these habits are high among university students, the data from this study may reflect the fact that the participants were not only academics but also mothers and pregnant women<sup>3</sup>. This hypothesis is supported by Rigo et al.<sup>14</sup>, who highlight that concerns about the health of the fetus during pregnancy, as well as the subsequent care of the child, significantly influences the non-adherence to such practices by pregnant women and mothers.

When the participants' quality of life was assessed, the worst evaluation given to the environment domain, regardless of the groups studied, may be associated with the tension of university life, reduced family income, physiological and psychological changes promoted by pregnancy, and exhaustive child care.

This result is relevant because it involves factors that may be linked to the university, such as the healthy physical environment and the availability of information needed in daily life. Also, in this context, the poor evaluation of this domain involved aspects related to the situation experienced by the Brazilian population, such as the feeling of insecurity, inadequate financial condition, reduced leisure opportunities, inappropriate housing conditions, lack of transportation, and limited access to health services<sup>15</sup>.

Comparing the medians of the participants' environment domain the highest value presented among those with higher income corroborated the assumption that an adequate financial condition provides, among other benefits, a feeling of security, satisfaction with housing conditions, and access to health information and services.

In this sense, it should be considered that, in addition to economic issues, several other difficulties experienced by mothers and pregnant women in the university context, can affecting their quality of life<sup>16</sup>. These adversities mainly include reconciling student and personal life, providing child care, and performing domestic duties.

When the medians of the environment domain were compared according to the current semester, the lower value presented



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among university students in the final semesters of the course may reflect the considerable time they spend in the university environment, which may promote spending on education, transportation, and place of residence, as well as restrictions on leisure<sup>17</sup>. These costs can influence the choice of an inappropriate place to reside and limit access to health services.

Investigating the psychological domain among the participants, the best evaluation by all groups was not unexpected, since the literature states that psychological issues are strongly affected during pregnancy and motherhood<sup>18</sup>. Specifically, in this domain, points related to the enjoyment of life, ability to concentrate, acceptance of physical appearance, satisfaction with oneself, and negative feelings (such as bad mood, despair, anxiety, and depression) were analyzed. For the good evaluation of this domain by the groups, the questioning of the meaning of life may have contributed to this result, mainly because of what motherhood represents.

When the medians of participants' psychological domains were compared according to age, the higher value presented by those over 24 years of age may be related to maturity and life experience. Corroborating this finding, a study by Barbosa et al.<sup>19</sup> identified the psychological/spiritual domain as a risk factor for worse quality of life assessment among pregnant women under 19 years of age.

Compared with the participants with and without a partner, it was observed that the highest median in the psychological domain was recorded among the students who had a partner. This phenomenon can be justified by the security that marriage represents for women. In addition, because the partner is a source of support, protection, and affection during pregnancy and motherhood, he is able to prevent or mitigate negative psychological situations for the pregnant woman and mother<sup>20</sup>.

In comparing the medians of the psychological domain among students of different semesters, the lower value presented by the university students who attended the final semesters may be a consequence of the greater demand for academic activities in this period, associated with the anxiety of entering the job market. In contrast to this study, in a study by Purim et al.<sup>21</sup>, the authors did not identify a significant association between years of schooling and quality of life. According to these scholars, methodological differences and socio-populational particularities may be related to this finding.

In this regard, it is worth mentioning that the curriculum and requirements in each semester may vary between courses and universities. However, they seem to contribute to a poor evaluation of the psychological domain among university students from different countries<sup>22</sup>. Regardless of the differences between the studies, it is assumed that the active participation of students in the institution of new approaches, capable of improving the quality of education, would increase the likelihood of changing the educational process, reducing negative impacts on the students' quality of life and health.

When the medians of the social relationship domain were compared between pregnant women and mothers, the better evaluation of this domain by mothers may suggest that they really have the support of friends, relatives, colleagues, and acquaintances<sup>23</sup>. Specifically, for satisfaction with sex life, a point addressed in this domain, its possible contribution to a good evaluation may be linked to the age of the mothers in this study.

For the comparison of the medians of the social relations domain among participants of different nationalities, the higher value presented by the Brazilian women may highlight the deficiency of personal relationships, especially with relatives, experienced by the international academics, as a consequence of the distance from their country of origin, their family, and cultural roots<sup>24</sup>. For them, although the support of friends is a reality, particularly those of the same nationality, it is not enough to compensate for the poor quality of life, particularly in the social context.

Regarding the better evaluation in the social relationship domain in among higher-income individuals this finding can be justified based on the evidence that a higher individual and/or household income generally implies a larger network of friends, colleagues, and acquaintances, which can contribute to a positive perception of life. In fact, worse socioeconomic conditions, such as poor housing quality, economic dependence, and financial instability, as they directly affect health, can have repercussions on quality of life, including their social context<sup>25</sup>.

Regarding the comparison of the medians of the physical domain between pregnant women and mothers, the lower value obtained among the former reveals that pregnancy is capable of interfering with the energy necessary to perform daily activities, locomotor capacity, and sleep<sup>26</sup>. This result may be associated with the presence of pain, which prevents the student from doing what she needs to do, and the need for medical treatment.

Regarding the higher median in the physical domain among international students, this finding suggests the resilience of these university students in the face of adversity, which can be clearly proven by the fact that they accepted the challenge of taking a higher education course far from their country of origin. This resistance may also be linked to physical activity, since it is common for students to play sports, such as soccer, in the university city.

When the general and self-assessments and self-assessment of quality of life are studied, the better median presented only by pregnant students highlights the importance that pregnancy has on quality of life, which is accentuated with motherhood. It is possible that this better evaluation was due to the greater attention given to health by pregnant women, which can have a positive impact on their quality of life<sup>27</sup>.

For the higher median of overall quality of life presented by the

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participants who had a higher household income, this finding emphasizes the influence that the economic situation exerts on living conditions<sup>28</sup>.

Regarding the higher median of the overall quality of life shown by the students who reported having a partner, it can be assumed that the presence of a person with whom a fixed relationship is established results in better support for the woman, either pregnant or a mother, and can interfere with her self-care and the way she faces life's difficulties. This result corroborates the literature, which reports that the presence of a partner and their involvement in pregnancy<sup>29</sup> are one of the main factors of social support for women, in addition to fostering their self-esteem and psychological well-being<sup>13</sup>.

Regarding the higher median observed in the quality of life self-assessment by students who started prenatal care in the first trimester, this can be attributed to the importance of prenatal care in welcoming, monitoring, and offering answers and support to women's feelings during pregnancy<sup>30</sup>. This data may reflect participants' awareness of regarding the influence that

prenatal care has on the quality of life of the future mother and the growing fetus.

One limitation of the study was the sample size, which, despite a census being carried out, made it impossible to compare the different variables addressed between different nationalities.

## CONCLUSIONS

The quality of life of pregnant and mother university students in CPLP countries is influenced by socioeconomic, academic, and health factors. The environmental domain showed the lowest scores, while the psychological domain presented the best results, especially among pregnant students. Higher income, presence of a partner, and early prenatal initiation of prenatal care were associated with better quality of life, whereas students in their final semesters showed worse indicators. These findings reinforce the need for university policies that promote academic accommodations, psychosocial support, and equity, aligned with South-South cooperation principles.

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