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Predicting Prenatal Care Utilization: Pregnancy Intention, Marital Status, Education, and Religiosity

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Predicting Prenatal Care Utilization: Pregnancy Intention, Marital Status, Education, and Religiosity

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Predicting Prenatal Care Utilization: Pregnancy Intention, Marital Status, Education, and Religiosity

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Introduction

Adequacy of prenatal care is predictive of maternal and child health. The current study employed the Kessner Index, which assesses prenatal care adequacy based on timing of entry into prenatal care, number of prenatal visits, and gestational age of infant at birth. The following groups have been shown to be more likely to receive adequate prenatal care than their counterparts:

- Educated women
- Married women
- Women with planned pregnancies
- Women with high physical pregnancy risk

Religiosity has been shown to be predictive of many health outcomes (e.g., healing time, depression, stress) and some health behaviors (e.g., low substance abuse levels), but has not been studied as a prenatal care predictor. Is religiosity similarly predictive of prenatal care adequacy?



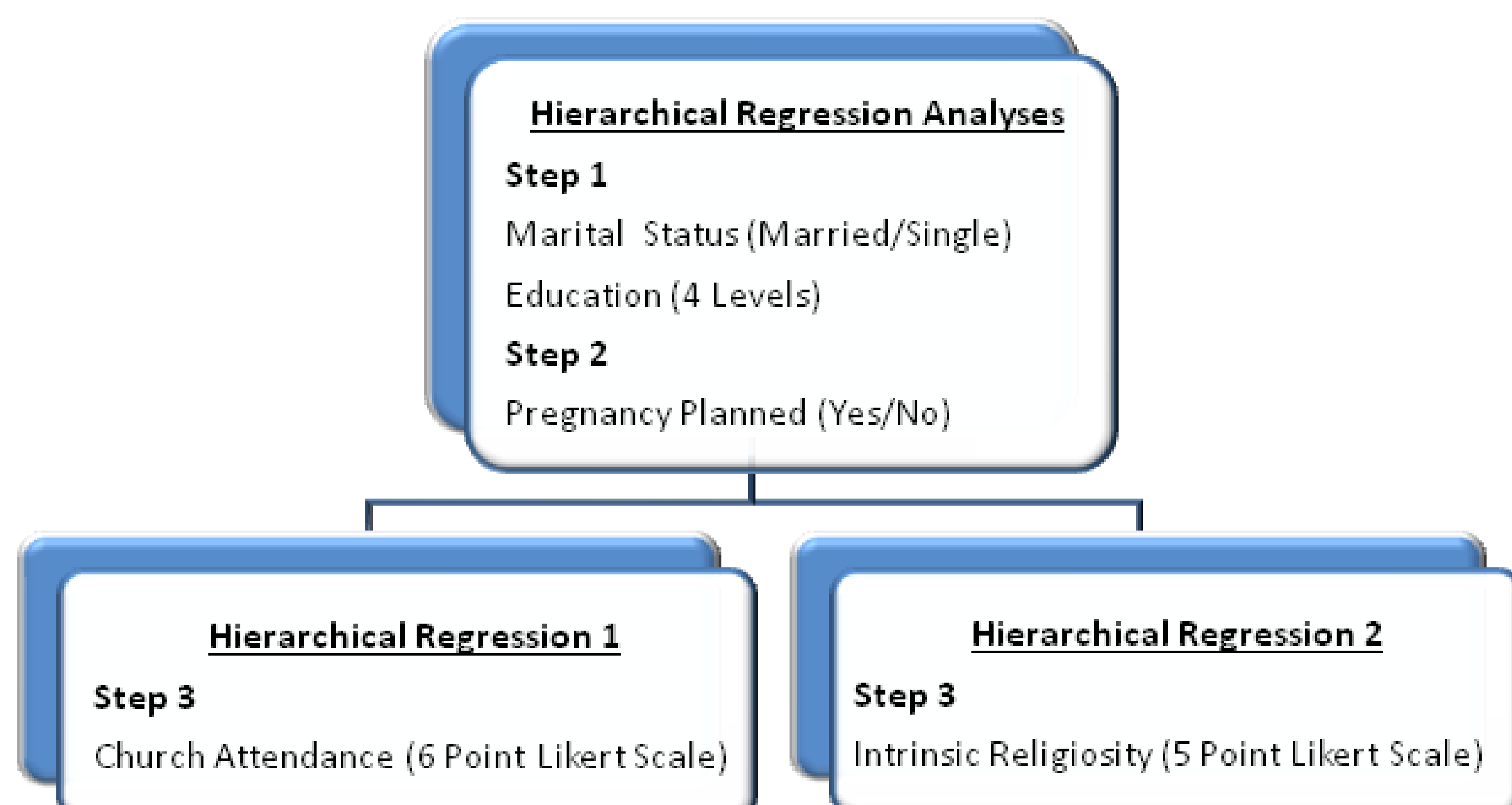
Method

Participants and Procedure

782 Southern Appalachian primarily low SES, Caucasian women (both smokers and non-smokers) participated in a longitudinal pregnancy smoking cessation study. Women were interviewed during the first trimester and third trimester, and prenatal records were reviewed after birth.

Measures

Predictors	
Demographic Questionnaire	First Trimester Interview
Marital Status	Single/Married
Education	4 Levels
Intake History	First Trimester Interview
Pregnancy Planned	Yes/No
Brief Multidimensional Measure of Religiousness and Spirituality [BMMRS] (Fetzer Institute, 1999)	Third Trimester Interview
Church Attendance	One item, 6 Point Likert Scale
Intrinsic Religiosity	One item, 5-Point Likert Scale
Outcome	Post-birth Medical Chart Review
Kessner Index	Adequate/Inadequate



Hierarchical Regression of Intrinsic Religiosity and Attendance at Religious Services on Adequacy of Prenatal Care

Model 1: Religious Intrinsic Religiosity					
Step	Predictor Variable	r	β	ΔR ²	Full Model Adjusted R ²
1	Education	0.19***	0.17***	0.040***	
	Marital Status	0.13***	0.07		
2	Pregnancy Planned	0.12***	0.06	0.003	
3	Intrinsic Religiosity	0.02	-0.03	0.001	
					0.039***
					F=11.58
Model 2: Attendance at Religious Services					
Step	Predictor Variable	r	β	ΔR ²	Full Model Adjusted R ²
1	Education	0.19***	0.17***	0.040***	
	Marital Status	0.13***	0.07		
2	Pregnancy Planned	0.12***	0.06	0.003	
3	Religious Service Attendance	0.04	-0.03	0.001	
					0.039***
					F=8.86

* p<.05, **p<.01; ***p<.001

Conclusions

- Religiosity did not predict adequacy of prenatal care utilization
- Low education level may be a potential risk factor for inadequate prenatal care utilization
- Lack of systematic Kessner Index predictors underscores the importance of educating ALL women as to the importance of prenatal care.

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