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Qualitative Study of Prenatal Care and Low Income Women

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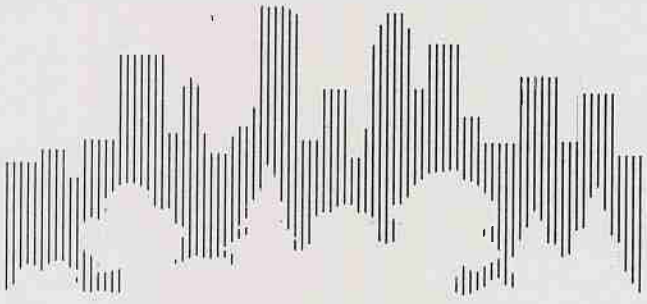

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MASTERS IN SOCIAL WORK THESIS

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A Qualitative Study of Prenatal Care and Low-Income Women

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CERTIFICATE OF APPROVAL

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ABSTRACT

A QUALITATIVE STUDY OF PRENATAL CARE AND LOW-INCOME WOMEN

Amy B. Hoppe

This qualitative study explored the experience of low-income pregnant women in obtaining prenatal care. The literature review focused on the issues of accessibility and barriers in obtaining healthcare for low-income pregnant women. The review also included the concept of motivation for seeking and continuing healthcare. Five pregnant women who sought prenatal care at an inner-city clinic were interviewed using semi-structured questions. The interviews focused on barriers to accessing health care and the women's motivations for seeking and continuing care throughout their pregnancies. The study found that barriers such as long wait times did exist, but the main problem for the women was their low-income status. Dealing with financial problems created stress in their lives, and the long wait times they experienced only added to their elevated stress levels. Fortunately, these problems did not impede their use of the clinic for their prenatal care.

They continued to receive their care at the clinic in spite of the problems they experienced. The primary implication for social work practice is the need for practitioners to continue to work together with health care providers to develop programs and policies that eliminate barriers and promote healthcare within low-income communities.

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CHAPTER ONE

INTRODUCTION

Prenatal care is crucial in the health of mothers and children. Prenatal care is important for all women, but it is especially important for women with increased medical and/or social risks (US Department of Health and Human Services, 1996). Evidence suggests that only 5o% of low-income and minority women initiate prenatal care in the first trimester while 80% of the general population initiate care in the first trimester (Zambrana, Dunkel-Schetter, & Scrimshaw, 1991).

Research has shown that barriers exist which impede low-income women from receiving adequate prenatal care. In effect, these barriers are one of the primary causes of low birth weight in this country (Schaffer & Lia-Hoagberg, 1994; Mikhail, 1999).

Statement of the Problem

Historically, the United States has had a high infant mortality rate compared to other industrialized nations. In an international ranking, the United States is the 23rd lowest in infant mortality. This ranking is well below most industrialized countries (Sable & Schild Wilkinson, 1999). Because of these statistics, healthcare has focused

on the causes of delayed prenatal care in order to reduce the number of low birth weight babies, and to reduce the infant mortality rate in this country (US Department of HHS, 1996).

Definition and History

Prenatal care is medical care given to a mother and her unborn child in the months before birth. It consists of four different components: 1) early and continuing health assessment; 2) health promotion; 3) medical and nutritional, 4) psychosocial interventions and follow-up. Studies have shown that high quality prenatal care greatly decreases the infant mortality rate (US Department of HHS, 1996). Women who receive care in the early stages of pregnancy, and have continuous care, have lower numbers of low birth weight babies (Sable & Schild Wilkinson, 1999; Mikhail, 1999).

The concept of prenatal care was started over 100 years ago. Its primary focus was to identify symptoms of preeclampsia. These symptoms include hypertension, protein in the urine, and fluid retention. Preeclampsia can be dangerous to both the mother and the unborn child. If left untreated the mother's liver, kidneys and brain can all be affected (Maloni, Cheng, Liebl, & Maier, 1996).

Nurses played an important role in the early development of prenatal care. In the early 20th century, prenatal care was not organized and most births occurred in the home. Nurses started prenatal care programs and started home visiting prenatal care services. Their goal was to reduce maternal and infant mortality (Maloni, Cheng, Liebl, & Maier, 1996).

As a result of nurses' efforts, the idea of prenatal care throughout a woman's pregnancy began to grow. By 1925, nurse midwifery became more respected. Midwives provided prenatal care and instruction to women, particularly to those in rural areas (Maloni et al., 1996). Their efforts resulted in a drop in the maternal death rate and an infant mortality rate that was less than 3% (Merkatz & Thompson, 1990).

By 1930, prenatal care and obstetrics became part of the curricula in medical schools. At this same time a move from women giving birth at home, to giving birth in hospitals also occurred. This resulted in a shift in care previously being provided by nurses to now being controlled by physicians (Maloni et al., 1996).

Women at Risk for Receiving Inadequate Prenatal Care

Characteristics of women who are at risk for initiating prenatal care late, or not at all include: women

who are young, poor, unemployed, unmarried, members of minority groups, have less than a high school education, and lack health insurance, or have other children (Pagnini & Reichman, 2000).

Low-income has consistently been correlated with the lack of early and sufficient prenatal care. In recent years, Congressional mandates have expanded Medicaid in order to provide all women with adequate prenatal care. But this has not solved the problem. There have still been widespread difficulties in getting the women in to obtain care (US Department of HHS, 1996).

Throughout the 1970s, there was a trend towards increasing early entry into prenatal care. But since 1980, the proportion of women who begin prenatal care in the first trimester is at a plateau among all racial and ethnic groups. There is considerable concern for the large increase between 1982 and 1987 in the proportions of women not receiving care until their third trimester, or who receive no care at all (Singh & Forrest, 1985).

Prenatal programs throughout the country have used a variety of methods to increase the number of women receiving prenatal care. Some prenatal programs that have been developed for low-income women have focused on home visits to improve the health of women and children (Smith &

Hanks, 1994). Other programs have centered their practice on reducing financial barriers to care (Pagnini & Reichman, 2000). Even though the programs have had different strategies, they all have the same goal in mind, to increase the number of low-income women who get adequate prenatal care.

Purpose of Proposed Research and Significance to Social Work

Breaking down the barriers to adequate prenatal care will lead to healthier mothers and children. It will also improve family well-being and reduce societal costs by providing healthier birth outcomes (Schaffer & Hoagberg, 1994).

Previous research suggests that access to care is one of the main problems for mothers. By providing both social workers and healthcare workers with more information about the problems low-income women face, these barriers can be broken down. The focus of this study was on access to healthcare at an inner-city clinic and how accessibility may or may not motivate women to get adequate prenatal care. The goal of the study was to obtain a broader and more in depth understanding of the experiences of these women so more accurate conclusions could be drawn.

Studies conducted in the past have determined accessibility to be a major factor in how much care women obtain, but these studies have only touched the surface of this issue. This study looked at this issue more closely, to better understand the barriers these women face when they seek healthcare.

Research Questions

The research questions studied were:

What is the experience of low-income pregnant women at an inner city clinic?

How does accessibility to care affect their experiences?

Summary

This chapter has outlined the problem of prenatal care and low-income women and the resulting high infant mortality rate in the United States. Health care barriers, particularly accessibility, have been identified as the primary reasons this problem persists. This study addressed these issues and explored the need for a greater understanding of low-income women's experiences at an inner-city clinic. Chapter 2 will discuss a review of the literature on prenatal care and low-income women. This chapter will also include a conceptual framework of prenatal care utilization. Chapter 3 explains the

methodology used for this research study. Chapter 4 presents the results of this study. Lastly, Chapter 5 will discuss the findings in relation to the framework used and the literature reviewed. Limitations of this study, implications for social work practice, policy development, and future research recommendations are also included.

CHAPTER TWO

LITERATURE REVIEW

There have been a variety of studies conducted to determine the causes of late entry into prenatal care. Through these studies it has become apparent that many barriers exist that make it difficult for women, particularly low-income women, to obtain adequate prenatal care. This review focuses on four main areas that influence low-income womens' prenatal care utilization, these include: systemic barriers, accessibility, personal barriers, and motivators.

Systemic Barriers

Barriers to care have been studied to understand how they affect care utilization. Utilization studies have determined the characteristics of women who seek care late or not at all. The majority of the studies have found that lack of insurance coverage, transportation problems, and inability to obtain childcare are major factors in women's decisions to seek care (Hass, Udvarhelyi, Morris, & Epstein, 1993; Schaffer & Lia-Hoagberg, 1994; Mikhail, 1999). All of these factors are systemic barriers and primarily affect low-income women.

The healthcare system plays a major role in women obtaining care. A study conducted by St. Clair and

colleagues found that forbidding settings, shortage of providers, unwillingness of providers to care for low income women, and cultural and attitudinal factors limit women's use of prenatal care (St. Clair, Smerglio, Alexander, Connell, & Niebyl, 1990).

Outreach strategies have been studied in order to determine what is most effective in increasing prenatal care utilization. Meachen and Kelley (1991) believed that there are major organizational deficiencies in health care that affect prenatal care utilization. They tried to identify what elements of the healthcare system most negatively impacted prenatal care utilization, as well as what elements positively impacted it. They concluded that low-income women face numerous barriers when they seek prenatal care. They also noted that healthcare providers have done a relatively effective job in educating women on the importance of early prenatal care. They recommended an increase in community outreach efforts in order to improve prenatal care utilization (Meachen & Kelley, 1991).

Accessibility

There are a variety of barriers discussed in the literature that make it difficult for low-income women to receive adequate care. Although all of these barriers are

important to understand, the barrier of accessibility is focused on in this review and research study.

In the past, many programs dealt with the issue by solely trying to eliminate the barriers for low-income women. But this did not solve the problem because making services available does not necessarily make them accessible to all patients (Maloni et al, 1996).

Providing access to care does not ensure that women will receive care. There are many personal and cultural barriers that affect prenatal care utilization (Campbell, Mitchell, Stanford, & Ewigman, 1995). Even when healthcare is available to women, it does not necessarily mean that they will use it (Hass et al., 1993).

When structural barriers like transportation, child care and availability of providers are greatly reduced, many women still do not get adequate prenatal care (Campbell, et. al., 1995). Researchers have found that in many cases health services may be available to patients, but they are not accessible.

The accessibility issues stem from barriers that exist within the system that prevent people from accessing the healthcare system (Johnson, Primas, & Coe, 1994). If these barriers can be eliminated or reduced, women will be more likely to obtain adequate prenatal care. There is a large

need in this country for the reorganization of the delivery of prenatal care in order to make it more user friendly and accessible to all women (Maloni et al, 1996).

Personal Barriers

A variety of studies focused on personal barriers such as powerlessness, hopelessness, and social isolation. These problems are all results of poverty. The results show these problems do play a role in seeking preventive healthcare (Bullough, 1972; St. Clair, et. al, 1990; Giblin, Poland, & Ager, 1990).

Psychosocial factors also affect women's decisions to delay prenatal care. These issues would include nonacceptance or ambivalence about the pregnancy, fear or a lack of interest from family, and feeling depressed or not well enough to make it to appointments (Schaffer & Lia-Hoagberg, 1994).

Stress can be a major factor in low-income women's prenatal care utilization. A study conducted in 1999 correlated stress with adequacy of prenatal care. They found that the more stress a woman experiences during her pregnancy, the less likely she was to get adequate prenatal care. The study suggested that using a stress reduction intervention with these clients could potentially improve prenatal care utilization (Sable & Schild Wilkinson, 1999).

Stress can be reduced when adequate social support exists in a woman's life. It has been found that having adequate social support during pregnancy, particularly for low-income women, is important in having positive outcomes both physically and psychologically (Cameron, Wells, & Hobfoll, 1996).

Motivators

The question of motivation to seek care, as well as motivation to continue care once a patient has started is another question addressed by some previous research studies.

One study used the exchange theory as a theoretical framework for analyzing women's decisions for obtaining prenatal care. This theory suggests that "humans avoid relationships, interactions, and feeling states that are dissatisfying or costly and seek out situations and experiences that are gratifying, pleasurable or rewarding"(Schaffer & Lia Hoagberg, 1994, p. 153).

The study focused on the rewards of prenatal care. It found that personal, family and healthcare provider rewards influence women's perceptions of what they can gain from prenatal care. Personal rewards included having a healthy baby and having good maternal health. The primary family reward experienced by the women was benefiting from a

boyfriend or husband wanting a healthy baby. This provided the women with support throughout their pregnancies. In terms of rewards from healthcare providers, more than half of the women said that having someone to talk to about problems was the most important reward they received. This helped to ease their anxiety and to feel good about their pregnancy (Schaffer & Lia-Hoagberg, 1994).

The Health Belief Model also helps to better understand health care utilization among low-income pregnant women. This model was developed in the early 1950s by a group of social psychologists at the United States Public Health Service. The early model attempted to understand the reason people failed to accept having medical screening tests for the early detection of asymptomatic diseases. Eventually it was applied to patients' compliance with prescribed medical regimens (Janz & Becker, 1984).

One dimension of the model focuses on the perceived barriers to healthcare. This can be explained by the fact that an individual weighs the benefits and impediments to obtaining care in order to decide if they will undertake the recommended behavior (Janz & Becker, 1984). This part of the model also explains how a person is more likely to participate in an activity when she is aware of how the

behavior will benefit her. The fewer barriers a woman faces in obtaining prenatal care, the more likely she is to seek and continue care throughout her pregnancy (Janz & Becker, 1984).

Significance of the Study

The infant mortality rate in this country continues to be a major problem. By better understanding women's needs, social workers and health care providers will be better able to provide women with the information, support and programs they need to ensure the health of their children and our communities.

This study helped to better understand the experience of low-income women at an inner-city clinic. The focus of the study was access to healthcare at the clinic and how accessibility did or did not motivate women to get adequate prenatal care.

Conceptual Frameworks of Accessibility and Motivators

The concepts of availability and access are evident in the literature. This stems from the idea that services may be available to people, but they may not be accessible due to existing barriers within the system. Accessibility is considered a barrier to adequate care. Until this barrier is broken down, the system will not be effective in

delivering adequate patient care to low-income women (Maloni et al., 1996).

The systemic barriers low-income pregnant women face have a large impact on their utilization of healthcare during pregnancy. These barriers need to be addressed by the healthcare system in order to increase prenatal care utilization.

In looking at the experience of low-income women, access to care plays a considerable role in birth outcomes. By providing better access, more women will essentially seek care and receive adequate throughout their pregnancies. This, in turn, will decrease the number of low birth weight babies.

A second concept, motivators, is important when considering prenatal care utilization and low-income women. Motivators are those factors that encourage or support prenatal care use. The main question is what encourages mothers to both obtain care, as well as continue to receive care throughout their pregnancy? Many studies have focused on prenatal care barriers, but few have studied the concept of motivation (Hoagberg, Rode, Skovholt, Oberg, Berg, Mullett, & Choi, 1990).

The Health Belief Model was developed in the early 1950s to understand patient's health behavior. The model

was derived from psychological and behavioral theory. Through psychological and behavioral theory the model explained behavior or decision making under conditions of uncertainty. (Becker, Maiman, Kirscht, Haefner, & Drachman, 1977).

One dimension of the model in particular helps to explain low-income pregnant women's motivation for obtaining and continuing prenatal care throughout their pregnancy. This dimension is that of perceived barriers to obtaining health care. In order to decide if they will undertake a recommended behavior, an individual weighs the benefits and impediments to obtaining care (Janz & Becker, 1984). Barriers like long wait times and transportation problems are considered impediments. A person would be more likely to not seek medical care if they were faced with these barriers.

The fewer barriers a woman faces in obtaining prenatal care, the more likely she is to seek and continue care throughout her pregnancy.

Another motivational factor included in the Health Belief Model is that of perceived benefits. This means that a person is more likely to participate in an activity when they are aware of how the behavior will benefit them (Janz & Becker, 1984).

It is important to understand what influences this group of women to seek care. Focusing solely on barriers to care limits providers by only understanding one part of this issue. Motivating factors can be seen as a more positive aspect of prenatal care utilization.

The exchange theory also helps to explain women's motivation to seek and continue care throughout their pregnancy. Low-income women rely heavily on the basis of rewards and costs for themselves and their families when deciding on the amount of prenatal care they receive during their pregnancy (Schaffer & Hoagberg, 1994). "Rewarding relationships and interactions with family members and providers are more likely to increase the pregnant woman's perceptions of gain from prenatal care" (Schaffer & Hoagberg, 1994, p. 153).

Summary

The literature is clear that low-income women continue to have a higher rate of infant mortality than the general population. Accessibility and barriers to obtaining health care play a significant role in this disparity. It is vital that social workers and health care providers work together to develop programs and influence policies which will eliminate these barriers. The next chapter discusses the methodology of this study.

CHAPTER THREE

METHODOLOGY

In this chapter, the methodology to conduct the research is discussed. The literature review revealed that low-income women continue to have a lower rate of obtaining prenatal care than women in higher income groups. A variety of reasons have been given for this disparity. But even with these explanations the problem continues. This chapter contains the research questions, research design, information on data collection, instrumentation, data analysis, definition of key terms, and lastly, the protection of human subjects.

Research Questions

The following research questions were studied:

1. What is the experience of low-income pregnant women at an inner city clinic?
2. How does accessibility to care affect their experiences?

Design

Because the literature indicates that low-income pregnant women continue to have lower rates of obtaining prenatal care mostly due to barriers they experience in obtaining care, this research attempted to better understand these barriers in order to improve the care that these women receive. The research also attempted to better understand the experience of these women in obtaining prenatal care.

The study used qualitative data that was obtained from interviews to answer the research questions. Quantitative data was also used to support the qualitative data and to help to answer the research questions.

Qualitative research methods were used because it allows the researcher to obtain an in depth understanding and meaning of the attitudes and behaviors of the population being studied (Rubin & Babbie, 1997).

In using this type of research design one must also be aware of its weaknesses. The two main weaknesses are subjectivity and generalizability. The researcher's interpretation of the information, is just that, her interpretation. The past experiences and personality of the researcher all play a role in her assessment and

interpretation of the collected data (Rubin & Babbie, 1997).

In terms of generalizablity, it is difficult to generalize the results of qualitative research for three main reasons. These include the subjective nature of the research, the comprehensive understanding of the subject, and the potential for biased sampling. The conclusions obtained from qualitative research are seen as suggestive instead of definitive (Rubin & Babbie, 1997).

Key Terms and Definitions

To address the research questions, terms need to be consistent and measurable. The key terms applied in this research were: accessibility, inadequate prenatal care, barriers, and motivators.

Accessibility--The concept of access is important to this study. Access includes transportation to appointments, availability of appointments, medical insurance, and access to medical staff. Accessibility is considered a barrier when services are provided, but not accessible to all patients. This barrier is singled out in this study due to the importance of providing prenatal care that is accessible to all patients in order to have healthier babies.

This concept is operationalized in the interview questions by asking each respondent what their experiences were when they initially sought care at the clinic, what barriers they faced in getting care at the clinic, and if those barriers had a large impact on the amount of care they received.

Inadequate prenatal care--Late entry into prenatal care (after four months of pregnancy). This concept is operationalized in the interview questions by asking each respondent at what point in their pregnancy they began their prenatal care.

Barriers--The problems that prevent or make it difficult for women to obtain care. This concept was operationalized when each respondent was asked what specific barriers they faced when they came to the clinic.

Motivators--What encourages and influences women to seek care and to continue receiving care throughout their pregnancy. This concept was operationalized by asking each respondent what motivated them to seek prenatal care, and what motivated them to continue seeking care throughout their pregnancy. The respondents were also asked if any of the barriers they faced had a large impact on the amount of prenatal care they received.

Study Population

The unit of analysis was women who were pregnant and were currently receiving prenatal care at the Family Medical Center, or had delivered their baby within the last four months and had received their prenatal care at the clinic. Of the 5 participants, 4 were Hispanic and 1 was African American.

Sampling Procedures

This is a convenience sample of five women from one inner city medical clinic. All pregnant women or women who delivered within the last 4 months were invited to be in the study by being given a flyer when they came in for their appointment. A copy of the flyer can be found in Appendix D. A $5 honorarium was given to the women to compensate for their time and to encourage them to participate. The first five women to respond to the flyer were the designated participants (N=5).

Location of the Study

The study was conducted at the Family Medical Center. This is a Hennepin County Medical Center family practice clinic that is located in Minneapolis. The clinic works to treat the whole patient by focusing on both the physical and emotional aspects of each patient's life. The clinic serves a large number of low-income patients who live in

the neighborhood. Many of the patients are people of color.

Measurement

Data was collected through interviews with the participants. Each participant was asked the same questions (Appendix F). The researcher then analyzed each interview and determined themes and patterns that existed among the women's experiences.

Validity

The qualitative measurements of the study provided detailed, direct, and in depth information. This in depth information clearly described each participant's feelings and provided rich data to answer the research questions. The directness, depth, and detail of the qualitative data gave it validity that was stronger in scope than quantitative measurements. Some argue that this data is more reliable and valid than quantitative data because of its depth and detail (Rubin & Babbie, 1997).

The researcher also analyzed the data for rival themes and explanations. This improved the validity by including all of the results. The researcher did not exclude data that did not fit with the major themes and patterns determined in the analysis of the data (Patton, 1987).

Systematic error can occur in qualitative study designs. This is an error in measurement that has a consistent pattern of effects. In this study the participants may have been biased in their responses to the questions. It is possible they may have answered the questions the way they thought the interviewer wanted them to answer the questions in order to look good to the interviewer. This is called the social desirability bias. People say things that will make them look good (Rubin & Babbie, 1997). For example, if they gave positive responses to all of the questions they would be seen as good patients, not troublemakers. This type of bias can significantly skew the results of a study. It is important to be aware that this can occur.

Reliability

The small sample size allowed the researcher to report accurate descriptions and detailed observations. Direct quotations were given to provide a deeper understanding of the subjects.

The reliability of the study was affected by the possibility of sampling errors. The findings can be distorted when the selection of participants for a study does not provide the researcher with a representative sample of the group of people being studied (Patton, 1987).

In this study the women were given the opportunity to participate on a first come, first serve basis. Some of the women who may have wanted to participate may not have had the opportunity because they were not at the clinic on the days that the flyers were given to patients. The women that did choose to participate may not have been a representative sample of the pregnant patients at the clinic. It is likely that they had less stress in their lives because they took the time to be involved in the study.

Random error can occur in qualitative research. This type of measurement error is described by Rubin and Babbie as "error that has no consistent pattern of effects and that reduces the reliability of measurement" (Rubin & Babbie, 1997, p. G-7). In this study the participants may have responded to questions without really understanding what was being asked. This error provides the researcher with inconsistent data and makes the data less reliable.

Data Collection

The first five women to respond to the flyer were contacted to be participants. The dates and times of the interviews were scheduled at their convenience. The interviews were conducted in an office at the clinic and were audiotaped. Once the informed consent (See Appendix

E) was signed the women participated in a thirty-minute open-ended interview. The researcher did the transcription of the interviews.

All five of the participants were asked the same semi-structured questions. The questions can be found in Appendix E.

Data Analysis

The data were analyzed using qualitative methods. Similarities and dissimilarities were determined from the data in order to organize the information and make comparisons and draw conclusions. The data from the questions were organized into categories, themes, ideas, and patterns.

Content analysis was conducted to analyze the data. This type of analysis is used to transform qualitative data into quantitative data. It mainly consists of coding and tabulating particular occurrences or communications according to a particular conceptual framework (Rubin & Babbie, 1997).

Protection of Human Subjects

In order to prevent harm to or violation of any of the rights of the people participating in this study, the research was approved by Augsburg College Institutional

Review Board, # 2001-25-1, and the Hennepin County Medical Center's Review Board, # 2001-964.

Confidentiality was assured to all of the study's participants. All of the participants names were kept private. First names were used to record the data. In the final findings all possible means of identification were excluded.

All of the participants were involved in the study on a voluntary basis. None of the participants were obligated in any way to participate. The participants were informed of all of the consequences of participating in the study and they signed a consent form stating they were willing to participate in the study and they were aware of all of the consequences of being in the study.

Summary

This chapter discussed the methodology used in this study and included: research design, key terms and definitions, study site, sampling procedures, data collection, data analysis, reliability and validity factors. The protection of human subjects and the study sample were also described. In the next chapter, the results of this study will be presented.

CHAPTER FOUR

RESULTS

Chapter Two introduced concepts of barriers and motivators to seeking prenatal care. Research questions were developed using these two concepts as well as other variables from the literature. This chapter will present the results of this study as they relate to the research questions.

All five of the scheduled interviews were completed. The five women interviewed ranged in age from 19 to 31. Four of the women were Hispanic and one woman was African American. All five women began their prenatal care in the first trimester of their pregnancies.

Research Question 1

What is the experience of low-income pregnant women at an inner city clinic? The feelings of each of the women is presented in terms of their positive and negative experiences.

Positive experiences included feeling comfortable at the clinic, helpful services, caring and knowledgeable staff, bilingual staff, and distribution of helpful written information on pregnancy to educate patients.

Positive Experiences

The Hispanic respondent who was in her mid-twenties stated that she mostly had good experiences at the clinic. She denied having any really negative experiences; for the most part she was very pleased with the care she received. She said she chose the clinic for insurance reasons, her husband's insurance through his employer covered her visits at that clinic. She was motivated to continue coming for her prenatal care appointments for her baby. She wanted to have a healthy baby. She felt very positive about the clinic. She said she felt comfortable when she came there, and all of the services were very helpful to her. She felt the staff was very caring, she could not ask for more helpful and knowledgeable people to be caring for her and her baby.

Another Hispanic participant also had very positive experiences at the clinic. She was in her late teens and she chose the clinic for her prenatal care because it was close to where she lived, and her roommates had recommended it to her. Like the first respondent, she felt comfortable when she came to the clinic. She speaks both Spanish and English, but she is more comfortable speaking Spanish. She said she was glad that so many of the staff members spoke

Spanish. At times she felt that she could communicate better with them.

This comment illustrates the good experiences she had at the clinic. "The people are very kind. They helped me get insurance and other kinds of help, like food, help with rent, and baby supplies. I feel comfortable when I come here." She too was motivated to keep coming to the clinic for her baby's health.

> I want my baby to be healthy. This is my first baby and so I don't know a lot of things about being pregnant. I keep coming because I want everything to go well in my pregnancy. I don't have any family here and so it's nice to come to the clinic where people know me, and I can talk and get some help.

A Hispanic woman who was also in her mid-twenties was generally pleased with her experience at the clinic. She learned about the clinic through a neighbor who had recommended it to her. Like the other women, she was also motivated to seek care and continue coming for her appointments so she could ensure the likelihood that she would have a healthy baby. She thought the packet of information about her pregnancy that she received at each of her appointments was very helpful. She could not afford

to buy a book on pregnancy, so she was pleased to get information on nutrition, the growth of her baby, etc.

She had faced some barriers in obtaining prenatal care. She is on a limited income and at times she has found it difficult to get to the clinic. Even though transportation had been a problem for her at times, she had still managed to make it to all of her appointments.

Negative experiences

Some of the women also talked about negative experiences they encountered at the clinic. These included long wait times on the phone and at their appointments, difficulty getting an appointment that fit their schedule, and not getting their regular doctor at every appointment.

A Hispanic woman who was also in her mid-twenties heard about the clinic from a family member. She recommended the clinic to her. She had some negative experiences with long wait times when she came for her clinic visits. "Sometimes we have to wait a long time and that's hard because my husband has to go to work by bus and so sometimes he would be late." She later expressed that the long waits were added stress during an already stressful time. She was also frustrated with not being able to get appointments that worked well with her schedule. "I

need to be at home when my kids get home from school, and they don't always have appointments when I want them."

She did not believe these barriers had a large impact on the prenatal care she received. She explained that she did not miss appointments due to the barriers.

She was motivated to continue coming for her appointments because she wanted to have a healthy pregnancy, and a healthy baby.

An African American respondent who was in her early thirties came to the clinic because she had been a patient there when she was pregnant with her other children. She expressed frustration with long wait times at the clinic as these comments show. "I didn't like having to wait around all the time when I had other stuff to do. Sometimes I wouldn't get my own doctor and it was like starting from scratch."

Another barrier she faced was waiting on hold when she called the clinic. This was frustrating and stressful for her because she had a lot of other things going on in her life besides the pregnancy.

> Sometimes when I call to make an appointment, I'd have to wait forever just to talk to somebody. It's not like I don't have anything else to do. Then when you get to the clinic, you have to wait again...I don't know

why they make you wait all the time. Sometimes I'd have like four of my kids all waiting with nothing to do.

Later in the interview she went on to say that once she got in for her appointment she was pleased with the care she received. She felt that all of the staff were professional and helpful. But having to wait so much made it stressful sometimes to come to the clinic.

Research Question 2

How does accessibility to care affect their experiences?

Two out of the five women were affected by accessibility problems at the clinic. Three out of the five women stated slight problems with accessibility that did not affect their overall experience.

All five of the women expressed that their main motivation for obtaining prenatal care was for the health of their baby. They were all aware that getting adequate prenatal care would help to ensure that they would have a healthy baby.

The barriers faced by the two women with accessibility problems were long wait times on the phone and at their appointments. This caused them some stress, and they saw it as a barrier in obtaining healthcare. But both women

agreed that this did not affect the amount of prenatal care they received.

The two women stated that this barrier affected their stress levels. When they had to wait a long time for their appointments they usually had other children with them. Their children got bored and at times did not behave well. This made things a lot more stressful for them at the clinic.

Money was a considerable concern for all of the women. They all mentioned this at some point in their interviews, but two of the women discussed this issue more extensively. At times they were very concerned about having another baby because they did not have enough money. One of the women said she was already struggling to make ends meet, and she did not know how she would make it once the baby arrived. This had caused her stress throughout her pregnancy. She stated that she had faith things would work out in the end, but at times she felt very anxious about the future.

The second woman was concerned because she was single and did not think she could continue working once she had the baby because of the high cost of daycare. She did not have any family or friends who could take care of the baby, so she was not sure what she would do. She said at times

she was very excited to have a baby, but at other times she was very anxious about the future.

Themes

There were two main themes that emerged after analyzing the data. The first was the women's motivation for seeking prenatal care and continuing the care throughout their pregnancy. All five of the women reported that they wanted to have a healthy baby. This was their primary motivation for both seeking care, and continuing to receive care throughout their pregnancy. All of the women were aware of the fact that adequate prenatal care increases the chance that they will have a healthy baby.

Another woman was motivated by two things. The first was to have a healthy baby. The second was to be seen as a responsible mother by the county. This woman had problems with Child Protection in the past. She commented that she "wanted to do everything I was supposed to."

The second theme that emerged was high stress levels that stemmed from issues with money. Due to the fact that all of the women were low-income, they had many concerns about their futures with a new baby.

The issue of long wait times at the clinic only added to their elevated stress levels. When the women came to

their clinic visits they were experiencing anxiety due to their economic situations. When they had to wait for extended periods to be seen, their stress levels increased. This, in turn, made their visit less pleasant. But these experiences did not stop them from continuing to come to the clinic for their prenatal care. They continued to receive adequate care in spite of these circumstances.

The theme of high stress levels is important to consider when studying the experiences of these women. The fact that the women experienced long wait times at the clinic only exacerbated the problem of stress. In this way, both elevated stress levels and long wait times can be seen as barriers to healthcare. All five of the women mentioned this problem at one point in their interviews. Only two of the women found this to be a considerable problem for them, but all five women did see it as enough of a problem to include it in their comments about their experiences.

CHAPTER FIVE

DISCUSSION

A review of the literature for this study revealed that barriers to receiving healthcare play a large role in the amount of prenatal care low-income women receive. The review also indicated that motivation plays a role in the amount of prenatal care a woman receives.

Themes

Motivation. All five of the women were very motivated to have healthy pregnancies and healthy babies. This was their number one priority. They were all aware of the importance of getting adequate prenatal care and having healthy children.

For the most part, this motivation was the reason the barriers they experienced did not affect the amount of care they received. These findings are consistent with the Health Belief Model that was included in the literature review.

The Health Belief Model explains the behavior of patients when they obtain health care. The model states that, for the most part, an individual weighs the benefits and impediments to obtaining care in order to decide if they will undertake the recommended behavior. When a

person is aware of how the behavior will benefit her, she is more likely to participate in the activity.

That is exactly what occurred with these five women. This model helps to explain the behavior of all of the participants in this study. All of the women were motivated by the desire to have a healthy baby. They were well educated about the benefits of adequate prenatal care. This motivated them because they wanted to receive the benefits of getting good prenatal care, a good chance that they would have a healthy baby. The desire for a healthy baby is what motivated them to come to their appointments, even though they had barriers like long wait times for their appointments with which to contend.

High Stress Levels. The literature review also focused on personal barriers to obtaining adequate care. One of these barriers was stress. Stress can be a major factor in low-income women's prenatal care utilization. A study conducted in 1999 correlated stress with adequacy of prenatal care. They found that the more stress a woman experienced during her pregnancy, the less likely she was to get adequate prenatal care (Sable & Schild Wilkinson, 1999).

All of the women were affected by stress due to the fact that they were low-income. They all faced concerns about providing for their new babies. Dealing with long

wait times at the clinic only added to their stress levels. Elevated stress levels and long wait times can both be seen as barriers to getting healthcare. But these barriers did not impede their use of the clinic for their prenatal care. They continued to come to the clinic even though they encountered these problems.

Strengths and Limitations of the Study

The strength of the study is its qualitative design that offers in-depth information on the women's experiences in obtaining prenatal care.

Limitations include the difficulties in generalizing the results to a larger population due to the small sample size. Another limitation is that all of the participants of the study received care at one clinic. This makes it difficult to generalize the results to other clinics.

The method of sampling the participants was also a limitation. It is possible the sample was not truly representative of the clinic population. This was due to the fact that participants were found on a first come first serve basis. Some people may not have been given the opportunity to participate because all of the participants had already been determined. It is also possible that those who chose to participate may have been more motivated than other patients to seek prenatal care. In that way, it

would not have been a representative sample of all of the clinic's maternity patients. Despite these limitations, some of the findings have implications for policy and practice.

Social Work Implications

For low-income women, accessibility to healthcare continues to be a problem. When patients are faced with barriers when seeking healthcare they are more likely to not receive the care they need. This study found that personal high stress levels exacerbated by long wait times on the phone and at appointments were the main problem for these women. Fortunately, these problems did not impede their use of the clinic. They continued to get adequate prenatal care at the clinic in spite of the problems they faced.

Health care organizations that serve low-income patients need to focus on addressing the issues of health care barriers. If barriers can be broken down, the patients' stress levels will also be reduced. This will most likely encourage women to get adequate care by making it easier and more rewarding.

Social workers and other members of the healthcare team need to be aware of the effect low-income has on patients, particularly patients' stress levels.

Social workers in the medical field play an integral role in the multi disciplinary team of health care providers that offer care to low-income patients. Social workers must continue to educate health care providers about the needs of low-income patients so barriers can continue to be broken down.

Social workers also play the important role of advocate; they provide a voice for patients who need to be heard. As advocates, social workers need to focus on policies at the local, state, and national levels that work to eliminate barriers to health care for low-income pregnant women, as well as all low-income patients. By increasing the number of women who receive adequate prenatal care we will in effect reduce the number of low birth weight babies.

Future Studies

Future research could include a study that included more women so a larger sample of this group of women could be obtained. This would provide more generalizable results, as well as a better understanding of the experiences of these women. Because the problem of inadequate prenatal care and the prevalence of low birth weight babies among low-income women continues to persist,

more research needs to be done to further understand this problem and how to best resolve it.

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AUGSBURG

C•O•L•L•E•G•E

MEMORANDUM
TO: Amy Steiner
FROM: Maria Dinis, Ph.D., Co-Chair
RE: YOUR RECENT IRB APPLICATION
DATE: 25 March 2001

I am writing on behalf of the College's Institutional Review Board on the Use of Human Subjects. Your proposed study, "A Qualitative Study of Low-Income Women in Obtaining Prenatal Care" has been approved. Your IRB approval number is 2001-25-1. Please use this number on all-official correspondence and written materials relative to your study.

The IRB committee wishes you the best in your research.

cc: Professor Sharon Patten, Ph.D., Co-Chair of IRB Committee and Thesis Advisor

DEPARTMENT OF SOCIAL WORK

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HUMAN SUBJECTS RESEARCH COMMITTEE

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Chairman

Karen Heim-Duthoy, Pharm.D.
Vice Chair

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February 16, 2001

Amy Steiner
Family Medical Center
Hennepin County Medical Center

Dear Ms. Steiner:

I am in receipt of your proposed study entitled: "**An Exploratory Study of Low-Income Pregnant Women in Obtaining Prenatal Care**". The purpose of this study is to evaluate the experience pregnant women have in seeking prenatal care. As described, five women who receive prenatal care at the Family Medical center will be interviewed to determine what barriers women face when trying to get prenatal care, and what motivates women to seek prenatal care. The project outline has been reviewed and found to be adequate. Since the project involves no more than minimal risk and it has been confirmed that confidentiality will be maintained, it was approved under the Title 45 CFR 46 expedited review procedure numbers five and seven. **You may proceed with this study**.

This project has been assigned **HSR #01-964**. Please use this number in all future correspondence. Surveillance for this project will be done **annually**. Reporting forms will be sent to you before the reports are due. It is mandatory that you complete and return these surveillance forms by the indicated date. Failure to complete and return surveillance forms will be cause for suspension of this project since it will no longer be operating under IRB approval.

Please be informed that the Human Subjects Research Committee is in compliance with requirements in Title 45 Code of Federal Regulations Part 46 effective August 19, 1991.

Also be informed that any future proposed changes in this protocol, or any changes that may alter the risk or confidentiality to the subjects, must be reported to the Chairman of the Human Subjects Research Committee.

Sincerely,

Karen Heim-Duthoy, PharmD
Vice Chair
Human Subjects Research Committee

APPENDIX C
Script
IRB 2001-25-1

Hello, my name is Amy Hoppe. Let me tell you more about my project. I am currently in my final year of a Master of Social Work program at Augsburg College. As part of the requirements of the program, we have to work on a thesis, or research paper, in an area of interest to us. I have chosen the issue of obtaining prenatal care at an inner city clinic. I would like to find out about your experiences as a patient at the clinic. I specifically want to know about your experiences of gaining access to care at the clinic and what, if any barriers you faced.

The process includes a 45-minute in-person interview in which I ask you a few questions. I would like to audiotape the interview for transcription purposes. To ensure confidentiality, the audiotapes and my notes would be destroyed when I have finished my study and my paper. You will also be asked to read through an interpretation of your interview for accuracy.

Participation in this study is completely voluntary. You will receive an honorarium, total value $5.00 whether or not you complete the interview. Possible indirect benefits include helping to improve services for patients at the clinic. You may also benefit by reflecting on these events and sharing your experience at the clinic. Do you think you would be interested in participating in my study?

If yes, when is a good time to conduct the interview?

If no, thank you for your time.

APPENDIX D

You are invited to participate in a study on obtaining prenatal care.

As a participant you will be asked to complete a 30-45 minute interview about your experiences in getting prenatal care. You will receive $5.00 for your participation.

If you are interested in finding out more about this study, please call the clinic social worker at 612-827-9826.

APPENDIX E

Consent Form

A Qualitative study of the experience of pregnant women in obtaining prenatal care at an inner city clinic

You are invited to participate in my research study designed to look at the experience of women obtaining prenatal care at an inner-city clinic. We ask that you read this form and ask any questions you have before agreeing to be involved in this study. Your participation is completely voluntary. This research study is being conducted by Amy Hoppe in partial fulfillment of the Master of Social Work thesis requirement at ***Augsburg College.***

What will happen during the study?

The study consists of one audiotaped interview lasting about 45 minutes. I will conduct the interview. You will be asked to relate your experiences as a pregnant patient at the clinic receiving prenatal care. After the interview is complete, I will listen to the audiotapes and write an interpretation. I will then contact you once again and ask that you review my interpretation of your interview. Changes may be made to the written interpretation to reflect your comments.

Are there any risks?

It is possible that through the discussion and recollection of your story painful memories or thoughts could occur. If at any point during the interview you feel too uncomfortable to go on, you may stop the interview without consequence. After the interview, the following 24 hour counseling referrals are available for you to contact should the need arise:

Hennepin County/Minneapolis Area	**Crisis Intervention Center**	**(612) 347-3161**
Ramsey County/St. Paul Area	**Regions Hospital**	**(651)-221-8922**
7 County Metro Area	**Crisis Connection**	**(612) 379-6363**

Are there any benefits?

It is possible that you could feel that it is beneficial to you to reflect and share your experiences. Another benefit is that there is potential for improved programming for pregnant women in terms of access to care, as well as quality of care. Also, participants will receive a $5.00 honorarium for participating.

Where and when will the interview be done?

The interview will be scheduled at a time that is convenient for you and will take place at the clinic. Interviews will be done in person.

Who will have access to the interview material?

I will transcribe the audiotaped interviews. The transcripts will be shared with my thesis advisor during the process of writing my thesis paper. All information is confidential. However, I cannot guarantee anonymity due to the small sample size, but I will make every attempt possible. No names or identifiable information will be used in this study on the transcripts. Raw data, including audiotapes, will be destroyed no later than September 30, 2001.

What if you change your mind?

You are free to withdraw from this study or refuse permission for the use of your interview or transcript and the $5.00 honorarium will be yours to keep. You may also skip any questions that you are

asked during the interview and the $5.00 honorarium will be yours to keep. Your decision whether or not to participate will not affect your current or future relationship with Augsburg College or the Family Medical Center.

Before you sign this form, please ask any questions on aspects of the study that are unclear. I will attempt to answer any questions you may have prior to, during, or following the interview. If I am unable to answer any questions to your satisfaction, you may also call my thesis advisor, Professor Sharon Patten at (612) 330-1723.

Authorization:

I, _____, have read this consent form and I have decided to participate in the research project described on the previous page. I realize that my signature indicates that I give permission for information that I provide during the interview to be used for a thesis project. I will be given a copy of this form for my records.

_____ _____

Signature of Participant *Date*

In Addition:

I consent to be audiotaped.

_____ _____

Signature of Participant *Date*

I consent to the use of direct quotes from my interview.

_____ _____

Signature of Participant *Date*

I consent to the use of my medical records.

_____ _____

Signature of Participant *Date*

If you have any questions or concerns, you may reach me at:
Amy Hoppe

Augsburg College, MSW Student
952-993-6444

Or if you would like further information, you may contact my thesis advisor:
Professor Sharon Patten, Ph.D.
Augsburg College

APPENDIX F

Interview Questions
to be asked by the researcher

1) How did you learn about this clinic?
2) What was your experience when you initially sought care at this clinic?
3) What motivated you to seek prenatal care? And what motivated you to continue seeking care after your first visit?
4) What barriers have you faced in getting care at this clinic?
   For example:
   - -Location of clinic
   - -Transportation
   - -Clinic hours
   - -Lack of cultural sensitivity of clinic staff
   - -Discrimination
5) Did these barriers have a large impact on the amount of prenatal care you received?
6) What things did you like about the clinic?