

# **Factors of participation in prenatal education among nulliparous women in South Korea**

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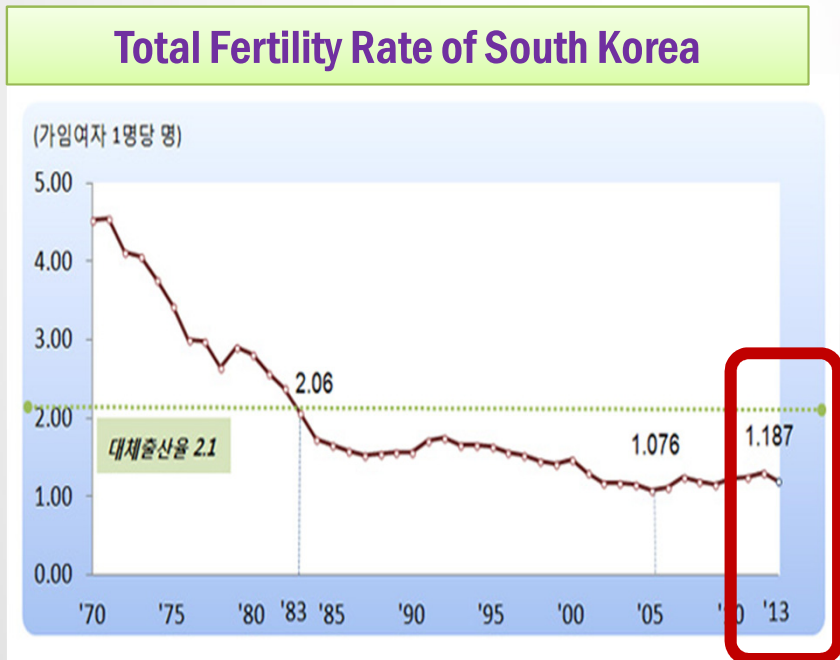
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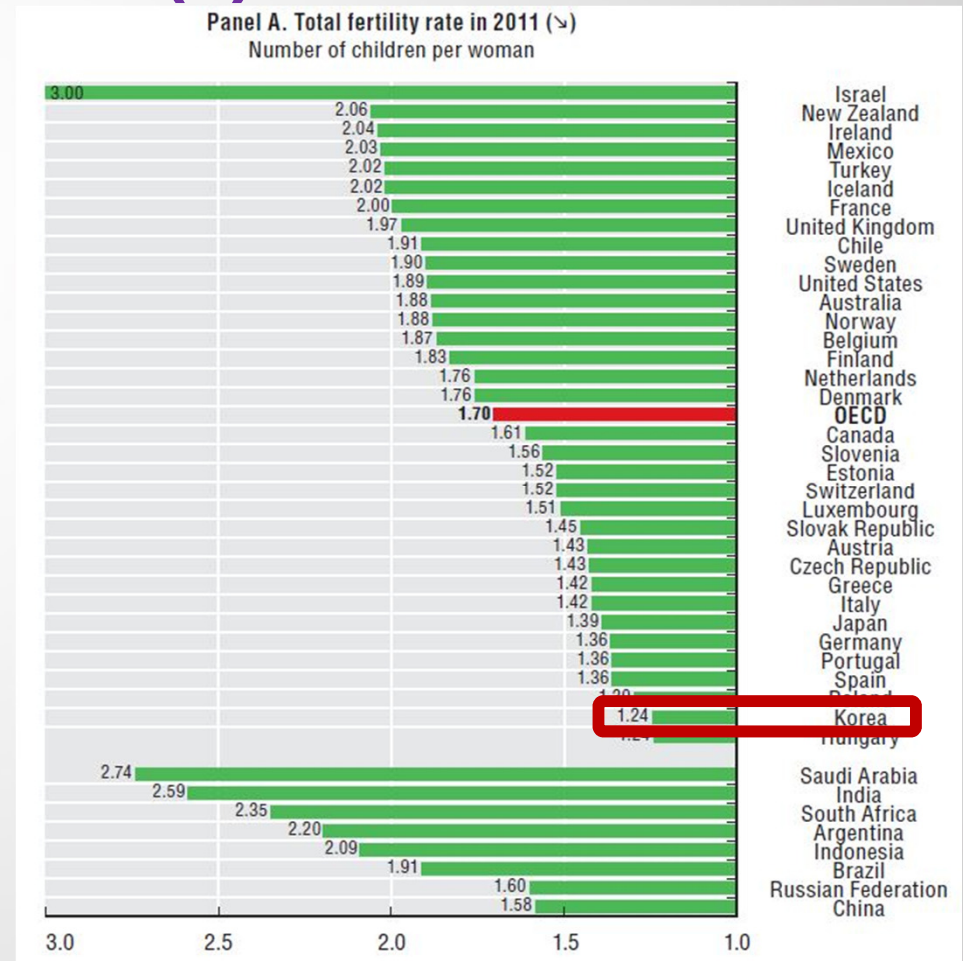
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# I. INTRODUCTION

# 1. Statement of the Problem (1)

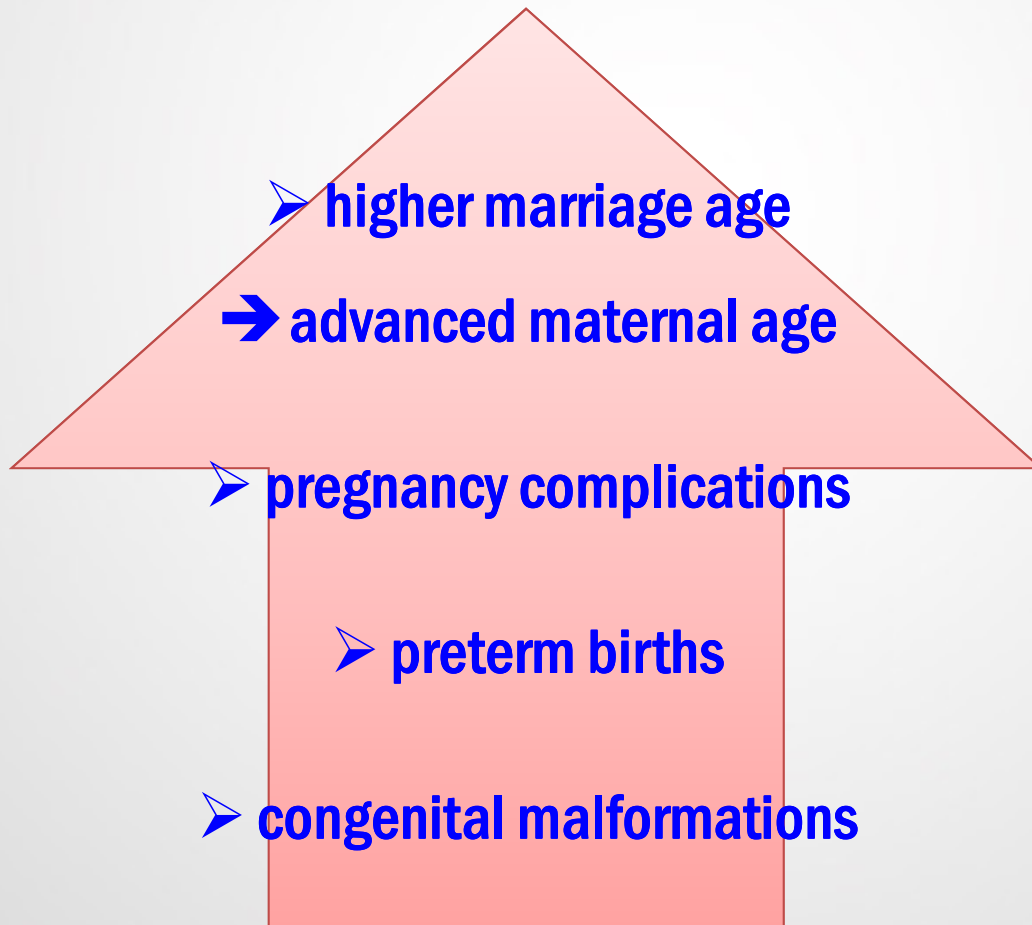


Reference: Vital Statistics, 2014



Reference: Society at a Glance 2014 OECD Social Indicators

# 1. Statement of the Problem (2)



Reference: Vital Statistics, 2014

# 1. Statement of the Problem (3)

- Pregnant women need prenatal care to improve maternal-fetal health during pregnancy.
- Nulliparous women are strongly recommended to participate in prenatal education, because pregnancy and delivery is their first experience (Hwang, 2010; Buckley, & Gaskin, 2009).
- According to the previous studies, pregnant women who participated in prenatal education got prenatal care more compared to pregnant women who didn't (Song, et al., 2010; Kim & Jung, 2007).
- Regular prenatal care can reduce the perinatal complications among pregnant women and newborns (Song, et al., 2010; Jung & Jung, 2011).

## 2. Purpose of the Study

### This study aimed

- To identify the contents of prenatal education conducted
- To examine the level of participation in prenatal education
- To determine influencing factors of participation in prenatal education

# II. METHODS

II. METHODS



### 1. Design

- A cross-sectional, exploratory study design

### 2. Population and Sample

- 134 nulliparous women
- Living in metropolitan area
- Gestational age  $\geq 32$  weeks
- See a health care provider at hospital or OB/GYN clinic
- No physical and psychological disorders

### 3. Procedures for Data Collection

- Survey data were collected by face to face interviews using structured questionnaire.



### 4. Measurements

- Degree of participated in prenatal education: Prenatal care and childbirth, Self-care of puerperium , Newborn care.
- Knowledge: Knowledge related to delivery (Choi, 1983), postpartum care (Park, 2003), newborn care (Lee et al., 2004).
- Attitudes: Self efficacy for delivery (Lee, 2004), Postpartum care self-efficacy (Shin et al., 2000), Parenting confidence (Lee et al., 2004).

### 5. Data Management and Analysis

- Using SPSS/WIN 20.0 and STATA 13.0 program
- Descriptive statistics, Multiple Linear regression

# III. RESULTS

III. RESULTS

# 1. Characteristics of subjects (1)

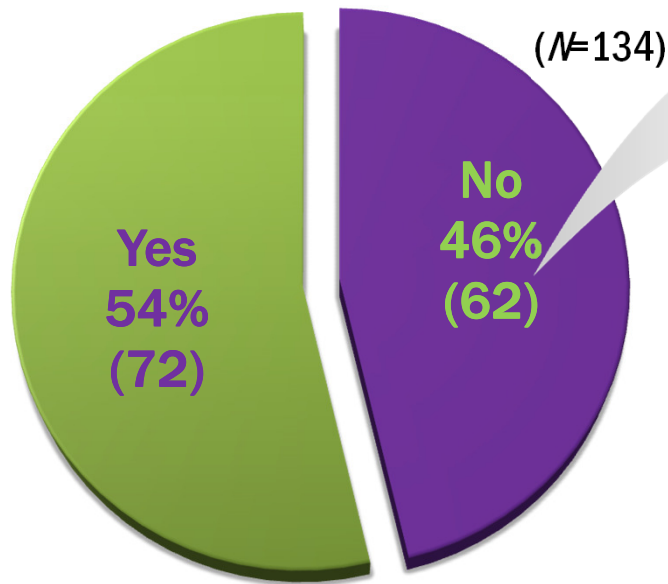
(N=134)

Variable	Category	n(%)†
Age(year)	21-25	10(7.5)
	26-30	28(20.9)
	31-35	81(60.4)
	≥36	15(11.2)
Education level	≤High school	32(23.9)
	≥College	102(76.1)
Occupation	Housewife	66(49.3)
	Profession	26(19.4)
	Office worker	27(20.1)
	Others	15(11.2)

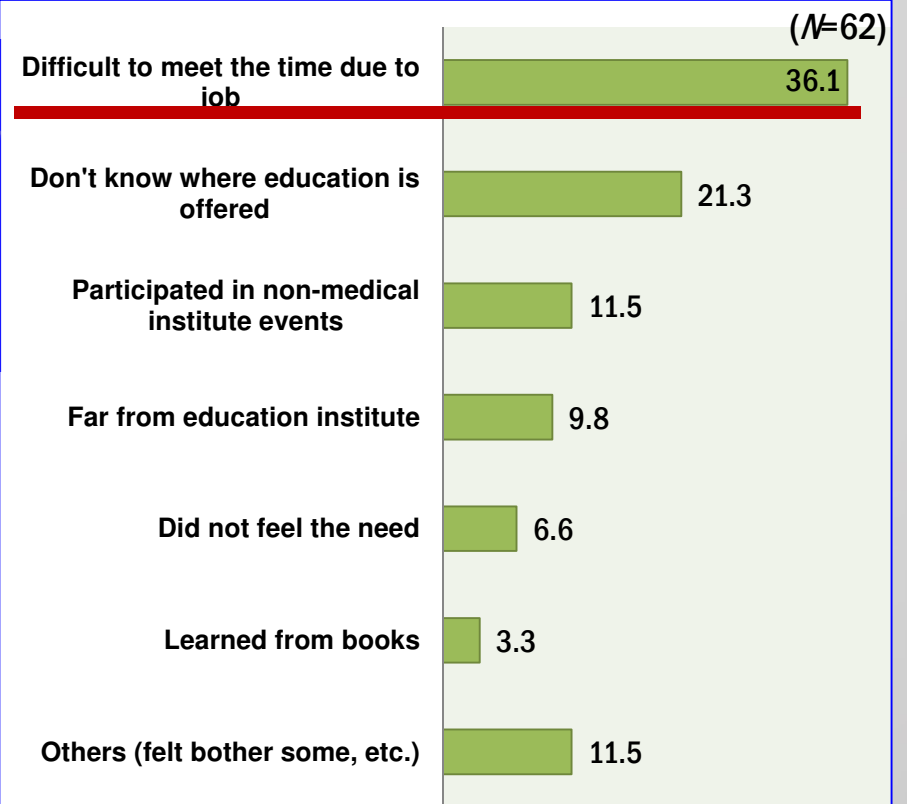
Variable	Category	n(%)†
Marial status	Married	130(97.0)
	Single	4(3.0)
Household income (10,000won/Month)	<200	16(11.9)
	200-400	62(46.3)
	>400	56(41.8)
Gestational age(week)	32-35	67(50.0)
	≥36	67(50.0)
Type of pregnancy	Natural	126(94.0)
	Intrauterine insemination	6(4.5)
	In vitro fertilization	2(1.5)
Plan for pregnancy	Planned	84(63.2)
	Non-planned	49(36.8)
†exclude from nonresponse		

# 1. Characteristics of subjects (2)

## Participants in Prenatal education



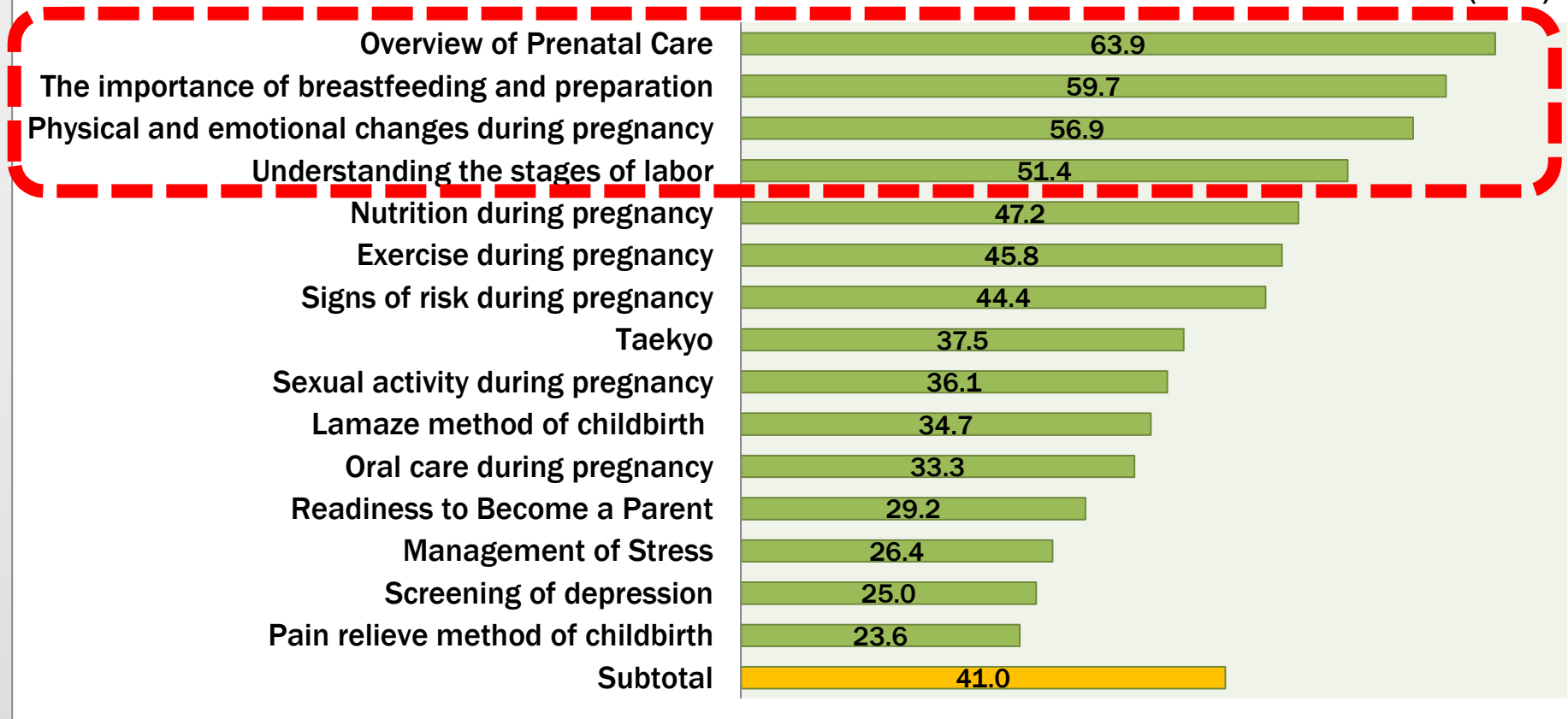
## The reason about non-participated in prenatal education



## 2. Prenatal education: Participation and Distribution (1)

### Prenatal care and childbirth (15 items)

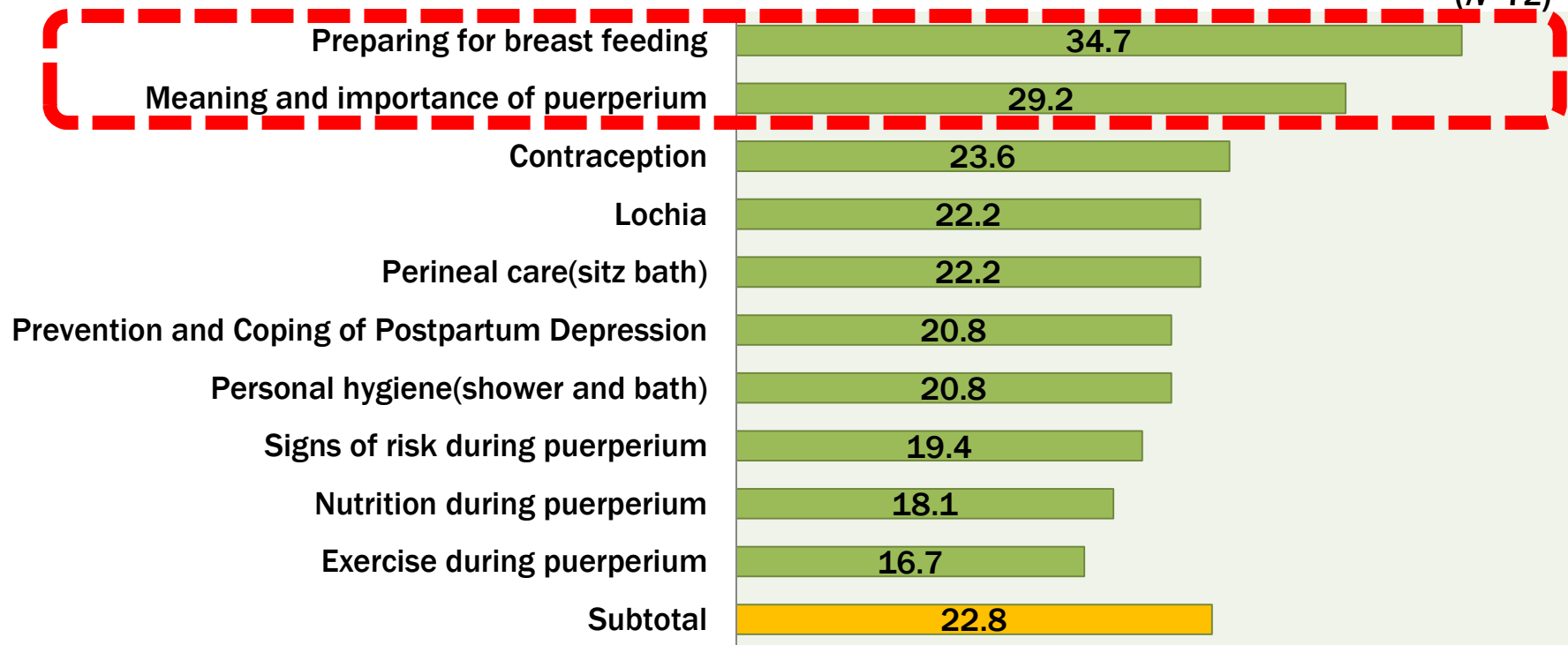
(N=72)



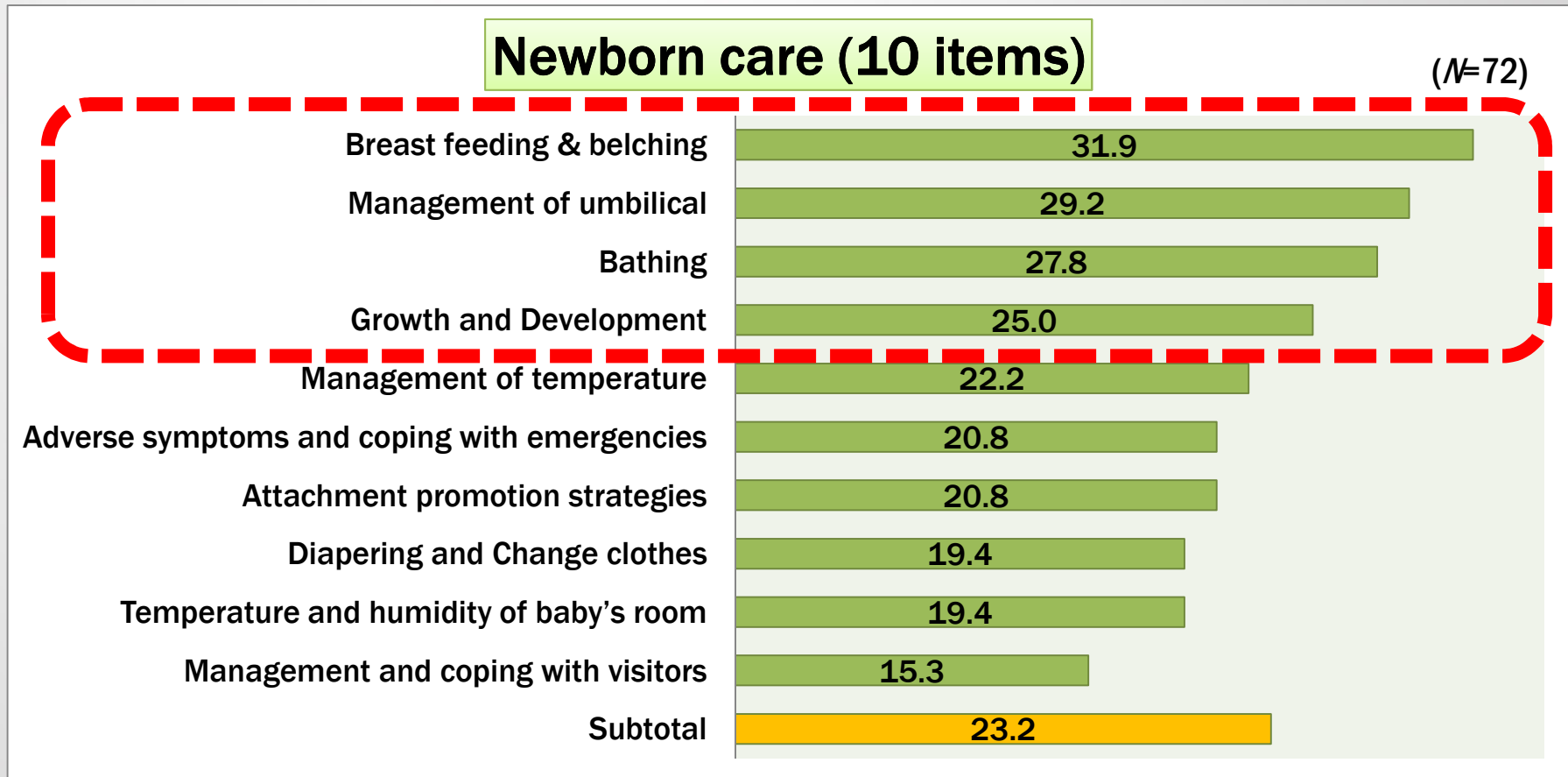
## 2. Prenatal education: Participation and Distribution (2)

### Self-care of puerperium (10 items)

(N=72)



## 2. Prenatal education: Participation and Distribution (3)





### 3. Factors of participation in prenatal education

Variables	$\beta$	SE	<i>p</i>
Age	-.023	.014	.812
Education level	.104	.075	.267
Income	-.012	.061	.909
Occupation	.028	.045	.769
Planned pregnancy	-.032	.095	.732
<b>The first source related to pregnant</b>	<b>.223</b>	<b>.033</b>	<b>.012</b>
<b>R<sup>2</sup>=0.022, F=1.49, p=0.1874</b>			

- 1. Internet
- 2. Family or friends
- 3. Book
- 4. Health care provider

## 4. Factors associated with Knowledge and Attitude

Variables	Knowledge (delivery, postpartum care, newborn care)			Attitude (Self efficacy for delivery , Postpartum care self-efficacy, Parenting confidence)		
	$\beta$	SE	$p$	$\beta$	SE	$p$
<b>Age</b>	.153	.102	.104	<b>-.197</b>	<b>.011</b>	<b>.042</b>
Education level	.013	.564	.882	.129	.059	.164
<b>Income</b>	<b>.212</b>	<b>.459</b>	<b>.032</b>	<b>.242</b>	<b>.048</b>	<b>.017</b>
<b>Occupation</b>	<b>-.187</b>	<b>.340</b>	<b>.044</b>	-.046	.035	.632
Planned Pregnancy	.022	.716	.808	-.100	.074	.285
<b>Participated in Prenatal education</b>	<b>.227</b>	<b>.651</b>	<b>.007</b>	-.067	.068	.435
	<b>R<sup>2</sup>=0.099, F=3.447, p=0.003</b>			<b>R<sup>2</sup>=0.048, F=2.110, p=0.056</b>		

# IV. CONCLUSION

- Individual characteristics and participate in prenatal education are critical for the success of preparing nulliparous women as a new mother.
- The findings of this study suggest that nurses and physicians should emphasize the importance of prenatal education and should establish strategies to improve participation in prenatal education especially for working pregnant women.

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**THANK YOU**