



Structural Conditions of Pregnancy Prevention Programmes to Enhance the Access and Motivation in Utilisation – A Vignette Study

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Objectives

Research Question

Which prevention design decision can promote the use of pregnancy programmes depending on socio-economic characteristics?

Background

Health programmes play an essential role for pregnancy and the unborn child. Their positive effects on body, mind and self-efficacy have been occupied, however, only 40-60% of pregnant women use health programmes.¹ Using health programmes illustrates a **prevention dilemma**: women with higher educational status and health literacy use pregnancy programmes more often than women without socio-economic and health-related resources, however this target group has a high need for health promotion and prevention.²

Data and Methods

Sample Characteristics

Convenience Sample (N=138):

- women aged between 15-49,
- pregnant and non-pregnant women
- recruited in 10 gynaecological practices of a town in Saxony

Vignette Universe

Dimension	Levels
Health Programme	<ul style="list-style-type: none"> on nutrition and exercise to strengthen psychological and social resilience prenatal classes
Initiation	<ul style="list-style-type: none"> close friends and acquaintances gynaecological practice active internet research on the radio and in the local newspaper
Company	<ul style="list-style-type: none"> by accompanying person of her choice unaccompanied
Frequency	<ul style="list-style-type: none"> twice a week for 5 weeks once a week for 10 weeks
Duration	<ul style="list-style-type: none"> 40 min 60 min
Distance	<ul style="list-style-type: none"> 1 km 3 km 6 km
Additional Contribution	<ul style="list-style-type: none"> no further contributions 10 € 30 €

Sample Vignette

M(r)s. Teller is in the 12th week of her 1st pregnancy, which is going well. Through information from her **gynecological practice**, she is being made aware of a **programme on nutrition and exercise** (including e.g. advice on important nutrition and pregnancy gymnastics). She can participate **unaccompanied, twice a week for 5 weeks**. The programme lasts **40 minutes**. The distance between her home and this course offer is **6 kilometers**. Furthermore, the health department sponsors the described course, to which she has to pay an additional one-time fee of **10 euros**.

How likely may it be, that M(r)s. Teller uses the described programme?

Very low Likelihood												Very high Likelihood
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Results (OLS-Regression)

Discussion

Fig. 1: Likelihood of Use by **Pregnant Women**
(Range: 5-95%; N_{vign} = 487; N_{Pers} = 81; R² = 0.18)

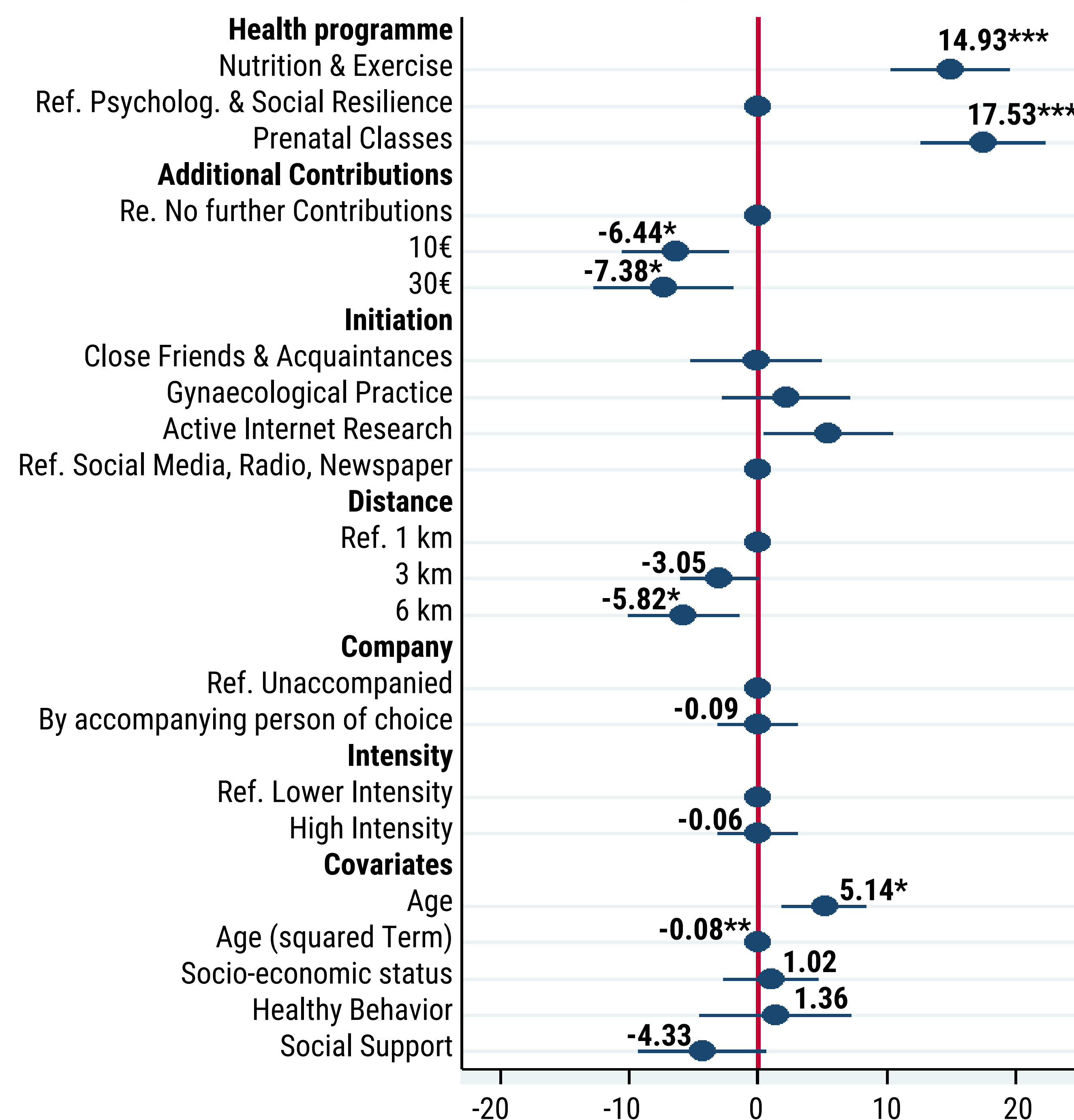
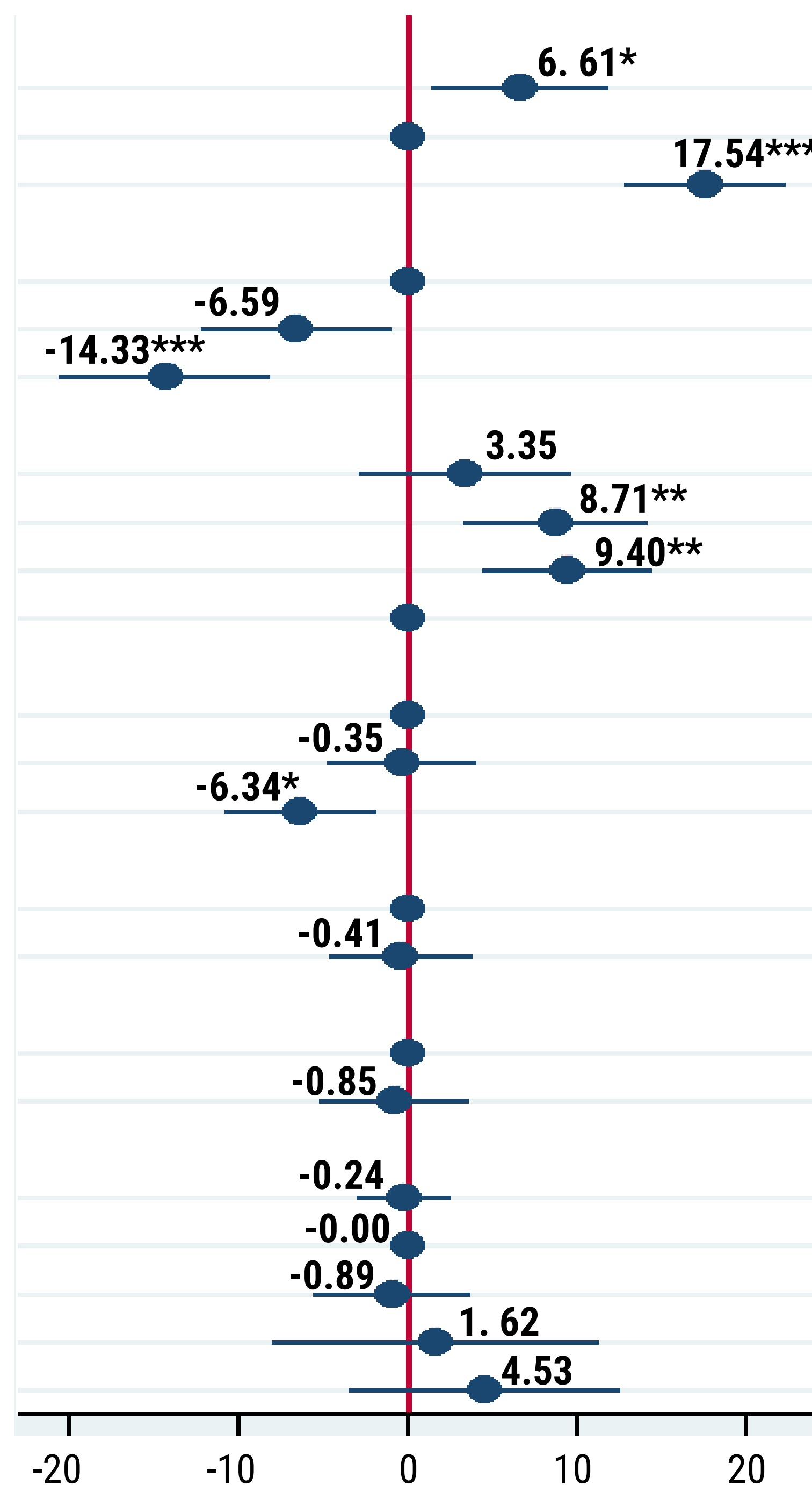


Fig. 2: Likelihood of use by **Non-Pregnant Women**
(Range: 5-95%; N_{vign} = 341; N_{Pers} = 57; R² = 0.21)



Theoretical Interpretation

Hypothesis:

- X H₁ rejected: Prenatal classes are assigned the highest likelihood of use by pregnant women.
- X H₂ rejected: If women with a high educational status find programmes through internet search, the likelihood of use increases.
- ✓ H₃ promoted: An additional contribution decreases the likelihood of use.
- ✓ H₄ promoted: A far distance decreases the likelihood of use.
- X H₅ rejected: A accompanying person of women's choice increase the likelihood of use.
- X H₆ rejected: A higher intensity increases the likelihood of use.

Conclusion

- structural conditions (e.g. low contributions and low-threshold information paths) may **reduce socially conditioned access barriers**
- needs-oriented health programmes, taking into account **socio-economic, health-related resources and burdens**, is given an important role in health care
- findings serve prevention work and the development of **sustainable pregnancy programmes**

References

¹ Eichhorst, A., Schreier, A., Brand, C., Lang, K., Liel, C., Renner, I., Neumann, A. & Sann, A. (2016). Inanspruchnahme von Angeboten der Frühen Hilfen und darüber hinaus durch psychosozial belastete Eltern. Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz, 59(10), 1271–1280. doi:10.1007/s00103-016-2422-8

² Neumann, A. & Renner, I. (2016). Barrieren für die Inanspruchnahme Früher Hilfen: Die Rolle der elterlichen Steuerungskompetenz. Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz, 59(10), 1281–1291. doi:10.1007/s00103-016-2424-6