

THE INFLUENCE OF SOCIO ECONOMIC STATUS ON ANTENATAL MOTHERS' KNOWLEDGE ON THEIR RIGHTS AND PREFERENCES FOR INTRA PARTUM CARE

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ABSTRACT

A cross-sectional study was carried out on 340 Malays antenatal mothers. The objectives were firstly, to determine patients' knowledge on their rights and their preferences for intra partum care. Secondly, to determine the association between selected socio economic variables (education level, occupation and monthly household income) and patients' knowledge on their rights. Lastly, to evaluate the association between selected socio economic variables and their preferences for intra partum care. Antenatal mothers with previous delivery experience in hospital were recruited from those who attended Women and Child Health Clinics in Kota Bharu district. Data were obtained, using systematic random sampling method from November 2003 to February 2004. The piloted and validated questionnaire consisted of 18 questions, with six questions from each domain (socio economic, knowledge and preference) was used as the measurement tool. A trained interviewer with the purpose to increase the inter-rater reliability of the questionnaire administered that questionnaire. Results showed the mean household income was RM1260.00 per month, 68.0% were housewives and 20.0% of respondents studied had tertiary education. On average, only 22.0% of respondents knew their rights by responding to each knowledge domain. Majority of them prefer the delivery to be conducted by female (86.0%) and Muslim doctors (77.0%). Out of the respondents, 78.0% allowed medical and nurse trainees to assist during the delivery but only 10.0% gave more rooms for the trainees to deliver their babies. Surprisingly, only 43.0% of the mothers need pain relief probably influenced by cultural values. Furthermore, 40.0% preferred to be in labor without the presence of their husbands. Statistical analysis was performed by using SPSS Version 11.0 and findings showed there were significant associations ($p < 0.05$) between all socioeconomic factors and ante natal mothers' knowledge on their rights but otherwise with preferences for intra partum care. In conclusion, socioeconomic factor influence antenatal mothers' knowledge on their rights but not in preferences for intra partum care.

INTRODUCTION

Malaysia Health Vision 2020 is to be a country with nation of healthy individuals, families and communities. In order to achieve this vision the characteristics of future healthcare system should be equitable, affordable, technologically appropriate, environmentally adaptable and consumer friendly. Besides that, the future healthcare system should emphasis on quality, innovative, health promotion, respect for human dignity, promotion of individual responsibility and promotion of community participation (Suleiman and Jegathesan, 2000). A high level/status of living and health must be created among the citizens so that the country's social and economic development becomes more meaningful. Realizing the importance of healthy lifestyles among the antenatal mothers, it is important to know if they are aware of their rights as patients. Having the knowledge on patients' right will make them more responsible for their own health, thus empowered then in making decision (Khan *et al.*, 1994).

OBJECTIVES

The current study aimed to fulfill the following objectives. Firstly, to determine patients' knowledge on their rights and their preferences for intra partum care. Secondly, to determine the association between their selected socio economic status (education level, occupation and monthly household income) and patients' knowledge on their rights. Lastly, to evaluate the association between selected socio economic variables and their preferences for intra partum care.

METHODOLOGY

A cross sectional study was conducted on 340 Malays, antenatal mothers who attended selected Women and Child Health Clinics in Kota Bharu district. Only Malaysian antenatal mothers with previous delivery experience at public hospitals in Kota Bharu district were recruited. Data were obtained, using systematic random sampling method from November 2003 to February 2004. The piloted and validated questionnaire consisted of 18 questions, with six questions (1-6) from each domain (A-C) was used as the measurement tool. (A1-A6: Socio economic, B1-B6: Knowledge and C1-C6: Preference). A trained interviewer with the

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purpose to increase the inter-rater reliability of the questionnaire administered that questionnaire.

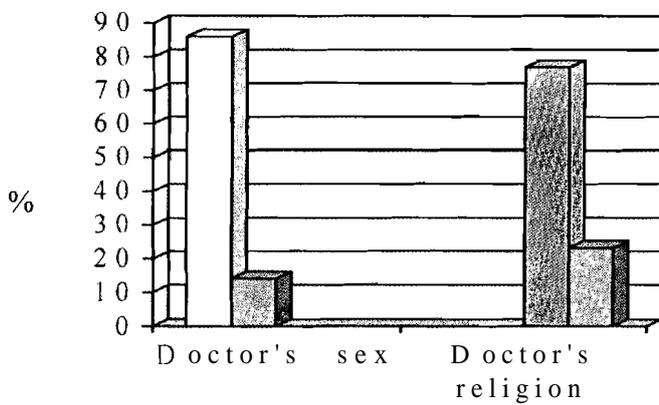
knowledge on their rights as shown in the Figure 1 below. "Yes" means they had the knowledge on their rights and "No" means otherwise.

RESULTS

The mean household income of the respondents was RM 1260:00 a month. 68.0 % were housewives and only 20.0 % had tertiary education.

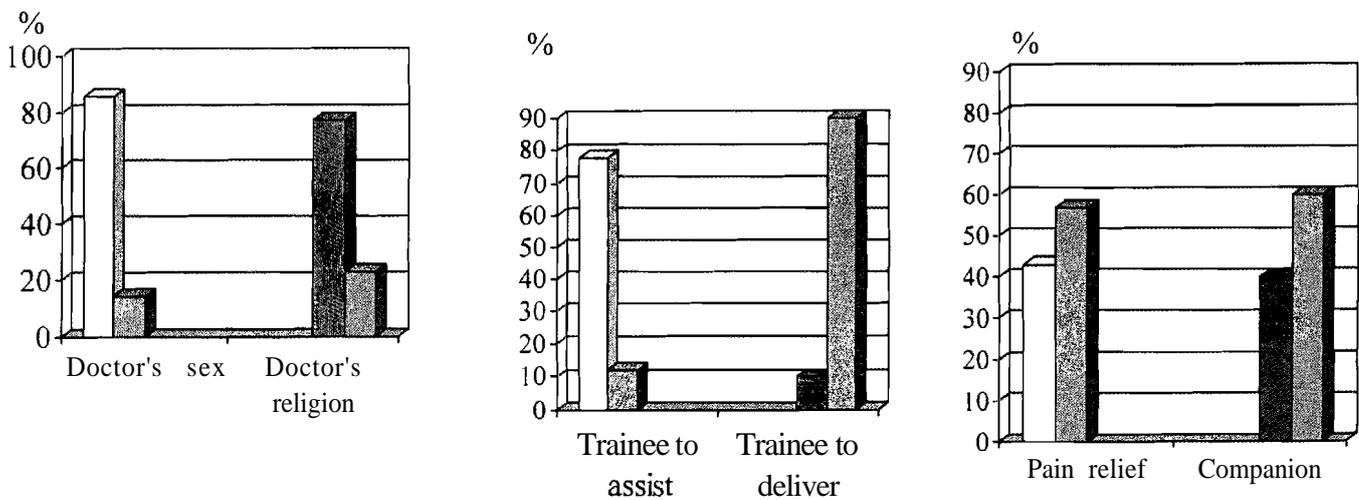
Patients' knowledge on their rights

Based on the six questions (B1-B6) related to patient's knowledge on their rights, on the average only 22.0 % of respondents had



- B1: Rights to choose doctor based on sex
 - B2: Rights to choose doctor based on religion
 - B3: Rights to refuse trainee assistance
 - B4: Rights to refuse trainee to conduct the delivery
 - B5: Rights to be given pain relief
 - B6: Choice for husbands' company
- Yes: Percentage of responses that had knowledge on their rights

Figure 1: Percentage Of Responses On Patients' Knowledge On Their Rights Questions



Patients' preferences for intra partum care

Figure 2: Percentage Of Responses On Patients' Preferences For Intra Partum Care

The questions on preferences included were related to doctor's sex and religion, trainees' involvements during labor, pain relief and relative's preferences during labor. If they were given choices, these women preferred the delivery to be conducted by female (86.0 %) and Muslim (77.0 %) doctors. 78.0 % agreed medical and nurse trainees should only assist in the delivery and only 10.0 % allowed trainees to deliver their babies. Surprisingly, only 43.0 % preferred to be given pain relief in labor. While only 40.0% of them requested their mothers, 60.0 % requested husbands accompanying them in labor. Their preferences are tabulated in Figure 2 above. Association between socio economic status and knowledge on patients' rights and preferences for intra partum care. Chi square tests were carried out between each socioeconomic parameter with the knowledge score. The results showed there was a significant association ($p < 0.05$) between socioeconomic status and patients' knowledge on their rights. On the other hand, the results showed, there was no significant association ($p > 0.05$) between socioeconomic status and patients' preferences for intra partum care.

DISCUSSION

Regardless of their socio economic background, women had similar preferences for intra partum care. If these women were given the choices, they would chose to be delivered by female doctors compared to male. Besides, they also prefer doctors of the same religion with them. Trainees were considered as friendly enough to assist the delivery. However, they were not trusted to conduct the delivery. Interestingly, majority of them wanted to be accompanied by their mothers instead of their husbands while in labor. Besides, pain reliefs were not considered important as many would like to experience the labor naturally. On the other hand, knowledge on patient's rights was significantly related to socio economic status ($p < 0.05$). Highly educated mothers, who were employed and had higher household income scored much higher in this aspects. A similar finding was found in Pakistan, (Khan *et al.*, 1994), where educated literate women with middle school education are more likely than their illiterate counterparts to utilize modern medical professionals for both prenatal care and delivery. Hundley and Ryan (2004) found knowledge did influence preferences for intrapartum care in their study subjects.

CONCLUSION

Socioeconomic status influences antenatal mothers' knowledge on their rights, but not their preferences for intra partum care.

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