

HEALTH BEHAVIORS OF PREGNANT WOMEN ATTENDING ANTENATAL CLASSES

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Abstract. The aim of this study was to analyse health behavior, taking into account the following aspects: proper nutritional habits (PNH), preventive behaviors (PB), positive thinking (PT) and health practices (HP) in the light of general index of intensity of health behaviors (GIIHB) of pregnant women participating in antenatal classes in Szczecin.

Juczyński's (2001) Health Behavior (HBI) Inventory constitutes the methodological basis for this investigation.

Among examined respondents participating in prenatal school activities a high health behaviors indicator was stated in nearly half of them (49.0%). Unfortunately, among the rest of examined pregnant women health behaviors were on the average (37.4%) or low level (13.6%). None of the above categories of health behaviours obtained remarkably higher point values.

Therefore, it can be stated that there is a necessity to promote preventive activities to spread information concerning healthy eating habits and to recommend advantages resulting from health behaviors.

Key words: health behaviors, pregnant women, health promotion

Introduction

Searching for factors affecting the health behaviors of pregnant women is one of the matters currently being undertaken by the scientists (Lin et al. 2009; Thaewpia et al. 2012). Issues related to health promotion, education and prenatal care for pregnant women are one of the most important challenges of looking for new and effective forms of prenatal care (Rising et al. 2004; Lathrop 2013; Wilkinson and Miller 2007; Benediktsson et al. 2013). The effectiveness of various educational activities turns out to be crucial for planning directions of promotional activities (Sheeder et al. 2012; Reberte et al. 2012).

In the literature, it is noted that eating habits and lifestyle of women intending to become pregnant are in accordance with the recommended suggestions only in a small degree (Inskip et al. 2009). The researchers suggest that the advice given by the provider in terms of weight gain during pregnancy (gestational weight gain), and physical activity are not sufficient enough and often not correct (Stengel et al. 2012). An important role in promotional

activities is performed by medical staff (Beldon and Crozier 2005), indicating the need for educational activities, connected with it (Arrish et al. 2013; Wilkinson and Stapleton 2012).

The literature indicates that women participating in the group care Centering Pregnancy received more prenatal care, felt more conscious during pregnancy and labor, got to know one another better, obtained more support, and got higher satisfaction regarding prenatal care in comparison with women with individual care (Ickovics et al. 2007; McNeil et al. 2013; McNeil et al. 2012). However, others (Shakespeare et al. 2010; Robertson et al. 2009) did not find that participation in the group care Centering Pregnancy influenced the improvement of health behaviors. Shakespeare et al. (2010) reported remarkably lower Pregnancy health index behaviors scores in comparison with the traditional care group, and Robertson et al. (2009) noticed that the lack of knowledge and health behaviors were similar between both groups.

The aim of this study was to analyse health behaviors, taking into account the following aspects: proper nutritional habits (PNH), preventive behaviors (PB), positive thinking (PT) and health practices (HP) in the light of general index of intensity of health behaviors (GIIHB) of pregnant women participating in antenatal classes in Szczecin.

Material and method

Research was conducted on a sample of 155 women in the third trimester of pregnancy, participating in antenatal classes held by 4 schools in Szczecin. The respondents were 17 to 39 years of age ($\bar{x} = 29.3$, $SD = 3.5$), 89.0% of them with higher education, 10.3% with secondary education and only 0.6% with primary education. The majority of the participants (89.7%) were citizens of Szczecin, with only 10.3% coming from the surrounding areas. 83.2% of them were married, 15.5% single and 1.3% of the women were divorced. The research plan was approved by the Bioethics Committee of the Pomeranian Medical University in Szczecin. Juczyński's (2001) Health Behaviour Inventory (HBI) constituted the methodological basis for this investigation, which, according to the author's suggestion can serve to promote preventive activities and determining the direction of modification of health behaviours. This, as suggested by the author, can be used for planning activities and determining the direction of preventive health behaviours modification.

General index of intensity of health behaviours (GIIHB) was measured by adding the results for all the 24 statements included in HBI. The respondents were grouped into three categories: with a high GIIHB (H), average GIIHB (A) and low GIIHB (L), according to the guidelines presented by the author of the questionnaire (Juczyński 2001).

Four categories of health behaviours were analysed separately: proper nutritional habits, preventive behaviours, positive thinking and health practices.

Results

Taking obtained data into consideration, the conducted research shows (Figure 1) that the highest degree of investigated pregnant women participating in the prenatal school activities (nearly half of the respondents – 49.0%) obtained a high GIIHB and 13.6% received a low GIIHB, while 37.4% were characterized by an average GIIHB.

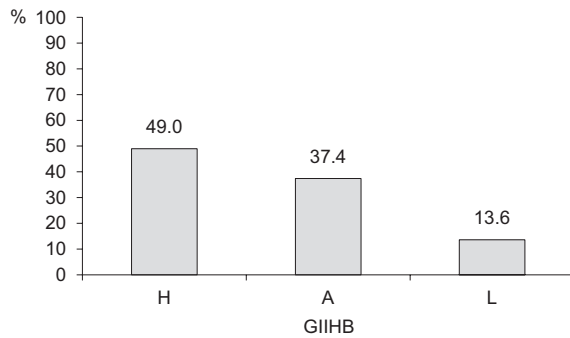


Figure 1. Percentage of pregnant women who obtained general index of intensity of health behaviours: high (H), average (A) and low (L)

In the next analysis, taking into account the necessity of differentiation of health behaviours categories, the intensity of these four categories was measured and shown separately.

The detailed analysis of obtained results of various categories of health behaviors (Figure 2) does not show that the respondents received the highest average point scores in any category. It is worth emphasizing that the mean score differences among the results of these four categories were insignificant and were on a very similar level. In the investigated group of pregnant women no dominant type of health behavior was found.

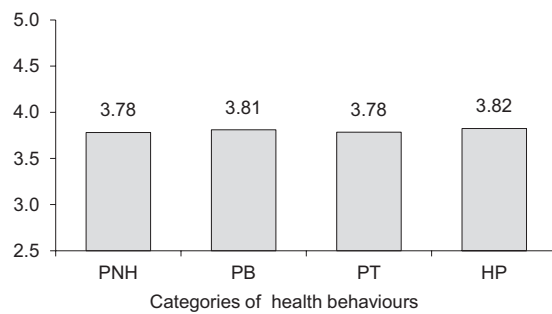


Figure 2. Average point values of the results obtained by pregnant females for each category of health behaviors: proper nutritional habits (PNH), preventive behaviors (PB), positive thinking (PT) and health practices (HP)

The follow detailed analysis presented in Figure 3 was performed, separately for each group GIIHB duty, to show the intensity of each category of health behaviors depending on the general index of intensity of health behaviours (GIIHB): high (H), average (A) and low (L).

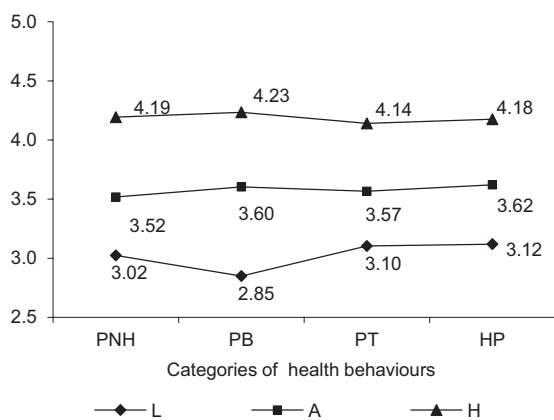


Figure 3. Mean values of health behaviors categories: proper nutritional habits (PNH), preventive behaviors (PB), positive thinking (PT) and health practices (HP), depending on the GIHB: high (H), average (A) and low (L) in pregnant women

Research data demonstrate that the pregnant women who were given high and average general index of intensity of health behaviours obtained very similar values for each category of health behaviors. Only women with a low general index of intensity of health behaviours got the lowest value solely for positive thinking ($\bar{x} = 2.8$). It has not been reported that within each group of pregnant females one category received much higher or lower values than another, which would affect the overall score. The intensity of each category of health behaviours (PNH, PB, PT, HP) remains on a similar level depending on GIHB.

Discussion

Among examined respondents participating in prenatal school activities a high health behaviors indicator was reported in nearly half of them (49.0%). Unfortunately, among the rest of examined pregnant woman health behaviors were on the average (37.4%) or low level (13.6%). None of the above categories of health behaviours obtained remarkably higher point values.

The obtained result consisted of behaviors tied to proper nutritional habits concerning the sort of food, preventive behaviours obtaining information on health and disease, obeying health suggestions, and positive thinking including health behaviors connected with avoiding extremely strong emotions, stress and depressing situations, as well as health practices taking into account everyday routine regarding sleep, recreation and physical activity.

In the present study, the average rate of average eating habits was 3.78 and was a bit higher than the pregnant women examined by Bojar et al. (2007), which recorded a score of 3.32. The Smedley et al. (2013) study found improvement of health behaviors concerning eating habits, particularly reduction of the consumption of fast food and increasing consumption of fruits and vegetables before and during pregnancy. A study conducted by Wierzejska et al. (2011) also showed that pregnant women have reduced or entirely stopped drinking alcohol, smoking, drinking coffee or energy drinks.

In turn, the Godala et al. (2012) found unsatisfactory the percentage of women who changed their eating habits for the better after pregnancy, and these changes concern, as stated by other authors, reducing the consumption

of sweets, salty snacks and fast food. Unfortunately, in the present study it could not be observed if the indicator of health behaviors changed in pregnancy when compared to the period before pregnancy and whether these changes were due to the education acquired in antenatal classes because women were not asked about their health behaviors before pregnancy.

In the literature it is indicated (Myszkowska-Ryciak et al. 2013) that the subjective assessment of more than two thirds of women value their eating habits as normal, but when the authors examined the knowledge concerning the impact of nutrition on pregnancy they noted a number of deficiencies in this regard. Also Wilkinson and Tolcher (2010) found that despite the fact that women indicated healthy eating as an important priority, they had a poor diet quality. Analyzing the overall rate of health behaviors of pregnant women smoking and not smoking cigarettes, it was found that it is higher in non-smoking women (Życińska 2009).

In conclusion, we found that comparing such categorized health behaviours with other studies concerning pregnant women was also very difficult owing to a small number of publications using analysed inventory. A limitation of this study was the small number of respondents, representing the examined group, and higher proportion of educated women who want to deepen their knowledge concerning preparation for childbirth and child care. In fact, respondents were completing the inventory of health behaviors anonymously, but the result may be an error resulting from the wrong self-assessment of health behaviors. In order to better interpret the health behaviors of pregnant women, it is suggested that the studies should be conducted in a larger group with the ability to monitor changes before and during pregnancy, both among women attending antenatal classes and not using this form of additional support and education. Hence, it can be stated that there is a necessity to promote preventive activities to spread information concerning healthy eating habits and to recommend advantages resulting from health behaviors.

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