



ORIGINAL RESEARCH – QUANTITATIVE

Intentions of Muslim Arab women in Israel to attend prenatal classes

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ABSTRACT

Background: Prenatal education has many benefits to both mother and child. In Israel, prenatal classes are offered to pregnant women in their third trimester from all cultures and sectors. However, Israeli Muslim Arab women often do not attend these classes.

Aim: To explore factors influencing the intention of Muslim Arab women in Israel to attend prenatal classes, using the Theory of Planned Behavior.

Methods: The study was a cross-sectional quantitative correlational design. A convenience sample consisting of 200 Arab Muslim women completed a questionnaire based on the literature review and the theoretical model.

Findings: The research findings indicate that women's intention to attend prenatal classes increases with more positive beliefs and attitudes toward prenatal education, greater subjective social pressure to attend classes, and with higher perceived control of attending such classes. The higher a woman's age and level of education, the greater her intention to attend classes. This study shows that the spouse is the most significant factor influencing women's decisions on this matter.

Conclusion: In order to raise the intentions of Muslim Arab women in Israel to attend prenatal classes, policy makers must design programs to increase the awareness of prenatal education among both women and men in the Muslim Arab sector, emphasizing its benefits for mothers, infants, and families as a whole. Classes should reflect the uniqueness of Israeli Muslim Arab culture and combine traditional and modern outlooks.

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1. Background

Prenatal education is common throughout the Western world and recommended by the World Health Organization (WHO) as a preventive measure aimed at promoting the health of mothers and infants.¹ The research literature indicates that prenatal education has many benefits to both mother and child, including: reducing anxiety, management and relief of pain during labor and delivery, improving marital relations, encouraging breastfeeding, improving parental skills, and creating a social support network.^{2–9} In Israel, prenatal classes are offered to pregnant women in their third trimester from all cultures and sectors. Israel's National Insurance Institute provides universal health coverage and subsidizes the majority of the cost for these courses for all women. Despite the

financial coverage, Israeli Muslim Arab women often do not attend these classes. Some attribute this to the traditional approach of Israel's Muslim Arab society to pregnancy and birth,⁷ despite modernization processes within Muslim Arab society. In the traditional approach, Muslim Arab women receive most of their prenatal knowledge from their mother or mother-in-law, who are considered to be "experts". Likewise, as Muslim Arab society is traditionally patriarchal, the opinions of Muslim Arab women's husbands regarding prenatal education are also an important factor affecting these women.¹⁰ In Muslim Arab culture, giving birth is considered a natural process attesting to the skills and strength of a healthy mother and close supervision of the pregnancy contradicts this outlook.⁷ This approach is prevalent in other Arab countries as well.¹¹

Another possible reason that few Muslim Arab women in Israel attend prenatal classes may be the language barrier. A considerable proportion of Muslim Arab women in Israel do not speak Hebrew at all, or their Hebrew level is inadequate and they do not feel sufficiently confident to attend prenatal classes conducted in Hebrew.⁷ Very few Arabic language prenatal classes are currently

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offered in Israel. To date, factors associated with the intentions of Muslim Arab women in Israel to attend prenatal classes have not been systematically investigated.

While standard prenatal care is available to all Israeli women through the national health system, Muslim Arab women seek prenatal care at lower levels than do Jewish populations in Israel. For example, prenatal diagnostic testing (amniocentesis or chorionic villus sampling) is offered to all women aged 35 and older and fully funded by the national health system. However, a survey conducted in 2007 by the Ministry of Health found that only 15% of Arab women in this age chose to have prenatal diagnostic testing performed during pregnancy, compared to a testing rate of 52.1% for Jewish women aged 35 and older. Following this low acceptance rate for prenatal testing, 81.3% of incidences of Down syndrome in the Muslim Arab population in Israel were only diagnosed after birth, as compared with only 48% of Down syndrome incidences being postnatally diagnosed in the Jewish population. However, in recent years, Muslim Arab society in Israel has been undergoing a process of modernization which encourages young women to be educated and interested in many subjects. Muslim Arab women are more trusting of doctors and their healing ability. Muslim Arab women are now also more likely to believe that unhealthy behaviors such as smoking and poor nutrition contribute to illness and poor health.¹²

1.1. Theoretical framework

This study was based on the Theory of Planned Behavior (TPB), which focuses on the prediction of health and social behaviors.¹² According to the theory, one's behavioral intention affects one's actual behavior. Behavioral intention is informed by three main factors: behavioral attitude, subjective norms, and perceived control of the behavior. Each of these is governed by one of three types of beliefs: behavioral beliefs, normative beliefs, and control beliefs. Behavioral beliefs refer to one's overall positive or negative evaluation of the behavior and expectations of the behavior's consequences. These beliefs create an attitude toward the behavior. Normative beliefs are the beliefs of significant others with regard to the behavior. These beliefs create subjective norms involving perceived social pressure by significant others to perform or not perform the behavior. Control beliefs are comprised of facilitating factors and impeding factors. Control beliefs are one's perceived control of performing the behavior and the perceived ease or difficulty of this performance.

The TPB has been used to explain various women-specific health behaviors.^{13–15} It has been found applicable to understanding mammography screening behavior among Muslim Arab women in Israel.¹⁶ TPB has been found to contribute to understanding women's health behaviors during pregnancy and post-partum.^{17–20} To the best of our knowledge, the theory has not been previously used to explore factors related to the intentions of Muslim Arab women in Israel to attend prenatal classes. Therefore, the aim of the study is to explore factors influencing the intention of Muslim Arab women in Israel to attend prenatal classes, using the Theory of Planned Behavior.

2. Methods

2.1. Study design

The study was a cross-sectional quantitative correlational design.

2.2. Participants

The study included a convenience sample of 200 Muslim Arab women. Sample size was calculated by Power & Precision software.

Two hundred and twenty participants were allocated to the study on the assumption that 10% would choose to attend prenatal classes in the Muslim Arab sector, with 95% confidence interval and 80% power. Inclusion criteria were married women with no children, literate in Arabic or Hebrew.

2.3. Research tool

The research tool was a structured self-administered questionnaire constructed by the researchers based on the literature review and the theoretical model. The questionnaire was comprised of 52 items as follows: 12 items gathering sociodemographic data; 7 items examining behavioral beliefs (for example: "Attending prenatal classes raises the likelihood of breastfeeding after delivery"); 4 items examining behavioral attitude (for example: "To what degree is attendance of prenatal classes embarrassing?"); 7 items examining normative beliefs (for example: "My mother believes that it is important for me to attend prenatal classes"); 7 items examining subjective norms motivating women to attend prenatal classes (for example: "My spouse's opinion will influence my intention to attend prenatal classes"); 9 items examining control beliefs (for example: "Advertising in Arabic would encourage me to attend prenatal classes"); 3 items examining perceived control (for example: "No one but myself will decide whether I will attend prenatal classes"); 3 items examining behavioral intention (for example: "I will make every effort to persuade my spouse that we should attend prenatal classes"). Responses were ranked on a Likert scale ranging from 1 (do not agree) to 6 (strongly agree).

Three nurses who are content experts specializing in midwifery inspected the questionnaire and its contents and gave their approval following corrections for clarity of language. The questionnaire was translated into Arabic and externally validated by two Arabic language instructors using backward and forward translation. In order to examine its validity, the questionnaire was pilot tested with 20 Muslim Arab women. The reliability of the subscales (alpha Cronbach) ranged from 0.80 to 0.90.

2.4. Procedure

The study was approved by the Ethics Committee of Tel Aviv University. Women were sampled during public lectures on women's health conducted by the researchers in Muslim Arab towns. The researchers distributed the questionnaire after confirming that the women had not completed the questionnaire in the past and explaining the purpose of the study. Women signed a consent form to participate in the study prior to the questionnaire being distributed. Upon completion the questionnaires were collected by the researchers. Anonymity was preserved. Women completed the questionnaire in a quiet room allocated for this purpose. Two hundred and twenty questionnaires were administered during October through December 2013 and 200 fully completed questionnaires were returned to researchers, for a response rate of 91%.

2.5. Statistical analysis

Data analysis was performed using the Statistical Package for Social Sciences (SPSS-PC, version 22, Chicago IL). Descriptive statistics were used to describe the women's responses to the questionnaire. Pearson correlations were used to determine the relationship between the TPB constructs and the intentions of Muslim Arab women in Israel to attend prenatal classes. A multiple linear regression was performed to examine the ability of the TPB to predict the intentions of Muslim Arab women in Israel to attend prenatal classes. Statistical significance was set at $p < .05$.

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