




Self-Reported Health Status in Young Adult Pregnant Low Income Women



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Background & Significance


- 19-29 (young adulthood developmental stage) majority of the childbearing years
- Medicaid finances over 1/3 of US births (Center on Budget and Policy Priorities, 2006)
- Society has vested interest in transition to motherhood experience (costs of pregnancy, birth, & care of children)






Background & Significance

- Nearly 1/3 of US pregnancies are believed to be unintended (unwanted &/or mistimed) (Misra, Guyer, & Allston, 2003)
- Poor woman four times as likely to experience unplanned pregnancy (Alan Guttmacher Institute; Wind, 2006)
- Life course approach to pregnancy outcome links behaviors & risk over time (Misra, Guyer, & Allston, 2003)



Background & Significance



- Pregnancy is primarily considered normative, if no pregnancy complications occur, it usually does not negatively affect health status
- Therefore, little research has looked at self-reported health status during the important life transition of becoming a mother

Background & Significance

- Physical and emotional changes during pregnancy appear to affect self-reported health status (Hueston & Kasik-Miller, 1998; McKee, Cunningham, Jankowski, & Zayas, 2001).
- Hueston and Kasik-Miller (1998) report that as pregnancy progresses, physical functioning declines affecting perceived health status.

Background & Significance


- McKee et al. (2001) concluded that emotional changes do influence overall self-reported health status while Hueston and Kasik-Miller (1998) found emotional status had limited influence.

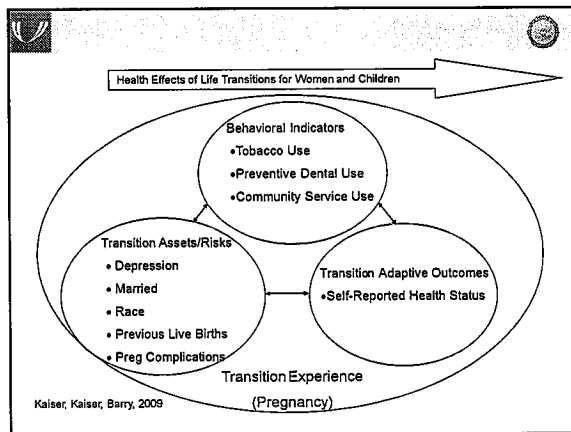
Learning Objectives

- Describe the relationship among 1) transition influencing factors (assets/risks) and 2) behavioral indicators with self-reported health status
- Discuss implications of study results for public and maternal health practice, policy and interventions

Specific Aim

- Determine the relationship among transition influencing factors (assets/risks) and behavioral indicators with self-reported health status in low income pregnant women.





Sample

- 1,888 Low Income Pregnant Women
- Aged 19 to 29 (Mean: 23, SD: ±2.8)
- Primarily urban population
- Receiving Nebraska Medicaid Managed Care Services

Methods

- Secondary data analysis from existing Medicaid demographic & public health nursing data
- Data retrieved from 2001 – 2006
- Multi-step multiple regression

Transition Assets/Risks

Total Sample (n=1,888)	
Depression	
---Yes	331 (18%)
---No	1,557 (82%)
Married	
---Yes	345 (18%)
---No	1,543 (82%)
Race	
---White	1,056 (56%)
---Non-White	832 (44%)

Transition Assets/Risks


Total Sample (n=1,888)	
Previous Live Births	
---Yes	1,223 (65%)
---No	665 (35%)
Pregnancy Complications	
---Yes	419 (22%)
---No	1,469 (78%)

Behavioral Indicators

Total Sample (n=1,888)	
Tobacco Use	
---Yes	560 (30%)
---No	1,328 (70%)
Preventive Dental Use	
---Within Last Year	849 (45%)
---Not Within Last Year	1,039 (55%)
Community Agency Use	
---Yes	1,553 (82%)
---No	335 (18%)

Self-Reported Health Status (SRHS)

- Using Health Status Questionnaire-12 (HSQ-12) (Radosevich & Pruitt, 1996; Barry, Kaiser & Atwood, 2007)
- 0-800 scale
- Higher scores indicate better health status



Self-Reported Health Status

- In this sample, scores range from 146 (1 woman) to 800 (11 women)
- Mean: 633 (SD: ±118) Median: 665
- Using a preliminary clinical significance schema, the majority (74%, n=1,390) reported high SRHS (≥ 590), yet 1 in 4 had scores indicating low or middle SRHS

Multistep Multiple Regression



Variable	B	SE B	β	CI	p-value
Step 1 : Transition Assets/Risks					
Depression	102.85	6.42	-.332	90.26-115.44	<.001*
Married	14.24	6.43	.047	1.63-26.85	.027*
Race	-14.98	4.92	-.063	(-)-24.64- (-)5.33	.002*
Prev Live Births	19.55	5.21	.079	9.34-29.76	< .001*
Preg Complications	76.37	5.85	.269	64.91-87.84	< .001*

This block of variables: Cumulative R² 0.212

Multistep Multiple Regression



Variable	B	SE B	β	CI	p-value
Step 2 : Transition Assets/Risks + Behavioral Indicators					
Depression	100.22	6.42	.323	87.62-112.81	<.001*
Married	14.35	6.40	.047	1.79-26.90	.025*
Race	-17.26	5.01	-.073	(-)-27.08-(-)7.44	.001*
Prev Live Births	17.68	5.24	.072	7.41-27.95	.001*
Preg Complications	75.79	5.83	.267	64.35-87.23	<.001*
Tobacco Use	-15.09	5.40	-.058	(-)-25.68-(-)4.50	.005*
Preventive Dental	-5.749	4.86	-.024	(-)-15.29-3.79	.237
Community Agency Use	20.41	6.33	.066	7.99-32.83	.001

With both blocks of variables: Cumulative R² 0.219; R change 0.009; sig of change <.001



Conclusions & Implications

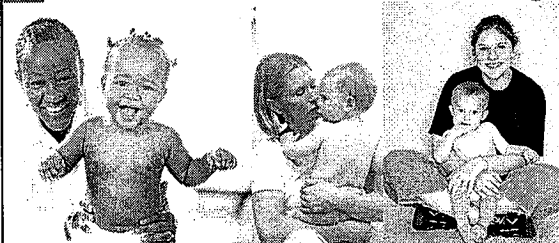
- Young pregnant women perceive themselves as healthy which is expected.
- Positive finding that 75% of an economically & socially disparate population perceives excellent or very good health during their 20's.
- However, 25% perceive their health as less than what would be expected.

Conclusions & Implications

- Implications for health care providers to help women sustain their health and minimize long-term diseases and health complications throughout their lifespan
- Implications for child health providers to minimize health risks over child's life span

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