EXPERIENCES OF LOW-INCOME RURAL PREGNANT MISSOURI WOMEN AS THEY NAVIGATE THE HEALTH CARE SYSTEM

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Early and adequate prenatal care is critical for the health of both the mother and her unborn child. Despite federal and state financial assistance, disparities remain in the quality and quantity of health care available to the rural poor. The purpose of this secondary analysis is to explore the barriers to health care access, including access to providers, transportation issues, and other influences on health service utilization among a sample of pregnant, low-income rural women.

Methods: Pender’s Health Promotion Model was used for this analysis. Pregnant women were recruited from county Women’s, Infants, and Children’s [WIC] programs (federally-funded nutrition programs for at-risk women and children). Qualitative interviews were recorded, transcribed, and entered into the NVIVO software program. Interviews were coded using a qualitative descriptive approach. This method was chosen to reflect most closely the meanings and interpretations that women provided regarding their experiences.

Findings: Twenty-four low-income rural Missouri women were interviewed. Women faced many barriers in their search for health care. Most were unemployed, lacked insurance, and/or faced problems based on their rural location. Difficulties included access to dependable transportation, finances, access to health care providers, and the desire to avoid being a burden to others. Most women had no health insurance prior to pregnancy, leading to poor health conditions prior to conception as well as a lack of access to many birth control methods.

Discussion: Interventions need to increase pregnant women’s access to health care providers in rural Missouri. Access to employment and health insurance is also imperative.