Original Article

Health Literacy's Influence on Maternal Care Satisfaction: SES and Pregnancy Knowledge

Vimala Venugopal Muthuswamy[1]*, N. Nithya[2]

[1]Department of Management, College of Business, King Faisal University, Al-Ahsa 31982, Saudi Arabia.
Email: fmuthuswamy@kfu.edu.sa
[2]Professor, Department of MBA, Sona College of Technology, Salem, Tamil Nadu, India.
Email: Nithya.n@Sonabusinessschool.com

Abstract

Purpose: The present research is aimed at discovering the links between pregnant women in Saudi Arabia's hospitals scattered in the country between the level of parents' satisfaction among assurance seeking, health literacy, and socioeconomic level (SES). **Method:** This research sample was based on 119 pregnant women visiting or admitted to various hospitals of Kingdom of Saudi Arabia. The information was collected via structured interviews that were further verified using the previously established scaling method. The data was analyzed through the SEM technique, in Stata, which allowed us to visualize associative connections between latent and observable variables. **Findings:** There were strong positive correlations between SES and the parents' satisfaction with maternity care as demonstrated by the data, thus suggesting that socioeconomic status is directly related to greater satisfaction with prenatal services. Similarly, it was found that the impact of SES on satisfaction with care was mediated by keeping well-informed about pregnancy and motherhood and by improving public health awareness. Hence, it is important to focus on improving health literacy which definitely can be helpful in women's experiences in the healthcare system. **Originality/Implications:** This research improves our maternal health care health system by illustrating the complicated connection between social factors, health literacies, and pregnancy care. Understanding socioeconomic factors and inequity in knowledge is a key issue in improving service quality and usefulness of antenatal services both in Saudi Arabia and worldwide.

Keywords: Socioeconomic Status, Basic Knowledge of Pregnancy, Public Health Awareness, Parental Care Satisfaction, Pregnancy.

Introduction

The significance of the mothers' and children's health issue for public health is underscored by its relation to overall progress. Pregnancy underscores the changes in a woman's life that are aimed at both parents' utmost protection.[1] The manner in which parents provide care is a crucial aspect that contributes to the overall health of a fetus, as well as the smooth transition from pregnancy to the postpartum period.[2] One of the main shown concerns is to explore the interconnectedness between parent care satisfaction and limiting factors such as low public health awareness and SES.[3] The unequal distribution of resources, healthcare coverage, and social connections among pregnant women has long been linked to social and economic inequality.[4] Health awareness programs intend to improve the understanding of pregnant women towards therapeutic problems, preventive actions, and medical treatment options. It would be best to ensure that pregnant women get actively involved in their health issues and make informed decisions.[5] To mitigate these maternal health disparities, the measures should be specific to meeting the needs of the public health enlightenment and SES of the mothers on their level of parental care satisfaction.

The higher the complexity of reasons that influence parental satisfaction during the pregnancy period, health education, and socioeconomic level are among the top researched subjects.[6] The study which was conducted by Thayer and Gildner[7] concluded that women who come from a low background socioeconomic region could have babies with low birth weight or even premature birth. Moreover, Natsiou *et al.*[8] highlights in his findings that women from economically disadvantaged communities face huge challenges to travel (and costs) when they are trying to access vital pregnancy and motherhood services. Research has shown that whether

Access this article online

Quick Response Code:

Website: www.jnsbm.org

DOI: https://doi.org/10.4103/jnsbm.JNSBM_15_2_10

Address for Correspondence: Department of Management, College of Business, King Faisal University, Al-Ahsa 31982, Saudi Arabia
Email: fmuthuswamy@kfu.edu.sa

Submitted: 01st January, 2024 **Received:** 10th April, 2024
Accepted: 25th April, 2024 **Published:** 30th June, 2024

How to cite this article: Muthuswamy V V, Nithya N. Health Literacy's Influence on Maternal Care Satisfaction: SES and Pregnancy Knowledge. J Nat Sc Biol Med 2024;15:253-264

a woman takes good care of her health during pregnancy or frequently uses the available healthcare services during her pregnancy period is also determined by the health information available from the public health sectors.[9] Using a cross-sectional analysis Wu *et al*.[10] revealed that pregnant women with higher health literacy went for prenatal clinical examinations and immunization more often. Babies of such mothers who were more mindful of the risk factors and therapeutic measures were known to be more likely to approach doctors at their early stage of pregnancy.[11]

Despite prior studies providing insight into the relationship between public health awareness and socioeconomic status and maternal health outcomes, there are still numerous gaps in the body of knowledge.[12] Usually, a parent's level of awareness of public health and socioeconomic standing are seldom investigated in the context of satisfaction with prenatal care.[13] Furthermore, few publications deal with the dynamic spectrum of the confounding factors, as their effect on maternity care is sometimes neglected.[14] It becomes harder to grasp the range of effects that health literacy has on the relationship between the income gap, state of health, and satisfaction with healthcare services.[15] The cross-sectional studies within the research area focus on the causal relationships and the dynamics of parental care satisfaction, the public health awareness factor, and SES but are not able to reveal sufficient findings.[16] Little exploration into the different sociocultural variables limits the (re)use of the findings in a larger number of people and making culture-specific remedies for maternal health inequities is still a gap.[17] To address these research gaps, future studies could investigate the synergism of parental care levels in different settlements and communities and families' SES, ability to access public health information and awareness as well.[18] Because, it is still unknown how these construction components will collaborate to alter the degree of satisfaction by individuals with the in-utero treatment parents are prenatally in.[19] The empirical research with in an ignorant geographic location to study different socio-cultural situations is also very important, especially to make progress in the area of maternal health problems that affect different socioeconomic groups.[20] Theories for example the social determinants of health[21] and the health belief model[22] explain the reasons for parental well-being satisfaction through pregnancy, public health awareness, and socioeconomic status. For instance, social determinants of health engage and envisage that health services and health-supporting behaviours, as well as accessibility to necessary resources, education, income and safe neighborhoods, can be crucial in directing the course of poor or healthier outcomes.[23] In line with the health belief model, the way people see and weigh the risks, the usefulness of preventive treatment and the level of self-confidence for taking care of their health can be affected by the public perception.[24] Having developed from a pre-existing theoretical framework, this study now embarks on finding out if the rise in the maternal satisfaction of care level during pregnancy is positively related to socio-economic status. This research specifically wants to explore how public health education relates to this link between the socio-economic status of adults and their levels of satisfaction with parental caretaking. Besides, the study aims to find the mechanisms working at the basis and provide a strategic therapeutic approach that may be beneficial for different socioeconomic classes.

Literature Review

To maximise the health of both the mother and the foetus, pregnant women get a variety of treatments. Comprehensive prenatal care is crucial and should include monthly checkups, screenings, and counselling.[25] These services play a role in pregnancy surveillance, identifying the problems early and using prophylactic drugs that could reduce the risks.[26] Relevant healthcare staff members can effectively educate pregnant mothers on the topic of good nutrition, daily exercise, and lifestyle choices that may grant the mother and the unborn child favorable benefits and accomplishments ahead of time through prenatal care.[27] Prenatal care is a must for all for healthy pregnancies with a lower risk of birth of underweight babies, maternal mortality and premature deliveries.[28] Letting women have the know-how and a helping hand in making decisions leads to the execution of this. Healthcare practitioners deliver psychological counselling and educate patients, while pharmacists offer medication that will help mother and child to be healthy.[29] Prenatal emotions can be such as delight and expectancy, fear, and trepidation sometimes even in the same individual. Hence, to deal with their stunted growth in terms of emotional and psychological welfare, these women require treatment, counselling and support groups.[30] Such workshops restore a peaceful environment for women where they can share their feelings and gain counselling directions on how to overcome the emotional and physical challenges of pregnancy.[31] Pregnancy is a period needed for the state of mental wellbeing which also influences the quality of birth and the time when after birth.[32] One can notice that there is a direct link between the mother's psychological well-being and the child's development, which stresses how important are prenatal psychological help.[33] If the mother and the fetus have the best outcomes in respect of their health and the pregnancy is happy, the pregnancy shall be part of an all-embracing approach which will take into consideration not only the social, psychological, and physical aspects of pregnancy.[1]

A person's or family's social and economic position is mirrored in the component indices of the SES, which covers all the socioeconomic characteristics.[3] This classification covers job posts, educational attainment and income. Maternity entitlements, healthcare services and social support for women who are pregnant require improvement directly by their economic status.[5] In this project, we determined the household income, the level of education completed, and employment status to describe the socioeconomic status.[7] This study will also use the characteristics of the neighborhood. They measure the social rank which women have, their social support, and the financial opportunities offered by society. The knowledge of social backgrounds being the determinants of women's frequency and quality of health care services as well as their family's life and

healthcare outcomes is significant for, parents to decide which service for them is satisfactory.[8] The study finds that the health status of both mothers and children cannot be understood when individual socioeconomic status is considered. To emphasize, many studies portray that poor women are prone to premature birth, low birth weight babies and infant mortality.[9] It comes to light from the studies that infants of low-income mothers had a harder time in terms of seeking prenatal care, nutrition and psychosocial support. Several other issues such as lack of proper care that cause the inequalities in the health of mothers and children are to blame.[11] Other research indicates that a parent's appearance of satisfaction with healthcare is unconnected to their social and economic standing which is like case in a middle-class income.

The members of higher socioeconomic classes have more advantages in terms of gaining access to resources and support networks, these means lead to an increase in the feeling of satisfaction.[13] It has long been known that socioeconomic status contributes to how mothers are fair during pregnancy; on the other hand, its role in the relationship between parents' feelings about prenatal care remains a mystery.[15] Research reveals that maternal perception of caretaker care among pregnant ladies is robustly driven by their socioeconomic status. This is the case in the earlier studies of maternal health care outcomes and social situations.[17] Women who are pregnant and come from affluent families may be more joyful with the services they get in terms of child care. As per this theory the well-off get better availed to health care, social services and education.[19] An example of these kinds of resource materials would positively influence their families by bettering pregnancies. Through this study, we hope to unveil the social determinants that can impact the outcome of maternal health, and thus, we can formulate intervention programs for poor and needy moms without much discrimination.[21,33] This will be demonstrated by examining the relationship between caregiving satisfaction among parents and socioeconomic status.

H1. The economic well-being or socioeconomic status of a pregnant woman has a marked effect on the mother's infant care satisfaction.

Found in several studies done in which SES and public health consciousness are recorded as predictors of both the mother's and child's health.[23] According to Jang *et al*.[25] research, the SES distribution pattern also affects the accessibility of pregnancy health care and resources, as well as the provision of social support. Living in poverty, pregnant women from socioeconomically disadvantaged backgrounds struggle with prenatal care, adequate nutrition and psychosocial support that have effects on maternal and perinatal health.[27] Public health education enhances pregnant women's adoption of health behaviours, preventative care, as well as the appropriateness of healthcare use according to the evidence.[29] Public awareness of health, it seems, can help individuals in pregnant risk positions to recognize issues early, and promote healthy behaviours. Nevertheless, the research on how the caring practices of parents during pregnancy are affected by SES and public health awareness is limited.[31] It demands future studies. From the studies of SES, public health awareness and maternal health outcomes, hypothesis building reveals that moderated effects of SES exist on father and mother's satisfaction with parental care when compared to a high level of public health awareness.[33] Education on health alone can lead to a situation in which low-educated people have fewer possibilities and resources without proper access to health care; although knowledge of public health can equalize or increase the gaps between children of educated and uneducated parents.[32] Women's polls may encourage maternal health awareness to get information, resources, and support in order to diminish any socioeconomic disadvantages that decrease care satisfaction.[30] Women from a lower-income group often feel less satisfied with care as they have insufficient information about the services and issues relating to women's health concerns, and what steps are required to prevent these problems (and this makes them anxious about their health).[28] The research considers the influence of public health care awareness in different aspects that will eventually shape the community's perspective towards pregnancy parental care.[26] Empirical research recreates best therapies and policies to solve family satisfaction issues with infant care and improve infant health affecting low-income class people.

H2: Public health awareness significantly moderates the relationship between the socioeconomic status of pregnant women and parental care satisfaction.

Much research has focused on the relationship between socioeconomic status (SES) and health literacy as well as prospective parents' satisfaction, Of relevance Super *et al*.[24] ranked prenatal access as key for higher socioeconomic status. This meets the expectations of caregivers concerning care.[16] On the contrary, health literacy, which is a possible understanding of pregnancy and childbirth, also influences the use of healthcare services by pregnant women and their satisfaction with it, the study concludes.[14] Women with health literacy will have a positive effect on their healthcare. They will be able to monitor it better, have a more open conversation with the doctor, and make safe health decisions to prevent complications during and after pregnancy.[12] This increases the degree of parental satisfaction. As the twentieth century came to a close, the relationship between healthy communities and improved education outcomes became a major focus of educational reform and community development initiatives around the world.[10] This trend is particularly noticeable among low-income women. Health literacy becomes a growth barrier for the Impairment of socioeconomic disadvantages in pregnant care services.[8] This paper is aimed at investigating temporal trends in income and health literacy to help us comprehend the extent of parent satisfaction, which in turn will be helpful to direct public health promotions.

H3. Basic knowledge of pregnancy significantly moderates the relationship between the socioeconomic status of pregnant women and parental care satisfaction.

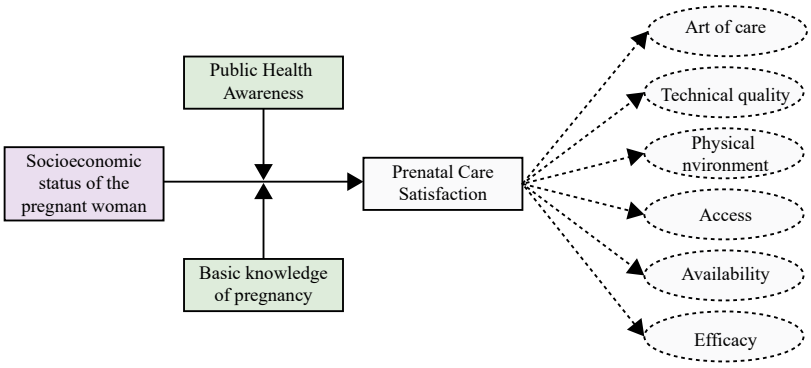

Figure 1: Research Model.

Methodology

This research looked at the relationships between pregnant women's parental care provider satisfaction, health literacy, and their socioeconomic status (SES) at a number of Kingdom of Saudi Arabia hospitals. 119 pregnant patients who were either inpatients or outpatients at different hospitals made up the convenience sample. Pregnant women who were motivated to participate, at least eighteen years old, and fluent in Arabic or English were included in the study. Pregnant women with serious medical conditions were not included in the study in order to safeguard participant safety and data accuracy. With the right training, research assistants performed structured interviews to collect data. Interviews were conducted in private hospital settings to preserve participant privacy and comfort. The research tool used validated scales from earlier studies to evaluate basic qualities. Pregnant women's socioeconomic level (SES), understanding of pregnancy, familiarity with public health, and contentment with parental care were among the variables. The validity and reliability of the scales were demonstrated by earlier research, which qualified them for the study's setting (see table 1).

Table 1: Instruments Profile.

Variables	Items	References
Socioeconomic status of the pregnant women	09	Iyengar *et al.*[34]
Basic knowledge of pregnancy	08	Agus and Horiuchi[35]
Public health awareness	09	Kundi[36]
Parental care satisfaction	13	Fseha[37]

After data collection, structural equation modelling was done using Stata. SEM was used to look at the correlations between the variables. SEM was selected to properly understand the data linkages because of its capacity to examine several interactions between latent components and observable variables at the same time. Numerous hypotheses about parental care satisfaction, health literacy, and socioeconomic status were examined in this study. This study assessed the potential relationships between healthcare satisfaction and socioeconomic position and health literacy. The measurement model's ability to fit the data was evaluated using the confirmatory factor analysis (CFA). This guaranteed consistency and accuracy of the measurement model. A path analysis looked at the direct and moderating effects of parents' care satisfaction on health literacy and socioeconomic position. Chi-square fit statistics, standardised root mean square residual (SRMR), and comparative fit index (CFI) were used to evaluate the model's fit. An extensive study conducted in Saudi Arabian hospitals looked at the connections between parental care satisfaction, health literacy, and socioeconomic status (SES) among pregnant patients. The goal of the study was to shed light on the variables influencing this scenario's pregnancy care. Participant privacy, contemporary statistical analytic techniques, and verified scales were used to achieve this.

Results

Table 2 shows validity and reliability confirmation for our study's important variables: pregnant women's socioeconomic status (SES), fundamental pregnancy knowledge, public health awareness, and parental care satisfaction. All variables' Cronbach's Alpha coefficients show strong internal consistency, indicating that items assess the same construct dependably. In particular, pregnant women's socioeconomic status Cronbach's Alpha is 0.836, showing good internal consistency among SES items. Basic pregnancy knowledge has strong internal consistency with a Cronbach's Alpha of 0.865, indicating a credible scale. The items measuring public health awareness during pregnancy have strong internal consistency, as shown by a Cronbach's Alpha of 0.800. Finally, parental care satisfaction has good internal consistency with a Cronbach's Alpha of 0.828, suggesting a cohesive scale as the items assess parental care services during pregnancy.

Table 2: Validity and Reliability Confirmation.

Variable	Cronbach's Alpha	Composite Reliability	Average Variance Extracted (AVE)
Socioeconomic status of the pregnant women	0.836	0.867	0.519
Basic knowledge of pregnancy	0.865	0.808	0.544
Public health awareness	0.800	0.868	0.526
Parental care satisfaction	0.828	0.857	0.569

The composite reliability coefficients for all variables surpass 0.7, indicating strong measurement model dependability. The items consistently measure the latent construct of SES in pregnant women, as shown by their composite reliability of 0.867. Basic pregnancy knowledge has a composite reliability of 0.808, indicating that the items assessing the construct are consistent and dependable. The questions evaluating public health awareness during pregnancy have composite reliability of 0.868, indicating that they accurately reflect the construct. The composite reliability of parental care satisfaction items is 0.857, indicating that the scale is dependable. All variables' average variance extracted (AVE) values exceed 0.5, suggesting measurement model convergent validity. For pregnant women, the AVE for SES is 0.519, indicating that SES explains almost 51.9% of the variance in the observed variables. Basic pregnancy knowledge has an AVE of 0.544, indicating that it accounts for 54.4% of the variance in the observed variables. Over 52.6% of the variance in the observed variables is covered by public health awareness during pregnancy, which has an AVE of 0.526. Finally, parental care satisfaction has an AVE of 0.569, indicating that the latent construct of parental care services during pregnancy explains 56.9% of the variance in the observed variables. The measurement model in this investigation is robust and valid, according to validity and reliability confirmation results.

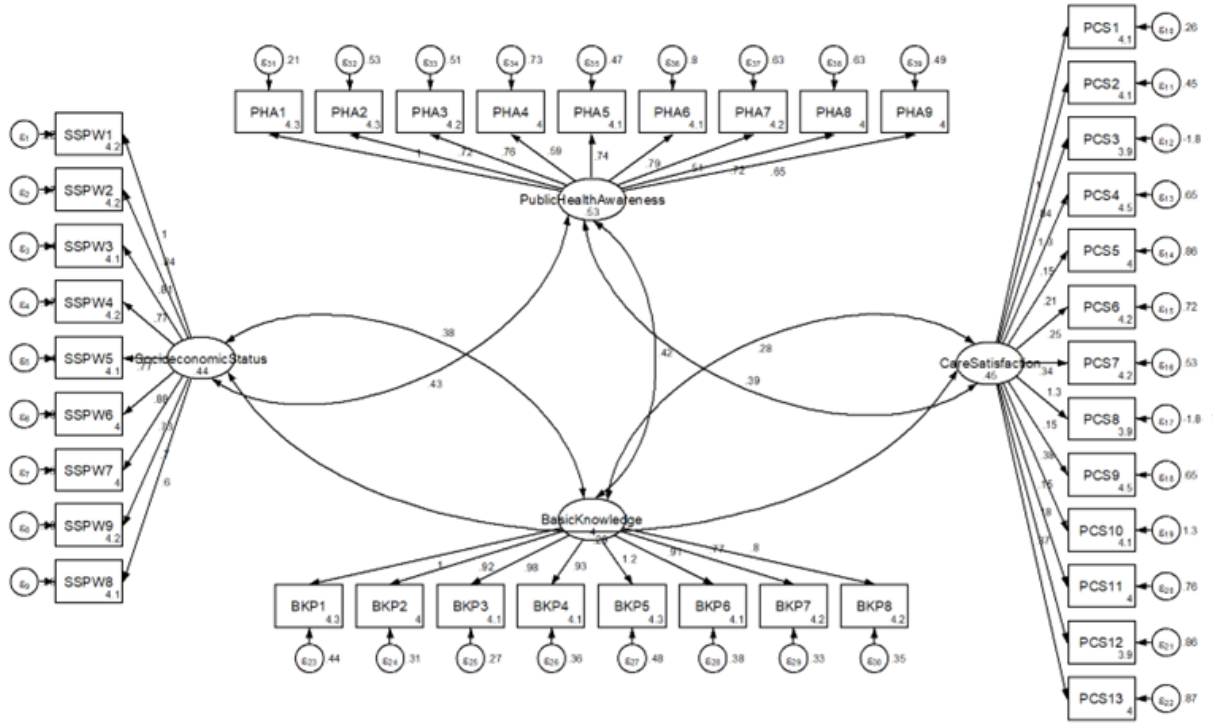

Figure 2: Estimated Model.

The measurement model's fit for the variables is assessed using confirmatory factor analysis (CFA), as shown in Table 3. Standardised factor loadings, standard errors, z-values, p-values, and 95% confidence intervals are presented for each item on its latent construct. All socioeconomic status (SSPW) items have substantial and statistically significant factor loadings, ranging from 0.184 to 0.971, demonstrating that they accurately reflect SES. The items assessing basic knowledge of pregnancy (BKP) had robust factor loadings from 0.105 to 0.972, demonstrating their role in measuring pregnancy knowledge. The questions evaluating public health awareness (PHA) have significant factor loadings from 0.278 to 4.112, indicating their relevance to pregnancy public health awareness. Finally, the items measuring parental care satisfaction (PCS) have strong factor loadings of 0.030 to 0.953, suggesting their strong connection with the latent construct of parental care service satisfaction.

Table 3: Confirmatory Factor Analysis.

Measurement	OIM Coef.	Std. Err.	z	P>|z|	[95% Conf.	Interval]
SSPW1	1.000	(constrained)				
SSPW2	0.642	0.049	12.408	0.000	0.841	0.621
SSPW3	0.672	0.053	12.027	0.000	0.884	0.647
SSPW4	0.193	0.096	10.115	0.000	0.291	0.947
SSPW5	0.971	0.045	84.895	0.000	0.287	0.886
SSPW6	0.184	0.094	10.257	0.000	0.287	0.949
SSPW7	0.936	0.092	9.648	0.000	0.189	0.861
SSPW8	0.976	0.092	10.067	0.000	0.234	0.906
SSPW9	0.925	0.092	9.563	0.000	0.175	0.848
BKP1	1.000	(constrained)				
BKP2	0.972	0.089	10.257	0.000	0.311	0.848
BKP3	0.918	0.047	79.167	0.000	0.233	0.224
BKP4	0.937	0.093	9.563	0.000	0.192	0.859
BKP5	0.972	0.107	8.659	0.000	0.262	0.869
BKP6	0.105	0.099	10.581	0.000	0.397	1.037
BKP7	0.652	0.085	11.923	0.000	0.319	1.024
BKP8	0.975	0.099	9.411	0.000	0.246	0.891
PHA1	1.000	(constrained)				
PHA2	4.112	0.049	79.595	0.000	0.459	0.239
PHA3	1.055	0.087	11.561	0.000	0.312	1.008
PHA4	1.050	0.089	11.238	0.000	0.311	0.998
PHA5	0.278	0.075	3.502	0.000	0.485	0.148
PHA6	1.006	0.077	12.465	0.000	0.233	0.974
PHA7	4.059	0.055	69.975	0.000	0.412	0.165
PHA8	1.200	0.093	12.284	0.000	0.490	0.755
PHA9	0.803	0.069	11.123	0.000	0.818	0.761
PCS1	1.000	(constrained)				
PCS2	0.846	0.071	11.276	0.000	0.939	0.804
PCS3	0.927	0.043	87.150	0.000	0.233	0.042
PCS4	0.827	0.046	78.358	0.000	0.127	0.100
PCS5	0.953	0.042	89.348	0.000	0.262	0.074
PCS6	0.036	0.043	89.710	0.000	0.357	0.166
PCS7	0.030	0.044	86.561	0.000	0.354	0.156
PCS8	0.948	0.038	98.122	0.000	0.247	0.076
PCS9	0.906	0.042	88.682	0.000	0.208	0.021
PCS10	0.783	0.051	70.099	0.000	0.088	0.094
PCS11	0.833	0.044	82.212	0.000	0.129	0.040
PCS12	0.830	0.041	88.397	0.000	0.119	0.043
PCS13	0.927	0.083	10.591	0.000	0.158	0.870

Table 4: Measurement Items Fitness Statistics.

Variable	Indicator	Original Sample
Socioeconomic status of the pregnant women	SSPW1	0.678
	SSPW2	0.730
	SSPW3	0.752
	SSPW4	0.681
	SSPW5	0.582
	SSPW6	0.575
	SSPW7	0.511
	SSPW8	0.628
	SSPW9	0.811
Basic knowledge of pregnancy	BKP1	0.525
	BKP2	0.665
	BKP3	0.755
	BKP4	0.683
	BKP5	0.709
	BKP6	0.620
	BKP7	0.646
	BKP8	0.660
Public health awareness	PHA1	0.812
	PHA2	0.851
	PHA3	0.683
	PHA4	0.827
	PHA5	0.500
	PHA6	0.529
	PHA7	0.776
	PHA8	0.679
	PHA9	0.707
Parental care satisfaction	PCS1	0.723
	PCS2	0.571
	PCS3	0.564
	PCS4	0.700
	PCS5	0.690
	PCS6	0.793
	PCS7	0.749
	PCS8	0.721
	PCS9	0.595
	PCS10	0.543
	PCS11	0.648
	PCS12	0.696
	PCS13	0.733

Table 4 shows measurement item fitness statistics for each study variable. Based on sample data, the statistics provide the average variance extracted (AVE) for each indicator inside its latent construct. The socioeconomic status (SSPW) variable has indicator fitness statistics from 0.511 to 0.811, indicating moderate to high AVE values across items. For basic knowledge of pregnancy (BKP), indicator fitness statistics vary from 0.525 to 0.755, indicating good AVE values. Public health awareness (PHA) indicators have AVE values from 0.500 to 0.851, demonstrating diversity in construct representation. Finally, parental care satisfaction (PCS) indicators have AVE values of 0.543 to 0.793, indicating good latent construct representation across items. These fitness statistics demonstrate the measurement model's convergent validity, showing that each variable's items measure the intended constructs.

Table 5 shows measurement model chi-square fit statistics. The model's likelihood ratio chi-square value is 3046.3329, with a p-value of 0.000, suggesting a significant difference from the saturated model. The baseline model's chi-square value compared to the saturated model is 1913.81122, with a p-value of 0.000, indicating a significant difference. Chi-square values show that the measurement model does not fit the data perfectly. Chi-square tests are sensitive to sample size, hence comparative fit index (CFI), root mean square error of approximation (RMSEA), and standardised root mean square residual (SRMR) should be used to assess model fit.

Table 5: Chi-square Fit Statistics.

Fit Statistic	Value	Description
Likelihood ratio	3046.3329	model vs. saturated
p > chi2	0.000	
chi2_bs(2728)	1913.81122	baseline vs. saturated
p > chi2	0.000	

Table 6 shows saturated and estimated model goodness of fit statistics. Both models have standardised root mean square residual (SRMR) values, with the saturated model having 0.047 and the estimated model 0.067. The R-squared values for each latent variable in the estimated model show that socioeconomic status of pregnant women explains 31.7% of the variance, basic pregnancy knowledge 42.0%, and public health awareness 52.3%. Lower SRMR and higher R-squared values indicate better model fit and explanatory power, indicating that the estimated model can explain the variance in the observed variables.

Table 6: Model Goodness of Fit Statistics.

	Saturated Model	Estimated Model	R Square
SRMR	0.047	0.067	
Socioeconomic status of the pregnant women			0.317
Basic knowledge of pregnancy			0.420
Public health awareness			0.523

Table 7 shows the path analysis's direct and moderating impacts of pregnant women's SES, basic pregnancy knowledge, and public health awareness on parental care satisfaction. A substantial positive correlation exists between pregnant women's SES and parental care satisfaction ($\beta = 0.623$, $p < 0.001$). This suggests that higher SES is linked to greater satisfaction with parental care services during pregnancy. This shows the importance of socioeconomic determinants in care experiences and the necessity for focused interventions to address socioeconomic gaps in maternal healthcare access and quality.

A second path analysis reveals that maternal SES and parental care satisfaction are moderated by basic pregnancy knowledge ($\beta = 0.182$, $p < 0.001$). This indicates that expecting mothers who are more knowledgeable about their pregnancy—especially those from lower socioeconomic backgrounds—may be content with parental care. This implies that, independent of their financial situation, pregnant women may benefit from health education and literacy in navigating the healthcare system, advocating for their needs, and making informed treatment decisions.

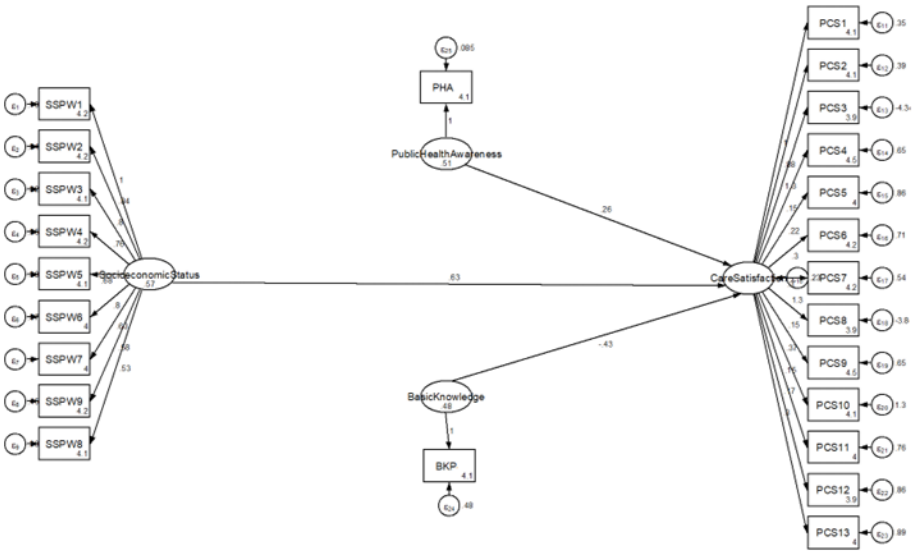

Figure 3: Structural Model for Direct and Mediated Path Analysis.

The last path analysis reveals that (β = 0.520, p < 0.001) public health awareness modifies the relationship between the SES of pregnant women and their satisfaction with parental care. This suggests that, even in the face of poverty, pregnant women who are more aware of public health issues may be content with parental care. Through the moderating effect of SES on care satisfaction, public health awareness enables pregnant women to overcome obstacles to great care and encourages positive care experiences. These results underline the significance of addressing contextual and individual elements in order to enhance the care and health outcomes for all pregnant women.

Table 7: Path Analysis.

	OIM Coef.	Std. Err.	z	P>|z|	[95% Conf.	Interval]
Socioeconomic status of the pregnant women significantly influences the parental care satisfaction.	0.623	0.220	4.239	0.000	0.369	0.494
Basic knowledge of pregnancy significantly moderates the relationship of socioeconomic status of the pregnant women and parental care satisfaction.	0.182	0.057	2.536	0.000	0.070	0.294
Public health awareness significantly moderates the relationship of socioeconomic status of the pregnant women and parental care satisfaction.	0.520	0.128	3.557	0.000	0.270	0.771

Discussion

The relationship between socioeconomic status (SES), public health awareness, and parental satisfaction with prenatal care is complex. This research, focused on the assessment of psychological and ecologic factors in women health management during pregnancy, became one of the musts. The present study investigates the way health literacy and social economic status could affect satisfaction with healthcare by the parents, considering the context of health inequity. Findings of this study offers the data-based knowledge along with channels of putting the claims into practice by way of demonstrating the variety of research findings. The results and the findings justify that each hypothesis comply with the factual plot that addresses parental satisfaction with services, comprehension of public health, and social economic standing (SES).

These outcomes support both the first and second hypotheses and contribute considerable information about the communication between socioeconomic level (SES), public health awareness, and satisfaction with parental care during pregnancy. This visualizes SES has a long-term effect on parental pleasure with service of care. The second hypothesizes that the interrelation between socioeconomic status and satisfaction with maternity care might be seen stronger in the context of public health information, shedding light on one of the involved mechanisms of the pregnancy care. According to the Johnston[32], the lower the position of parents in society, the higher the likelihood that they will be disappointed with the care they receive. The only thing that shields parents from the influence that socioeconomic position has on them is the sound knowledge of public health.

A pregnant woman who is empowered and well-informed with regards to health matters would most likely navigate the medical care system smartly, speak up for her needs, and, should she be given a choice, would arrive at the right decision regarding her treatment. To be able to provide better care to moms in line with their needs and risks, it is urgent to share the health messages in the public and ensure their knowledge and skills are widespread. These results not only are major influencing factors in the formation of health policies but also play key roles at clinical practice and for future projects. For clinicians to understand how a patient's socioeconomic status impacts Treatment experiences, they should take a patient-oriented approach that factor in the specific needs and difficulties the pregnant women from various socioeconomic strata have. To achieve the purpose, one of means that lawmakers can apply is sponsoring or funding for social support programs, as well as making sure that affordable healthcare is accessible and providing health literacy campaigns. In relation to enhance maternal health for all the women, teachers are reminded on the aspect of long-term study to assess on the impact of socioeconomic status (SES) and public health awareness towards parents' contentedness in different social settings.[13] This study yield important information that will aid in the design of efficient medicines for targeted treatments.

Empowerment of pregnant women with strengthened health literacy and awareness of health issues would entail their being equipped with the right kind of knowledge, skills, and the access to sources of help that they could use to navigate the health systems while advocating for their needs and making informed choices about their care. Public health awareness interposes as a variable which moderates the relationship between parental care satisfaction and socioeconomic status (SES) ensuring women access quality healthcare services and avoid the barriers of money and improved health care abilities, generally, during pregnancy. The third hypothesis is a reminder of the need to proffer solutions that are structured on the social determinants of health, like health literacy and social economic status, to achieve just maternal health outcomes. The outcomes appear promising in that activities made to grow public health knowledge among the pregnant women, especially those who have low income, have the ability to make their health care experience better and also, create a healthy atmosphere for their parents. Provision of educational materials, community outreach programs and training for health care workers can bring to the pregnant women a greater power of introducing their health needs as well as active participation in engaging in health upgrading activities through the existing health

care system.[16] Spreading information about women's healthcare should be a single component in the medical care of pregnant women, especially women residing in disadvantaged parts of such communities.[31] In addition, there should be mechanisms to employ culturally responsive programs and population - based interventions. Amongst the range of factors affecting maternal health disparities and equitable access for women, priority should be given to social support services, affordability of healthcare, and health literacy promotion. This exploration is concerned with the interconnection between a family's socioeconomic status, the degree of knowledge of public health, and a state of being content with care. In this way, it aims to enhance maternal health outcomes, crackdown in equation in health care and study the social factors through which maternal health is affected.

In conclusion, this study specifically shows the interrelated relationships of the pregnancy care satisfaction of parents toward health literacy and SES (socio-economic status) in which the findings are valuable for stakeholders and policymakers in the public sphere as well as health care services. The findings indicate clearly that the SES is of much importance when it comes to the standard of care received, thus the addressing of the issue of social economic injustice in maternal health care access and quality has to be put into focus. Moreover, the poor health literacy again stresses how important are the steps to give women pregnant the knowledge and resources that are needed for them to succeed with the healthcare system and make their voices receive. There are certainly some shortfalls of the study that need to be improved, for example the one-time survey and the self-reported done by respondents, but still it managed to create the groundwork for further research which will lead to the delivery of a better health care to mothers and ultimate goal of equitable maternal health outcomes. The future looks very positive for increasing our knowledge on maternal health through the use of mixed method approach of combining qualitative and intervention studies as well as comparative and longitudinal research that can expect to achieve the global goals for mothers and their children. The confronting of such challenges and the accepting of the accompanying opportunities for concerned stakeholders can be immensely helpful in the reaching of the consensus that all paring mothers must get the modest attention, quiet support, and appropriate care they are entitled to throughout their pregnancy.

Implications of the Study

The area of this research plays a significant role in unveiling the relationship between social, education resource and health based on literacy, especially during the prenatal period. The Social Determinants of Health (SDH) and Health Belief Model (HBM) models will be applied to explain the relationship between poverty, parental knowledge concerning pregnancy, and public health awareness level and the level of parental satisfaction with care. Health literacy and socioeconomic inequalities hamper the care of pregnant women coverage particularly making maternal health outcomes the most difficult. A significant positive correlation coefficients between SES and parental care satisfaction stresses the need to work on resources, health services and equality of opportunities to improve maternal health. Fundamentals of pregnancy health information and public susceptibility care will be an effective tool for breaking down boundaries of SES and enhancing care satisfaction among pregnant women. This will emphasize the need to provide the future mothers with skills necessary for the use and interaction with the healthcare system. A study like this identifies the specific factors that influence the pregnancy care. The research aligns with the theoretical frameworks and future researches by aiming to improve women's outcomes and the quality of pregnancy care for each and every pregnant woman.

Researchers of health, decision makers, as well as public health stakeholders may find this research useful. The first point, then, the SES that not only mothers but partners to the mother undertake as a major determinant factor, reveals the call to end maternal healthcare access and quality inequities. Healthcare givers can try to find economical solutions, transportation or giving the patients with culturally sensitive treatment. Understanding the foundational knowledge of pregnancy and public health consciousness reduce the link between SES and satisfaction, thus the role of health education programs, which enhance pregnant women's ability to find their way through the healthcare system, make informed healthcare choices as well as advocate for their advisories. Interventions and policies highly rated should be focused on addressing social determinants of wellness such as poverty, education, and housing if policymakers are to eliminate socioeconomic gaps and promote equity in health. This pragmatic method provides a solid foundation to help analyze, improve maternal outcomes, patient experiences, and health equity between all expectant women.

Restraints and Challenges: Research Perspectives

The study it exposes is a bit complex, for it deals with/ shows how SES together with health awareness and pregnancy care interact. SES, parental knowledge of pregnancies, and public health awareness are the HBM and SDH theories used to indicate how the three affect parental care satisfaction. Poverty and health knowledge of women make their health care complicated thus pregnancy outcomes are deteriorated. With population comes with excellent health care relevance that is considered one of the great determinants of maternal care satisfaction. This work identifies the contextual elements that influence pregnancy care and helps to devise concepts that can be used in theory and further research to stop disparities in the health outcomes of pregnant women and quality of care for all pregnant women.

One of the gain subjugated by this research is health care professionals and other stakeholders in public health. The social class that is, SES is the greatest indicator of maternal

care satisfaction, like a watchword for the necessity of removing barriers that block access to maternal healthcare programs and the quality services. All mothers, even those with financial, transportation, and cultural barriers, deserve the same kind and quality of help while expecting a baby. Awareness of the public health and resilience by the level of SES, they moderate the relationship between SES and care satisfaction. In order to make the pregnancy as healthy as possible and to ensure that women make informed decisions, public health campaigns should be disseminated to women on risk factors, preventive measures and healthcare provision. Attach importance on selective interventions and policy options to remove psychological breastfeeding and educational differences and diminish inequality in health and health equity. It all boils down to the materialization of these key principle, these stakeholders can save lives, make pregnancy care experiences better and tackle injustices in patient care for all pregnant moms.

Acknowledgement

This work was supported through the Ambitious Funding track by the Deanship of Scientific Research, Vice Presidency for Graduate Studies and Scientific Research, King Faisal University, Saudi Arabia [Grant A510]

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Appendix 1

Basic Knowledge of Pregnancy

1. Antenatal care is important to check my condition during pregnancy.
2. The first antenatal care examination must be done within the 3 months.
3. Eating more iron containing food during pregnancy can prevent anemia.
4. Pregnant women need a supply of calcium.
5. Pregnant women must have their blood pressure checked during pregnancy.
6. Headache is normal sign during pregnancy.
7. Pregnant women need to go to hospital when they have high blood pressure.
8. Bleeding during pregnancy is common and you don't have to worry about it.

Public Health Awareness

1. I know about common diseases.
2. I know about seasonal health problems.
3. I know where to go for healthcare.
4. I read and learn about health issues.
5. I watch TV programs on health tips.
6. Healthcare is a top issue for me.
7. Updated health-related information is shared in my family.
8. Our parents keep a close watch on the health conditions of our family.
9. Prevention is personal duty but cure is public activity.

Parental Care Satisfaction

1. Examination area cleanliness
2. Waiting time to see health worker
3. Courtesy and respect
4. Information and education service
5. Overall cleanliness of the facility
6. Completeness of information
7. Access and cleanliness of toilet
8. Confidentiality and trust in providers
9. Availability of drugs and supplies
10. Waiting area cleanliness and comfort
11. Cost paid to service
12. Health facility distance
13. Level of privacy during ANC service

Socioeconomic Status of the Pregnant Women

1. How would you rate your highest level of education?
    1. No formal education
    2. Primary education
    3. Secondary education
    4. Bachelor's degree
    5. Postgraduate degree
2. How would you describe your current employment status?
    1. Unemployed
    2. Part-time employment
    3. Full-time employment
    4. Self-employed
    5. Retired
3. How would you rate the number of births you have had?
    1. None
    2. One
    3. Two
    4. Three
    5. Four or more
4. How would you rate the number of children you currently have?
    1. None
    2. One
    3. Two
    4. Three
    5. Four or more
5. How would you rate your household income level?
    1. Very low
    2. Low
    3. Moderate
    4. High
    5. Very high
6. How would you rate your overall financial stability?
    1. Very unstable
    2. Unstable
    3. Neutral
    4. Stable
    5. Very stable
7. How would you rate the influence of your caste on your socioeconomic status?
    1. Very low influence
    2. Low influence
    3. Moderate influence
    4. High influence
    5. Very high influence
8. How would you rate your access to reliable transportation?
    1. Very poor
    2. Poor
    3. Moderate
    4. Good
    5. Excellent
9. How would you rate the extent to which financial issues have prevented you from accessing healthcare?
    1. Very often
    2. Often
    3. Sometimes
    4. Rarely
    5. Never