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Women's Experiences During Pregnancy and Childbirth: Associations with Socio-Demographic Factors

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ABSTRACT

Background & Objective: Women's experiences during pregnancy and delivery periods are important indicators of maternal care and can affect maternal and newborn outcomes. Social genitals can affect these experiences, yet there are limited data in Babylon's Governor, Iraq. The present study was conducted with aim to investigate women's experiences during pregnancy and childbirth, and to explore their relationships with socio-demographic characteristics.

Materials & Methods: This descriptive cross-study was conducted on 300 women who had experienced pregnancy, delivery, and at least six weeks of postpartum care who were deliberately admitted from Babylon Hospital for Women and Children. Data were collected using a valid, structured questionnaire which covered socio-genomic characteristics and maternal experiences. Experiences were scored and classified as poor, medium, or good. The data was analyzed with SPSS (version 24) with descriptive data, Kruskal-Wallis test, and Chi-Square test. P<0.05 was considered statistically significant.

Results: Among the participants, 51.3% with moderate pregnancy experiences, 37.3% poor experiences, and 11.3% good experiences, with an average score of 30.73 .39.35. Post-delivery experiences were primarily poor (63.7%), with 31.0% moderate and 5.3% good (meaning score=19.56, 5.16). Statistical analysis revealed important associations between women's experiences and age, education level, economic status, and residence (P<0.05). Women aged 40 and older with higher education, adequate income, and urban residence reported the most positive pregnancy and delivery experiences. No significant differences were observed on the basis of matrimonial status or business.

Conclusion: Women's experiences were generally moderate during pregnancy but were poor during postpartum periods; social-demographic factors strongly affect the results. It is recommended to increase postpartum support and improve the maternal care experience.

Keywords: Pregnancy, Childbirth, Women's experiences, Socio-demographic factors

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1. Introduction

Maternal health remains a cornerstone of global health priorities, reflecting not only clinical outcomes but also women's lived experiences throughout pregnancy, childbirth, and the postnatal period. These stages represent critical transitions marked by physical, psychological, and social transformations that can significantly affect maternal and child well-being **(1)**. Beyond survival, international health agendas now emphasize on the importance of women's experiences of maternity care, recognizing that respectful, safe, and supportive care is fundamental to quality healthcare delivery **(2)**.

Women's perceptions of pregnancy, childbirth, and postnatal care are shaped by a complex interplay of healthcare quality, provider-patient relationships, and personal expectations. Positive experiences are strongly linked to maternal satisfaction, emotional well-being, adherence to follow-up care, and enhanced mother infant bonding **(3)**. Conversely, negative encounters including disrespect, inadequate communication, and perceived neglect are associated with adverse mental health outcomes such as anxiety and postpartum depression, as well as diminished trust in healthcare services **(4,5)**. These outcomes not only affect women but may also have intergenerational

consequences for child development and family health (4).

Socio-demographic characteristics play a pivotal role in shaping women's experiences of maternal care. Factors such as age, education, income, employment, and residence have been widely associated with access to care, perceptions of quality, and autonomy in decision-making (6). Younger mothers and those with lower educational attainment often face challenges in navigating health systems, while rural women may encounter structural barriers such as geographic inaccessibility and limited availability of skilled healthcare providers (7). Cultural norms, marital status, and social support networks further influence maternal care experiences, with evidence suggesting that disadvantaged or marginalized groups are disproportionately exposed to suboptimal care (8).

Although numerous studies have examined maternal health outcomes, there remains a relative paucity of research that comprehensively links women's subjective experiences with socio-demographic determinants across the continuum of pregnancy, childbirth, and postnatal period (9). Addressing this gap is crucial, as understanding these associations can inform policies that promote equity in maternal healthcare, guide interventions tailored to vulnerable populations, and improve the overall quality of maternity services (10). Therefore, the present study was conducted with aims to explore the women's experiences of pregnancy, childbirth, and postnatal care in relation to their socio-demographic characteristics.

2. Materials and Methods

This descriptive cross-sectional study was conducted in Babylon Governorate, Iraq, at Babylon Hospital for Women and Children, which is a major referral hospital providing specialized obstetric and gynecological services. A cross-sectional design was selected as it enables simultaneous evaluation of experiences and background factors within a defined population, making it particularly suitable for identifying disparities and patterns in maternal care.

The study sample comprised 300 women who were selected using purposive sampling. Eligible participants were women aged 18 years and above who had experienced pregnancy, childbirth, and at least six weeks of the postnatal period. Women with high-risk pregnancies, those with severe complications requiring intensive care, and those unwilling to participate were excluded. The sample size was determined to provide sufficient statistical power for detecting meaningful associations between socio-demographic characteristics and maternal care experiences.

Data collection was conducted using a structured questionnaire developed following a comprehensive review of relevant literature and validated by a panel of maternal health experts. The questionnaire consisted of three main sections. The first section captured socio-demographic information, including age, educational attainment, marital status, occupation, economic status, and place of residence. The second section measured women's experiences during pregnancy and childbirth using a Likert-type scale with cutoff scores categorizing experiences as poor, moderate, or good. The third section assessed postnatal care experiences using the same scoring system. A pilot study involving 30 women not included in the main sample was conducted to ensure clarity and reliability of the instrument. Internal consistency with a Cronbach's alpha of 0.82 was satisfactory.

Data were collected over a three-month period from women attending the outpatient postnatal clinics and maternity wards at Babylon Hospital for Women and Children. Trained female research assistants conducted face-to-face interviews in Arabic using the validated questionnaire. Each interview required approximately 20-25 minutes. All participants were informed about the study's objectives, assured of confidentiality, and asked to provide written informed consent prior to participation. Participation was voluntary and women were informed of their right to withdraw from the study at any time without any effect on their medical care.

Data analysis was performed using the Statistical Package for the Social Sciences (SPSS) (version 24). Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize socio-demographic characteristics and women's reported experiences during pregnancy and the postnatal period. Kruskal-Wallis test was used for comparing mean ranks across multiple groups, while Mann-Whitney U test was applied to compare the two groups. Chi-square tests were used to assess the relationships between categorical variables. $P<0.05$ was considered statistically significant for all analyses.

3. Results

As presented in Table 1, the distribution of the study sample based on socio-demographic variables reveals a diverse group of participants. In terms of age, the majority of women aged 30-39 years (32.0%), followed by those aged 40 and above (30.7%), with a mean age of 28.43±9.458 years. Regarding educational level, a considerable portion of women had only completed primary school (32.7%), while 21.3% had an education level of institute or higher, and a smaller percentage were unable to read and write (8.0%). The marital status show that most participants were married (86.7%), with small proportions being divorced (4.7%), widowed (3.0%), or separated (5.6%). In terms of occupation, the majority were housewives (71.3%), while others held governmental (12.7%) or private jobs (9.0%), and a minority were students (7.0%). Regarding economic status, nearly half of the participants reported barely sufficient (46.3%), while 33.3% reported insufficient, and only 20.3% described it as sufficient. Finally, residency data showed that

most women lived in urban areas (59.3%), while 40.7% resided in rural settings.

Table 1. Distribution of the study samples by socio-demographic characteristics

Socio-demographic	Classification	No.	%
Age / years	<20	48	16.0
	20-29	64	21.3
	30-39	96	32.0
	40 and above	92	30.7
	M±Std. Deviation	28.43±9.458	
Educational level of pregnant woman	Unable to read and write	24	8.0
	Read and write	22	7.3
	Primary school graduation	98	32.7
	Intermediate school graduation	58	19.3
	Secondary school graduation	34	11.3
	Institute and above	64	21.3
Marital status	Married	260	86.7
	Divorced	14	4.7
	Widowed	9	3.0
	Separated	17	5.6
Occupation of mother	Governmental employee	38	12.7
	Private job	27	9.0
	Student	21	7.0
	Housewife	214	71.3
	Total	300	100.0
Economic status	Sufficient	61	20.3
	Barely sufficient	139	46.3
	Insufficient	100	33.3
Residency	Urban	178	59.3
	Rural	122	40.7

No. Number; %= Percentage; M±Std. Deviation=Mean & Standard Deviation

Table 2 presents the overall study parameters related to women's experiences during pregnancy and the postnatal period. With respect to pregnancy, slightly more than half of the participants (51.3%) reported moderate experiences, while 37.3% reported poor experiences and only 11.3% described their experiences as good. The mean score was 30.73±9.350, indicating that, on average, participants' experiences during pregnancy fell within the moderate range. In contrast, experiences during the postnatal period were predominantly rated as poor, with 63.7% of women falling into this category, 31.0% reporting moderate experiences, and only 5.3% reporting good experiences. The mean score of 19.56±5.161 confirms that overall, women's postnatal experiences were poor compared with their pregnancy experiences.

Table 3 presents the statistical differences in women's experiences during pregnancy based on various socio-demographic characteristics. The findings indicate significant differences by age (P=0.034), education level (P=0.022), economic status (P=0.004), and residency (P=0.011). Specifically, women aged 40 and above reported the most favorable pregnancy experiences, as reflected by the highest mean rank (211.78), while younger women under 20 had the lowest (170.55). Women with higher education, particularly those with institute-level education and above, also reported better experiences (mean rank=242.64), whereas those who could only read and write had the lowest scores (161.75). Economic status significantly influenced pregnancy experience, with women reporting insufficient income showing the lowest mean rank (159.04), compared to those with sufficient income (215.15). Additionally, urban residents had significantly better pregnancy experiences than rural residents. In contrast, no statistically significant differences were observed based on marital status (P=0.127) or occupation (P=0.250).

Table 4 shows the statistical differences in women's experiences during childbirth across different socio-demographic groups. Significant differences were found based on age (P=0.038), education level (P=0.035), economic status (P=0.006), and residency (P=0.019). Women aged 40 and above had the most positive childbirth experiences (mean rank=202.10), while those under 20 had the least (mean rank=170.42). Higher education levels were associated with better experiences; women with institute-level education and above had the highest mean rank (234.65), compared to those who were unable to read and write (163.55). Economic status also played a significant role; women with sufficient income reported better childbirth experiences (mean rank=212.33), while those with insufficient income had the lowest (164.27). Urban women had significantly better experiences than those from rural areas. However, differences based on marital status (P=0.065) and occupation (P=0.166) were not statistically significant.

Table 2. Overall study parameters related to women's experiences during pregnancy and the postnatal period

Variables	Score	No.	%	M±SD	Ass.
Experiences During Pregnancy	Poor (18-30)	112	37.3	30.73±9.350	Moderate
	Moderate (30.1-42)	154	51.3		
	Good (42.1-54)	34	11.3		
	Total	300	100.0		
Experiences During postnatal	Poor (12-20)	191	63.7	19.56±5.161	Poor
	Moderate (20.1-28)	93	31.0		
	Good (28.1-36)	16	5.3		
	Total	300	100.0		

Table 3. Statistical differences in women's experiences during pregnancy between groups of socio-demographic characteristics

Socio-demographic	Classifications	N	%	Mean Rank	χ^2/U	P-value
Age/ years	<20	48	16.0	170.55	7.312*	0.034
	20-29	64	21.3	182.22		
	30-39	96	32.0	203.47		
	40 and above	92	30.7	211.78		
Education level	Unable to read & write	24	8.0	228.97	13.210*	0.022
	Read and Write	22	7.3	161.75		
	Primary school	98	32.7	182.87		
	Intermediate school	58	19.3	192.53		
	Secondary school	34	11.3	195.48		
	Institute and above	64	21.3	242.64		
Marital status	Married	260	86.7	185.64	5.709*	0.127
	Divorced	14	4.7	211.88		
	Widowed	9	3.0	239.60		
	Separated	17	5.6	255.00		
Occupation	Government employee	38	12.7	171.83	4.096*	0.250
	Private job	27	9.0	188.27		
	Student	21	7.0	197.44		
	Housewife	214	71.3	200.90		
Economic status	Sufficient	61	20.3	215.15	11.226*	0.004

	Barely sufficient	139	46.3	186.32		
	Insufficient	100	33.3	159.04		
Residency	Urban	178	59.3	198.52	10329.000**	0.011

*Kruskal-Wallis test; **Mann-Whitney U test; N=Number; % = Percentage of total sample; sig.=P<0.05

Table 4. Statistical differences in women's experiences during childbirth between groups of socio-demographic characteristics

Socio-demographic	Classifications	N	%	Mean Rank	χ^2/U	P-value
Age / years	<20	48	16.0	170.42	6.572*	0.038
	20-29	64	21.3	181.36		
	30-39	96	32.0	194.83		
	40 and above	92	30.7	202.10		
Education level	Unable to read and write	24	8.0	163.55	11.981*	0.035
	Read and Write	22	7.3	178.17		
	Primary school	98	32.7	189.78		
	Intermediate school	58	19.3	193.40		
	Secondary school	34	11.3	229.11		
	Institute and above	64	21.3	234.65		
Marital status	Married	260	86.7	188.40	2.218*	0.065
	Divorced	14	4.7	215.73		
	Widowed	9	3.0	231.44		
	Separated	17	5.6	249.06		
Occupation	Government employee	38	12.7	169.28	5.073*	0.166
	Private job	27	9.0	180.96		
	Student	21	7.0	192.13		
	Housewife	214	71.3	198.72		
Economic status	Sufficient	61	20.3	212.33	10.142*	0.006
	Barely sufficient	139	46.3	182.66		
	Insufficient	100	33.3	164.27		
Residency	Urban	178	59.3	202.16	10687.000**	0.019
	Rural	122	40.7	177.35		

*Kruskal-Wallis test; **Mann-Whitney U test; N=Number; %=Percentage of total sample; sig.=P<0.05

4. Discussion

The purpose of the present study was to investigate women's experiences during pregnancy and childbirth, and to explore their relationships with socio-demographic characteristics. Women's experiences of maternity care during pregnancy were rated as poor by 37.3% of participants, moderate by 51.3%, and good by only 11.3%. The mean score (30.73±9.350) placed the overall experience at a moderate level. This finding suggests that, while certain aspects of care were acceptable, the majority of women did not perceive antenatal services as fully meeting their expectations. The researcher interprets this as a reflection of systemic shortcomings in healthcare delivery, including inadequate staffing, poor communication, and a lack of individualized attention. Women's perceptions of care are influenced not only by clinical services but also by the interpersonal skills of healthcare providers, the availability of resources, and the extent to which their emotional and informational needs are addressed. A study conducted in Stockholm/ Sweden, reported similar findings, where most women rated maternity

services as average, largely due to staff shortages, limited patient engagement, and weak responsiveness of the health system **(11)**. Likewise, research from China found that overall maternal satisfaction was moderate, with the lowest ratings observed in communication and provision of information, echoing the findings of the present study **(3)**. Collectively, these results highlight the need for strengthening maternal care services, with greater emphasis on patient-centered communication, education, and support.

Regarding the overall evaluation of maternity experiences during childbirth, the present study showed that the majority of women (63.7%) rated their childbirth experiences as poor, 31.0% rated them as moderate, and only 5.3% perceived them as good. The total mean score (19.56±5.161) indicated a poor overall evaluation. These findings highlight that, across all domains assessed personal relationships, partner involvement, and ward organization women's maternity experiences fell significantly below expectations. This dissatisfaction may stem from a combination of inadequate interpersonal care, insufficient involvement of family support, and poor organizational structures in delivery wards. These outcomes are concerning, as negative childbirth experiences can influence women's long-term perceptions of maternity services, reduce their willingness to seek institutional care in future pregnancies, and increase the risk of postpartum psychological distress. A similar conclusion was drawn in a study conducted in Nairobi/ Kenya, emphasized that overall dissatisfaction during childbirth strongly affected women's trust in the healthcare system, underscoring the urgent need for reforms to improve the quality of maternal care **(12)**.

The findings of the current study demonstrated significant variations in women's experiences during pregnancy according to several socio-demographic factors. Age was significantly associated with pregnancy experiences. Women aged 40 and above reported the most positive experiences, as reflected by the highest mean rank (211.78), while younger women under 20 had the lowest mean rank (170.55). The older women may have better coping skills, previous pregnancy experience, and higher confidence when interacting with healthcare providers, which enhances their satisfaction with antenatal care. Supporting evidence from a study in Zambia, indicated that older pregnant women reported higher satisfaction during antenatal visits due to greater familiarity with healthcare procedures and reduced anxiety compared to younger women **(13)**. Similarly, research in Ethiopia found that maternal age positively influenced antenatal care satisfaction, with older women expressing better experiences and confidence in care provision **(14)**. In our study, the educational level also showed a significant effect on pregnancy experiences. Women with higher education, especially those with institute-level education and above, reported the highest mean rank (242.64), while women who were only able to read and write had the lowest (161.75). From the researcher's perspective, education may improve women's understanding of health information, communication with providers, and ability to advocate for their needs, all of which can enhance antenatal experiences. This finding is supported by a research conducted in London, which found that women with higher educational attainment were more satisfied with antenatal care, as they were better able to comprehend medical guidance and actively participate in decision-making **(15)**. A study in UK similarly reported that maternal education was a key determinant of positive pregnancy experiences and maternal satisfaction **(16)**.

As revealed by the results of the present study, economic status significantly influenced pregnancy experiences. Women reporting sufficient income had the highest mean rank (215.15), whereas those with insufficient income had the lowest (159.04). From the researcher's perspective, financial resources may affect access to quality care, transportation, medications, and private services, which can directly impact women's perceptions of their antenatal experience. Supporting evidence from a study in USA indicated that higher household income was associated with better maternal satisfaction due to easier access to comprehensive care and reduced stress related to pregnancy expenses **(17)**. Similarly, a research in Sao Paulo, Brazil found that women with sufficient economic resources reported more favorable experiences during pregnancy, highlighting the influence of financial stability on care satisfaction **(18)**.

In the present study, residency was another significant factor, with urban residents reporting better pregnancy experiences than rural residents. From the researcher's viewpoint, urban women may benefit from proximity to better-equipped healthcare facilities, more qualified staff, and increased availability of antenatal services, which contribute to higher satisfaction. This is supported by a study in northeast Ethiopia, showing that women living in urban areas had higher antenatal care satisfaction compared to rural counterparts due to greater access to healthcare resources and continuity of care **(19)**. Additionally, research in Gweru, Zimbabwe found that rural residence was associated with lower satisfaction with pregnancy care due to limited infrastructure and longer travel distances to healthcare facilities **(20)**.

The analysis of childbirth experiences in our study revealed significant variations among women according to certain socio-demographic characteristics. Age was significantly associated with childbirth experiences. Women aged 40 and above reported the most positive experiences (mean rank=202.10), whereas younger women under 20 had the least favorable experiences (mean rank=170.42). From the researcher's perspective, older women may have greater familiarity with labor and delivery processes, higher coping abilities, and enhanced confidence in engaging with healthcare providers, which contributes

to more positive childbirth perceptions. Supporting evidence from a study in Sweden found that older maternal age was linked to greater satisfaction with labor and delivery care due to experience and reduced anxiety **(21)**. Similarly, research in Stockholm, Sweden reported that older pregnant women experienced less fear and greater trust in providers during childbirth, leading to higher satisfaction **(22)**. Education level also significantly influenced childbirth experiences in this study. Women with institute-level education and above reported the highest mean rank (234.65), while those unable to read and write had the lowest (163.55). The researcher suggests that higher education empowers women to better understand medical information, ask questions, and actively participate in decisions during labor, which can enhance satisfaction. Evidence from a study in Tabriz, Iran supports this view, showing that higher maternal education was associated with more positive childbirth experiences due to improved communication and understanding of labor processes **(23)**. Economic status significantly affected childbirth experiences. Women with sufficient income had the highest mean rank (212.33), whereas those with insufficient income reported the lowest (164.27). The researcher notes that financial resources may enable better access to quality healthcare facilities, private services, and essential medications, which directly influences satisfaction during labor. Similar results were reported in a study in Denver, United States, which found that women with higher economic status had more favorable childbirth experiences, partly due to reduced financial stress and better access to comprehensive maternity care **(24)**. A study in Australia also highlighted that women with sufficient income reported more positive labor experiences because of better service availability and reduced delays **(25)**. Residency was another significant factor, with urban women reporting better childbirth experiences than rural women. From the researcher's perspective, urban women are more likely to access well-equipped facilities, experienced staff, and emergency obstetric services, which enhances satisfaction. Supporting evidence comes from a study in United States of America, where urban residency was associated with higher childbirth satisfaction due to improved access to healthcare resources **(26)**. Similarly, research in Ghana, found that rural women faced challenges such as long travel distances and limited facility readiness, leading to lower satisfaction with childbirth experiences **(27)**.

This study has some limitations that should be acknowledged. First, as a cross-sectional design, it captures women's experiences at a single point in time, which restricts the ability to establish causal relationships between socio-demographic factors and maternal experiences. Second, the use of self-reported data may have introduced recall bias or social desirability bias, as participants might have under- or over-reported their experiences. Third, the study was conducted in a single hospital in Babylon Governorate, which may limit the generalizability of the findings to other settings in Iraq or beyond. Despite these limitations, the study provides valuable insights into maternal care experiences and highlights important areas for improving the quality of pregnancy and postnatal services.

5. Conclusion

The study revealed that women's experiences during pregnancy and childbirth in Babylon Hospital for Women and Children were generally moderate for pregnancy and poor for the postnatal period. Socio-demographic factors, including age, educational level, economic status, and place of residence, significantly influenced these experiences, with older, more educated, economically sufficient, and urban-residing women reporting more positive experiences. These findings highlight the need for targeted interventions to improve maternal care, particularly for younger, less educated, economically disadvantaged, and rural women. It is recommended that healthcare providers strengthen postnatal support services, implement educational programs tailored to women with lower literacy, and ensure equitable access to maternal healthcare in rural areas. Policymakers should also consider socio-demographic disparities when designing maternal health policies to promote positive experiences for all women throughout pregnancy, childbirth, and the postnatal period.

6. Declarations

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Ethical Considerations

The study was approved by the Research Ethics Committee of the Faculty of Nursing, University of Babylon. Administrative approval was also obtained from Babylon Hospital for Women and Children. To ensure confidentiality, questionnaires were coded numerically without including participants' names or identifying information. The study followed the ethical principles outlined in the Declaration of Helsinki.

Authors' Contributions

Sahar Mohammed Kadhem and Salma Kadhum Jihad contributed to the study conception and design, data collection, analysis and interpretation of the results, and manuscript writing and revision. Both authors read and approved the final version of the manuscript.

Conflict of Interest

The authors declared no conflicts of interest.

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