

Educational Status of Pregnant Women and Pregnancy Outcome

B.H. Narayani¹, G. Baby Shalini²

Abstract

Background: Education of pregnant women leads her to utilize the information available to manage her pregnancy. **Aim:** To study the pregnancy outcome in relation to her educational status. **Materials and Methods:** It is a retrospective study in which records were studied by follow up from January 2017 to June 2017. Their demographic features, associated maternal conditions, adverse maternal and perinatal outcome were noted. **Results:** Out of 917 records studied total 754 pregnant women were recruited for the study after excluding cases of missing information. In them 56.36 % were in age group of 20-29 years. In them women who had primary school and secondary school education were 66.31%. Whereas 21.62% women did not had formal education. Anemia and hypertension was seen in majority of women who did not had formal education and had only primary education (70.06% and 60.60% respectively). PPH was seen more in women who did not had formal education (42.85%) and was similar in women who had only primary school education (42.85%). Preterm delivery and chance of cesarean section more in women who had primary school education followed by women who did not had formal education. NICU admissions and perinatal problems were more in women who had primary school education and

women who did not had formal education. **Conclusion:** Education plays important role in pregnancy outcome. One of the methods to reduce perinatal and maternal morbidity and mortality is giving good education to the people of the country.

Keywords: Educational Status; Anemia; Hypertension; Preterm Delivery; Cesarean Section.

Introduction

Country like ours where there are many religions and languages and hence many cultural beliefs and practices. Education plays important role and gives proper direction for well being and healthy nation. All these will affect the pregnancy outcome in women [1].

Our health system gives information to undergo for regular antenatal care (ANC) for pregnant women, in which both mother and baby's health is checked regularly [2,3]. It also supports pregnant women to sustain the pregnancy without many problems [4].

In our country pregnant women especially in rural area, rarely go to hospital for check up. Ideally pregnant women are supposed to visit care taker once in a month till 28 weeks and once in fortnight till 36 weeks and there after every week till due date of delivery. According to World Health Organization at least four antenatal visits. Because of poverty and other commitments in family our country pregnant women don't visit health care provider [5].

In this study we planned to study the impact of education in pregnancy outcome.

¹Professor & HOD
²Assistant Professor,
Department of Obstetrics
and Gynecology, Srinivas
Institute of Medical
Sciences and Research
Centre, Mukka, Surathkal,
Mangaluru, Karnataka
574146, India.

Corresponding Author:
G. Baby Shalini,
Assistant Professor,
Department of Obstetrics
and Gynecology, Srinivas
Institute of Medical
Sciences and Research
Centre, Mukka, Surathkal,
Mangaluru, Karnataka
574146, India.
E-mail:
bhnarayani@gmail.com

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Methodology

It is a retrospective study conducted in Srinivas institute of Medical Sciences and Research Centre, Mangalore fetal medicine centre and other private hospitals. The records were studied by follow up from January 2017 to June 2017. Their demographic features, associated maternal conditions, adverse maternal and fetal conditions noted and tabulated. And analysis was done using SPSS (IBM, USA.) window software program.

Results

Out of 917 records studied total 754 pregnant women were recruited for the study after excluding cases of missing information regarding the educational status and pregnancy outcomes. In our study the age of pregnant women was in the range of 18 - 43 years. In them 425 (56.36 %) were in age group of 20-29 years. Surprisingly we had 71 (9.42%) women in the age group <19 years as shown in Table 1.

In our study 163 (21.62%) of women dint had formal education. 91 (12.07%) women had higher education. Majority of women had primary school (33.02%) and secondary school (33.29%) as shown in Table 2.

Out of 754 pregnant women anemia was seen in 411 (54.50%) women. In that 34.54% had no formal education and 35.52% women had primary schooling. Only 4.62% women who had higher education had anemia. Hypertension was seen 33 (4.37%) of pregnant women. In that 33.33% women dint had formal education and 27.27% women had primary schooling. GDM was seen in 21 (2.78%) pregnant women. In that 14.28% women dint had formal education and 33.33% women had done higher studies. APH was seen in 5 (0.66%) pregnant women. In that 20.00% women dint had formal education and 40.00% women had done higher studies. PPH was seen 7 (0.92%) pregnant women. In that 42.85% women dint had formal education and 14.28% women had done higher studies. Preterm was seen in 42 (5.57%) pregnant women. In that 26.19% women dint had formal education, 45.23% women had primary schooling and 11.90% women had done higher studies. Normal delivery was seen in 556 (73.74%) pregnant women. In that 19.60% women dint had formal education, 30.75% women had primary schooling and 15.64% women had done higher studies. C section was seen in 198 (26.25%) pregnant women. In that 27.27% women dint had formal education, 39.39% women had primary schooling and 2.02% women had done higher studies. NICU admission was seen in 166 (22.01%) pregnant women. In that 21.68% women dint had formal education,

Table 1:

Age group	Distribution	Percentage
< 19 years	71	9.42
20 - 29 years	425	56.36
30 - 39 years	229	30.37
>40 years	29	3.85

Table 2:

Education	Distribution	Percentage
No formal education	163	21.62
Primary school	249	33.02
Secondary school	251	33.29
Higher studies	91	12.07

Table 3:

Complications	No formal education	Primary school	Secondary school	Higher studies
Anemia (n= 411)	142 (34.54%)	146(35.52%)	134(32.60%)	19(4.62%)
Hypertension (n= 33)	11(33.33%)	9(27.27%)	6(18.18%)	7(21.21%)
GDM(n= 21)	3(14.28%)	6(28.57%)	5(23.80%)	7(33.33%)
APH (n= 5)	1(20.00%)	2(40.00%)	0	2(40.00%)
PPH(n= 7)	3(42.85%)	3(42.85%)	0	1(14.28%)
Preterm delivery (n= 42)	11(26.19%)	19(45.23%)	7(16.66%)	5(11.90%)
Vaginal Delivery (n= 556)	109(19.60%)	171(30.75%)	189(33.99%)	87(15.64%)
Cesarean section(n= 198)	54(27.27%)	78(39.39%)	62(31.31%)	4(2.02%)
NICU admission (n= 166)	36(21.68%)	72(43.37%)	50(30.12%)	8(4.81%)
Perinatal Death(n= 2)	1(50.00%)	1(50.00%)	0	0

43.37% women had primary schooling and 4.81% women had done higher studies. Perinatal death was seen in 2 (0.26%) pregnant women. In that 50.00% women did not had formal education, 50.00% women had primary schooling and no perinatal deaths documented in women who had done higher studies as shown in Table 3.

Discussion

In country like ours major cause of ill health to women in reproductive age group is pregnancy related. According to safe motherhood initiatives we need healthy mother and healthy baby. World Health Organization defines maternal death as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes [6]. Not caring about pregnant condition and visiting care takers in advanced pregnancy is major problems in our country. Few earlier studies shown that poverty, not aware of antenatal care and disbeliefs regarding antenatal care reasons for visiting care takers in advanced pregnancy [7]. According to World Health Organization minimum of four antenatal visits are required in developing countries like ours, in that at least one visit should be before 12 weeks [8]. Visiting health care provider in advanced gestation will lack the assessment of pregnant women condition and won't help her if she had chronic hypertension, diabetes mellitus, cervical incompetence, and infections. It is almost impossible in pregnancy to predict which pregnant women will have problems in pregnancy. It is required to get proper antenatal check up. Most of the pregnancy problems are seen in unbooked than booked patients [9]. In poor and developing countries less than fifty percent of women in pregnancy will have a minimum of four antenatal care visits [10]. Educational status of pregnant women plays important role in utilizing antenatal services. Pregnant women who had primary schooling or no formal education, 152 (85.4%), were found to visit health care provider, late in comparison to pregnant women who had secondary school education and above, 215 (79.3%) according to Adekanle and Isawumi [11]. Most of the maternal deaths are in earlier age group and it decreases with age according to few studies. Deaths are seen especially in the age group 20-24 [12] because of more chance of bleeding, anemia, preeclampsia and abortion complications. From our study we came to know that pregnant mother complications are more in less educated or

no formal education women. Education plays important role for making pregnant women to utilize the available antenatal services and will make her able to understand warning signs and symptoms of pregnancy. Education will also enable her to seek emergency services at proper time.

Conclusion

Education of pregnant women and relatives and whole community will lead to reduce morbidity and mortality of women in relation to pregnancy. The need for contraception is also to be emphasized by government in all media so that people are aware that pregnancy related problems are major problems for women health in the reproductive age group. Education is key factor for improving nation in all aspects.

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