

Original Research Article

Sociodemographic profile of referred obstetric women

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ABSTRACT

Background: Emergency obstetric care is an indicator of the health care services. Referral services play an important role in health management. Socio-demographic profile of the patients affect their health seeking behaviour.

Methods: 220 referred women admitted in the hospital with more than 20 weeks pregnancy were evaluated. Socio-demographic details were noted and analysed.

Results: There was a high percentage of referred women in >30 years. 74.09% had primary education or less, most belonged to the lower middle class or less and 64.55 % of women were from urban and urban slum area.

Conclusions: The low educational level of women and poor socio-economic status play a key role in delay in the utilization of maternal health services. These women sought medical advice only when emergency arose and a high percentage of them had to be referred to higher centre. Focus on these women would improve their health seeking behaviour.

Keywords: Literacy, Referred, Socio-economic status

INTRODUCTION

Delivery is the most crucial event in a women's life. Antenatal care aims to detect high risk cases as early as possible from the large group of pregnant women and arrange for their skilled care.¹ Therefore, the primary aim is to achieve at the end of pregnancy a healthy mother and a healthy child.

In obstetrics, apparently normal is potentially abnormal and change can occur with frightening rapidity and requires experience to detect the patients at risk before emergency arises. This demands eyes trained to see, hands skilled to feel and brain disciplined to coordinate and act quickly and refer the women to higher centre.²

The referral service is the backbone of any healthcare delivery services, antenatal care comprises identification of high-risk patients, counselling them and their timely

referral to tertiary care centers helps reducing fetomaternal morbidity and mortality.

Barriers to referral care included lack of transportation, household responsibilities, and limited education, and social support.³

Also due to lack of knowledge of various complications of pregnancy, the critically ill patients are often referred late.⁴ Many women from rural population are unaware of the importance of early booking and regular antenatal checkup.⁵

However, due to varied socio-economic background, there are often delays in seeking medical help. The studied aimed to study the sociodemographic profile of referred obstetric women.

METHODS

The study was conducted over a period from Nov 2022 to October, 2023. 220 referred obstetric women were included. This was an observational study conducted in Zenana Hospital, Jaipur. Prior to the study, Ethical Committee approval was taken.

Sample size was calculated at 95% confidence level. At the precision (absolute allowable error) of 5%, minimum 215 referred cases were required as sample size for present study, which was rounded off to 220 as the final sample size expecting 10% drop outs/ lost to follow up.⁶

All consecutive referred women admitted in the hospital with more than 20 week gestational age or postpartum for further management and who understood the study and were willing to participate and give written informed consent were included. Any referred woman who expired before or at reaching the hospital before treatment could be initiated were excluded from the study.

Detailed evaluation was done and sociodemographic profile of these women was analysed. Quantitative variable were summarised as mean and standard deviation and were analysed by using various parametric test. Quantitative variables were presented as proportion and were analysed by using chi-square test and fissure exact test. P value <0.05 were taken as significant Medcalc. 16.4 version software were used for all statistical calculations.

RESULTS

The study was conducted over a period of 1 year. 220 referred women were included in the study. Detailed evaluation was done and sociodemographic profile of these women was analysed.

37.27% women were in the age group 26-30 years, followed by 29.55% in the 31-35 age range, mean age was 27.70±4.43 years. There was a high percentage of referred women in >30 years age (Table 1).

Table 1: Age distribution of referred women.

Age group (in years)	Number of women (n=220)	Percentage
≤20 years	11	5
21-25 years	62	28.18
26-30 years	82	37.27
31-35 years	65	29.55
Mean±SD	27.70±4.43	

Majority 74.09% had primary education or less. Only 8.64 % were graduates (Table 2). The educational level of women is significant for the utilization of maternal health services as education plays an important role in health seeking behaviour.

87.73% Hindu and 12.27% Muslim formed the referred population. This reflects the population that comes to the hospital. As per recent census of India 2021, Hinduism (79.8%) was the chief religion followed, which was same reflected in our study population.

Table 2: Educational status of referred women.

Education level	Number of women (n=220)	Percentage
Illiterate	24	10.91
Primary education	139	63.18
Secondary education	38	17.27
Graduate	19	8.64

The majority, 62% women belong to the lower middle class or less, followed by 36.36% in the middle class. The upper middle class groups were minimally represented (Table 3).

Table 3: Socioeconomic status of referred women.

Socio-economic status	Number of women (n=220)	Percentage
Lower class	3	1.36
Lower middle class	134	60.91
Middle class	80	36.36
Upper middle class	3	1.36

64.55% of women were from urban and urban slum area. The hospital is situated in an urban area. Majority of the women belonged to lower middle class. This reflects a lower threshold for attending medical care promptly (Table 4).

Table 4: Distribution of referred women according to residence.

Area of residence	Total (n=220)	Percentage
Rural	78	35.45
Urban	105	47.73
Urban slum	37	16.82

Over half (52.73 %) of women were primigravida, experiencing their first pregnancy. 30.0% were 3 or more gravida (Table 5).

Table 5: Distribution of referred women according to gravidity.

Gravida	Total (n=220)	Percentage
Primigravida	116	52.73
G2	38	17.27
G3	43	19.55
≥G4	23	10.45

DISCUSSION

Though most women were primigravida and in age group 21 to 25 years yet almost one third of the referred women were gravida 3 or more and aged 30 years or more. Only 5% were 20 years or younger. The mean age was 27.70 ± 4.43 years. In a study, Ambike et al reported that 21.0% were between 19-23 years, 48.0% had age between 24-28 years.⁷ Studies show that maternal age of less than 20 years or higher than 30 were associated with adverse perinatal outcomes and or maternal complications.^{8,9}

Most authors on assessing the overall age distribution found that majority (74%) of the women were between 20-35 years.^{6,10,11} The legal age of marriage in India is currently 18 years for women and 21 years for male. This is stipulated by the Prohibition of Child Marriage Act, 2006.¹² This was reflected in our referred population as well.

Consistent to the results of the present study, Goswami et al study observed that there was a high percentage of referred cases >3 gravida. These women were at high risk for various complications and hence thus more referrals of these women.⁹

In the study, it was observed that most women were from middle or lower socio-economic class, from urban area or urban slums and had poor literacy level.

In the study of Jakhar and Choudhary, majority of the cases were either poorly literate (47.24) or illiterate (34.52%). Only 18.24% cases were educated up to secondary, higher secondary or college standard.¹³ These data were comparable to the study of Devneni and Sodumu, where 40% of referred cases were illiterate.¹⁴ Sharma et al reported that 77% of referred cases were illiterate and only 6% were educated to secondary education or more.¹⁵

Thus poor education level, lower socio-economic status in referred women was seen across all studies, showing ignorance of timely utilization of medical facilities.

Kumari et al in 2022 also studied that lack of knowledge, ignorance were major contributors of poor pregnancy outcome and important causes of referral, this being more in women with lower literacy level.¹ The difference in socioeconomic class could be due to differences in the environment, social habits of the community, the standard of personnel hygiene and differences in health care.

The study was performed in a single centre which may not be representative of referral services of the entire state/district, was limitation of this study.

CONCLUSION

Female education in a community reflects health status and economic condition of the family. Female education

could help in reducing early marriages, high birth order and repeated pregnancies and increasing the utilization of health care services for antenatal check-up, institutional deliveries and postpartum care with family planning.

Educating the community about the availability and importance of referral services will help early referrals. Utilizing ASHAs and other community health workers to educate and identify high risk women for frequent Ante natal care will improve maternal outcome.

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