Research Paper :

To study the prevailing risk factor of pregnant women from urban area of Marathwada region

JYOUTI D. SOLUNKE, VASANT N. PAWAR AND J.P. NERLEKAR

See end of the article for authors' affiliations

Correspondence to:

JYOUTI D. SOLUNKE
Department of Home Science, Sant Tukaram College, PARBHANI (M.S.) INDIA
jyotisolunke3011@gmail.com

ABSTRACT

Maternal health status is considered as an important determinant of the course and outcome of the pregnancy. The study was emphasized on maternal risk factor of pregnant women of Marathwada region . Total 240 purposive sample was selected from urban area. In the present study, majority of the women were heaving secondary education and belonging to high level income group. It was also found that pregnant women reported varied ailments during their pregnancy. Women were found with major maternal risk factor as anaemia. It can be suggested that pregnant women of Marathwada region need effective implementation of the timely intervention programme of nutritional and empoverment of women.

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In every community, pregnancy has been regarded as the most welcome event of successful womanhood. Every mother would like her pregnancy to be one without any problem.

It is common for pregnant women to experience fluctuations in appetite and food intake due to change in hormonal balance and gastro-intestinal tract as the fetus develops. During the first trimester and sometimes extending into later month of pregnancy, women suffer from morning sickness, nausea and vomiting which may decrease appetite and limit food intake.

Maternal health status is considered as an important determinant of the course and outcome of the pregnancy. Low socio-economic strata, early marriage, early pregnancy, poor maternal nutrition and poor antenatal care of the foetus causing high incidence of obstetrical complications during pregnancy and labour among women are the major ailments. Impact of anemia during pregnancy courses the more complications experienced during delivery. This study was conducted in Marathwada region of Maharashtra State. Marathwada is backward region in social, education and economic development. Due to this reason, people of this region are greatly influenced by the prevalence of deep rooted customs, traditions and cultural practices. Therefore, it was considered worthwhile to put effort for planning effective strategies to improve the maternal and child nutrition. Thus the present study was undertaken to study the prevalling risk factors of pregnant women from urban area of Marathwada region.

EXPERIMENTAL PROCEDURE

Purposive sampling technique was used for the selection of pregnant women of 1 to 9 months gestation. The total projected number of sample was 240 respondents from Marathwada region. The pregnant women selected from urban area were those who were attending civil hospital / private nursing home. The selected pregnant women were categorized on the basis of socio-economic status of family *viz.,* monthly income of family, education of respondents, type of family, location of respondents and food habit.

OBSERVATIONS AND ANALYSIS

The findings obtained from of the present study are discussed below:

Socio-personal and economic profile of the respondents:

The data on income of the family, type of family, education level, occupation and food habits of the selected pregnant women from urban area are given in Table 1.

Income:

The result indicate that the selected pregnant women

Table 1: Socio-economic background of selected pregnant women from urban area of Marathwada region (n=240)

Sr. No.	Particulars	Pregnant women	
		No.	Per cent
Income of the family			
1.	Low (Rs. < 2000)	53	22.08
2.	Medium (Rs. 2000-4000)	76	31.66
3.	High (> Rs. 4000)	111	46.25
Educational level			
1.	Illiterate	18	7.50
2.	Primary	44	18.33
3.	Higher secondary	90	37.50
4.	Graduate	88	36.66
Occupation			
1.	Housewife	155	64.58
2.	Labourer	42	17.50
3.	Services	31	12.91
4.	Business	12	5.00
Family type			
1.	Joint	85	35.39
2.	Nuclear	155	64.58
Food habits			
1.	Vegetarian	128	53.33

from urban area of Marathwada region, who were belonging to families of low income group (Rs.< 2000 per month) were 22.08 per cent. The families belonging to medium income group (Rs. 2000 to 4000 per month) were 31.66 per cent, whereas the families belonging to high income group (Rs. > 4000) were 46.25 per cent.

Education:

From the collected data, it was found that the percentage of the selected pregnant women from urban area having Primary, Secondary and Graduate level were 18.33, 37.50 and 36.66 per cent, respectively.

Occupation:

The percentage of house wives of the selected pregnant women from urban area was 64.58.

Family type:

Among the collected data, majority of the pregnant women belonged to joint families (35.39 per cent), where as women from nuclear families were 64.58 per cent from urban area.

Food habits:

The selected pregnant women were reported to be vegetarians consisting of 53.33 per cent where as consumption of non-vegetarian food in their diet was 46.66

per cent as shown in Table 1 .The majority of the selected pregnant women were found to be in between 18-35 year of age group (98.95 per cent). The per cent of pregnant women was found to be less than 18 years (1.04 per cent) and above 35 years (0.20 per cent).

General complaints during pregnancy by the selected pregnant women:

General complaints during pregnancy by the selected pregnant women from Marathwada are presented in Table 2. Among the selected pregnant women, it was found that the pregnant women suffering from vomiting were 39.58 per cent. Frequent urination was noticed in those women who were in third trimester of pregnancy. From Table 2 it is observed that the percentage of frequent urination from urban area was 41.66. It was also found that the constipation was less common (20.41 per cent). Fatigue was most common (38.33 per cent). From the collect data, it was also observed that some cases having more than one compliant during pregnancy, nausea + vomiting and constipation with multiple responses were observed.

Table 2: General compliance during pregnancy of the selected pregnant women from area of Marathwada region (n=240)

Sr. No.	Particulars	Pregnant women	
		No.	Per cent
1.	Vomiting	95	39.58
2.	Frequent urination	100	41.66
3.	Constipation	49	20.41
4.	Fatigue	92	38.33
5.	Nausea	81	33.75

Family history of selected pregnant women:

In order to know correlation between prevailing risk factors (hypertension, diabetes, tuberculosis etc.) in selected pregnant women and their parents, was observed. While studying the family history of every selected pregnant women, it was found that the history of high B.P. was 28.33 per cent. The other ailments recorded under family history revealed asthma, night blindness, rheumatic arthritis etc, which included 8.75%. From the collected data, multiple responses were also observed (Table 3)

Ailments reported by the selected pregnant women:

The different ailments reported by the selected pregnant women from urban area of Marathwada region, which is shown in Table 4. These were sore mouth (29.58 per cent), hypertension (24.58 per cent), bodyache (23.75

Table 3: Family history of the selected pregnant women from urban area of Marathwada region (n=240)

Sr. No.	Particulars	Pregnant women	
		No.	Per cent
1.	High B.P.	68	28.33
2.	Diabetics	37	15.41
3.	T.B.	21	8.75
4.	Any other	21	8.75

Table 4: Ailments reported by the selected pregnant women from urban area of Marathwada region (n=240)

Sr. No.	Particulars	Pregnant Women	
		No.	Per cent
1.	Oedema	67	27.91
2.	Jaundice	9	3.75
3.	Soremouth	71	29.58
4.	Bodyache	57	23.75
5.	Loss of appetite	65	27.08
6.	Hypertension	59	24.58
7.	Hyperacidity	43	17.91
8.	Cramps in calf muscle	38	15.83
9.	Diabetics	18	7.5
10.	Asthma	14	5.83
11.	Stomach pain	23	9.58
12.	Insomnia	34	14.16

per cent), loss of appetite (27.08 per cent). Multiple responses were also observed from the total sample size. Other ailments like hyperacidity, stomach pain, and insomnia were also observed.

Obstetrical history of the selected pregnant women:

Obstetrical history of the selected pregnant women have been given in Table 5. The percentage of primi Gravida was more (75.83 per cent). Other obstetrical

Table 5: Obstetric history of the selected pregnant women from urban area of Marathwada region (n=240)

Sr. No.	Particulars	Pregnant women	
		No.	Per cent
1.	Primi Gravida	182	75.83
2.	History of abortion	11	4.58
3.	Still birth	22	9.16
5.	Caesarian	21	8.75
6.	Bleeding	20	8.33
7.	Early marriage and delivery (< 16 years)	3	1.25
8.	Late delivery (> 36 years)	6	2.5
9.	Other abnormalities (deaf, dumb, blindness)	11	4.58
10.	RH factor	11	4.58

problems like still birth, bleeding and early marriage were observed as 9.16 per cent, 8.33 per cent and 1.25 per cent, respectively where as the percentage of history of abortion was 4.58 per cent. Regarding Rh factor of blood group of selected pregnant women, there was some cases were observed having Rh negative blood group which was 4.58 per cent.

Maternal risk factors:

The various risk factors noticed in the selected pregnant women are given in Table 6.

Table 6: Maternal risk factors found in the selected pregnant women from Marathwada region (n=240)

Sr. No.	Maternal risk factor	Pregnant women	
		No.	Per cent
1.	Parity	179	74.58
2.	Primin gravida	61	25.41
3.	Age of the pregnant woman (<18 yrs)	03	1.25
4.	Height of the pregnant woman (<145 cm)	29	12.08
5.	Body weight of the pregnant woman (<40 kg)	12	5.00
6.	Anaemia (<11g/dl)	197	82.49
7.	Hypertension (BP above 140/90)	23	09.58

The effect of maternal health and nutritional status on the outcome of pregnancy have been well documented all over the world since a long time. Directly or indirectly several factors in the mother are known to affect the neonate and these are termed as maternal risk factors. Some of the identified maternal risk factors are primi Gravida, age, height, body weight, anemia, hypertension (B.P. above 140/90). These risk factors have been considered to influence the gestation and the rate of intra-uterine growth.

Maternal parity modifies the outcome of pregnancy appreciably . A high incidence to low birth weight and preterm babies with high perinatal loss has been recorded in primiparas. In the present study the percentage of party was observed 74.58. hence, the need is felt for better antenatal and obstetrical case to overcome the adverse effect of parity on maternal health. According to WHO (1992) in many countries most of the girls still marry at a very young age and half of the first births occur in pregnant women under the age of 18 years.

Peter *et al*. (1983) reported that height < 145 cm was significantly associated with low birth weight of infants. Body weight of the selected pregnant women (< 40 kg) was observed in 5.00 per cent.

There is ample evidence to indicate that anaemia is associated with poor outcome of pregnancy. According to reports of ACC/SCN (1991) iron deficiency anaemia in pregnant women contributed to maternal morbidity and mortality. In the present study, it was noticed that 82.49 per cent of selected pregnant women were anaemic. This suggested that anaemia was the most common maternal risk factor noticed in the present study.

Hypertension is one of the important factors. Due to hypertension a pregnant woman will affect the neonates adversely resulting in high incidence of low birth weight, preterm babies, high prenatal loss and still births. Therefore, efforts should be made to provide proper antenatal care and medical aid to off set the adverse effects of hypertension on the outcome of pregnancy.

It may be suggested that emphasis should placed on programmes of antenatal care to overcome the maternal risk factors for better outcome of pregnancy.

Authors' affiliations:
VASANT N. PAWAR, Department of Animal Product, College of Food Technology, Marathwada Agricultural University, PARBHANI (M.S.) INDIA
J.P. NERLEKAR, Department of Food Nutrition, College of Home Science, Marathwada Agricultural University, PARBHANI (M.S.) INDIA

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