Original Research Paper

Evaluation of Sociodemographic Characteristics of Pregnant Women without Any Medico-Legal Issues

Saikia Dayananda[1], Konwar Ranjumoni[2], Dutta Bhaskar Jyoti[3], Mahanta Putul[4]

[1]Assistant Professor of Obstetrics and Gynaecology, Tezpur Medical College and Hospital, Assam, India, [2]Associate Professor of Radiology, Fakhruddin Ali Ahmed Medical College and Hospital (FAAMCH), Barpeta, Assam, India, [3]Assistant Professor, Department of Pharmacology, Tezpur Medical College and Hospital, Assam, India, [4]Professor and Head, Department of Forensic Medicine and Toxicology, Assam Medical College and Hospital, Assam, India

Abstract

Background and Objectives: In light of the pregnancy, identifying sociodemographic issues is crucial for optimising antenatal care. The period of pregnancy is very critical, as each of the women expects a usual outcome. Any inconvenience caused to both mother and unborn fetus arising out of the mismanagement may invite litigation as prescribed by the land rule. Therefore, we aimed to analyse different sociodemographic factors associated with pregnancy without medico-legal issues (MLI).

Materials and Methods: It is a prospective, cross-sectional study carried out on 325 participants of pregnancy without any MLI. All the participant were observed and interviewed to know the inconvenience faced during their antenatal period if any. The medical record was physically verified, and sociodemographic data were recorded for analysis. Descriptive statistical methods were computed, and the statistical significance was tested by chi-square test and student's t-test. eth

Results:Majority of patients, i.e. 48% were within the age group of 21 to 25 years. The number of nulliparous women was the highest being 143 (44%). Majority of the cases belonged to the middle socioeconomic class. 189 (58%) cases came from a rural background while 136 patients (42%) came from urban areas, and 65.5% of cases were the booked cases. Majority of 197 (60.6%) cases comprises Hindu.

Conclusion: The pregnancy cases without any medico-legal complication show average sociodemographic findings. Such findings are useful for targeted health policies aimed at attaining healthy pre-pregnancy care.

Keywords*: Social inequalities; adverse pregnancy outcomes; pregnant women; medico-legal issues (MLI).*

Introduction

The relation between social factors and the populations' health conditions has been investigated in the literature for some years.[1-5] Acknowledging socioeconomic inequalities as determinants of increasing health inequities and identifying the magnitude of these inequalities is essential for promoting public policies that can reduce these differences.[3]

Individuals with more significant social deprivation have fatalistic beliefs about their health and less awareness of the need for care. In this context, health and wellbeing are concepts that express social and population thoughts, which, in turn, are influenced by cultural and demographic values resulting from how they relate to a territory and its characteristics.[6]

Social demographic factors significantly influence individuals' habits and behaviours and their knowledge, perception, and ability to self-manage health.[7] Economically disadvantaged people are disproportionately affected by the due care. Concerning family income, scientific evidence shows that low family

income is linked to the more flawed perception of one's pregnant condition. The lower the income, the lower the proportion of people who have access to ante-natal services,[1,8] affecting the pregnancy.

Thus, social and demographic factors can influence health conditions and even give rise to subgroups of greater vulnerability, highlighting prenatal care. The literature considers pregnant women a strategic population group for applying for educational programs, recognising pregnancy as a favourable phase for establishing healthier habits. Pregnant women are psychologically receptive to new knowledge, which makes them prone to adopting new and better health practices, the benefits of which extend to the rest of the family.[6,9-12]

The incorporation of healthier behaviours by pregnant women depends on socioeconomic factors, such as the number of children, and age.[13-15]

For all parents and grandparents, birth is a joy, a wonder and a renewal of hope. One of the most devastating, life-changing events for parents is finding out their child suffered from damages or maternal loss.[16] Any embarrassments caused to both mother and fetal loss following treatment may create medical litigation against the service providers.

Therefore, this paper analyses the social-demographic factors of pregnant women without having any MLI.

Materials and Methods

It is a perspective and cross-sectional study in a tertiary care centre on 325 pregnant women cases without MLI. The study population was drawn from different parity between rural and urban areas and various socioeconomic classes and other ethnic groups.

Thus, samples were physically examined, and data were collected for statistical analysis, which was performed using a Statistical Package for the Social Sciences (SPSS) software version 20.0. Descriptive statistical methods were computed, and the statistical significance was tested by chi-square test and student's t-test. A p-value of less than 0.05 was considered statistically significant. Ethical clearance was taken from ethics committee (Human).

Results

Age group

The ages of the patients studied were in the range of 18 to 35 years. Majority of patients, i.e. 48% were within the age group of 21 to 25 years, followed by 39% in the age group of 26 to 30 years (**Table 1**).

Table 1 Showing the age distribution

Age in years	No. of cases	Percentage (%)
18 – 20	36	11%
21 - 25	156	48%
26 - 30	127	39%
31 - 35	6	2%

Parity

The number of nulliparous women was the highest being 143 (44%). The number of women with parity one, parity two, parity three was 128 (39.38%), 41 (12.62%), and 10 (3%) respectively. The parity four groups had only three cases (**Fig. 1**).

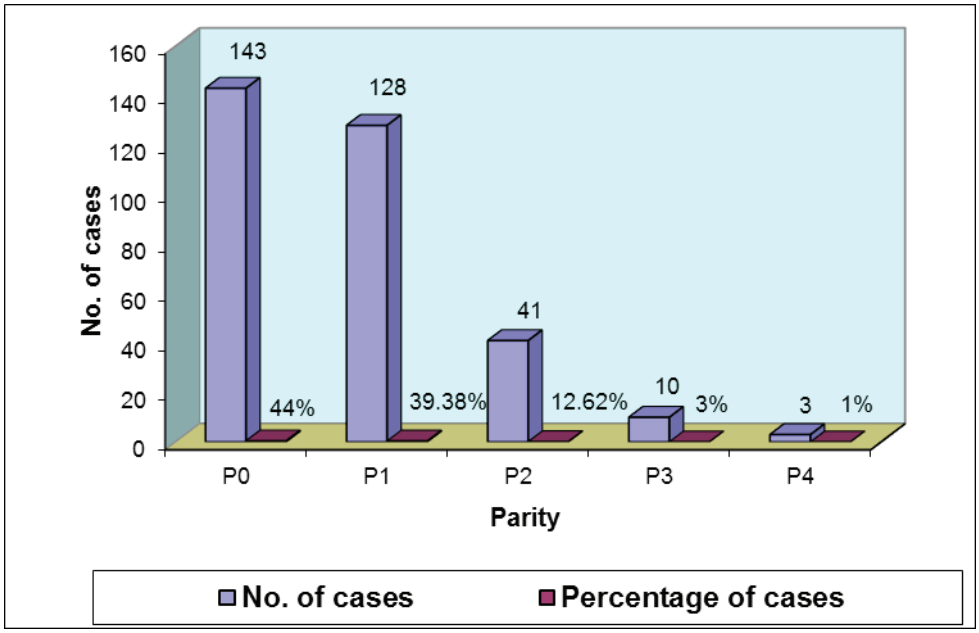

Fig. 1 Showing the parity of the patients

Socio-economic status

The socioeconomic status is determined by the annual income of the patient and her husband combined. Low socio-economic group is income below Rs/- 40,000.00 per annum, Middle is between Rs/- 40,000.00 to Rs/- 1,60,000.00 per annum and High is above Rs/- 1,60,000.00. Majority of the cases belonged to the middle socioeconomic class. There were 153 cases (47%) from a middle class, 136 cases (42%) from the lower class and 36 cases (11%) form the upper class. (**Fig. 2**)

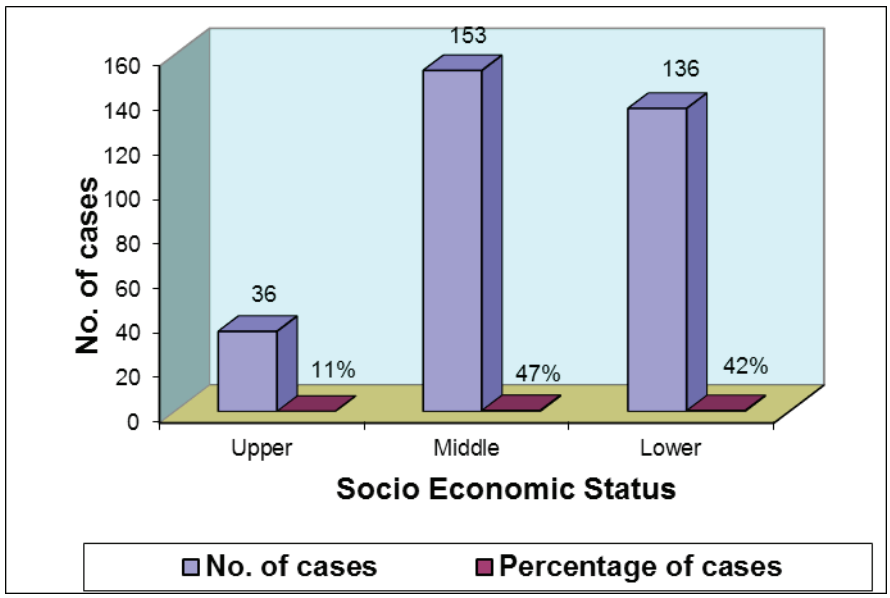

Figure 2 Diagram showing the socioeconomic status of the patients

Locality

One hundred eighty-nine cases (58%) came from a rural background, while 136 patients (42%) came from urban areas (**Fig**. **3**).

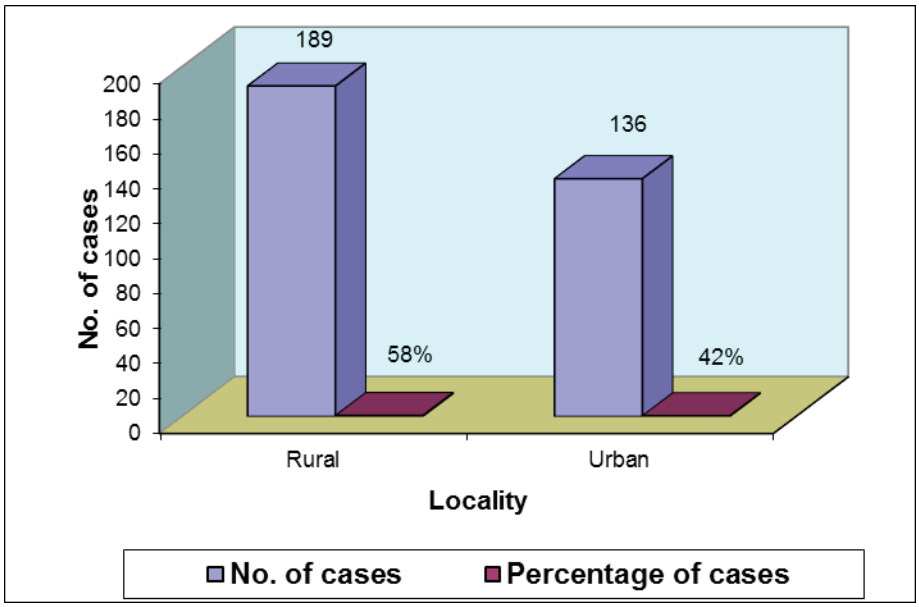

Figure 3 Diagram showing the locality of the patients

Booked or un-booked cases

There were booked and un-booked cases. The un-booked patients had no or less than three antenatal check-ups. The booked patients had regular antenatal check-up (at least a minimum of 3 antenatal check-ups) as shown in **Fig. 4**).

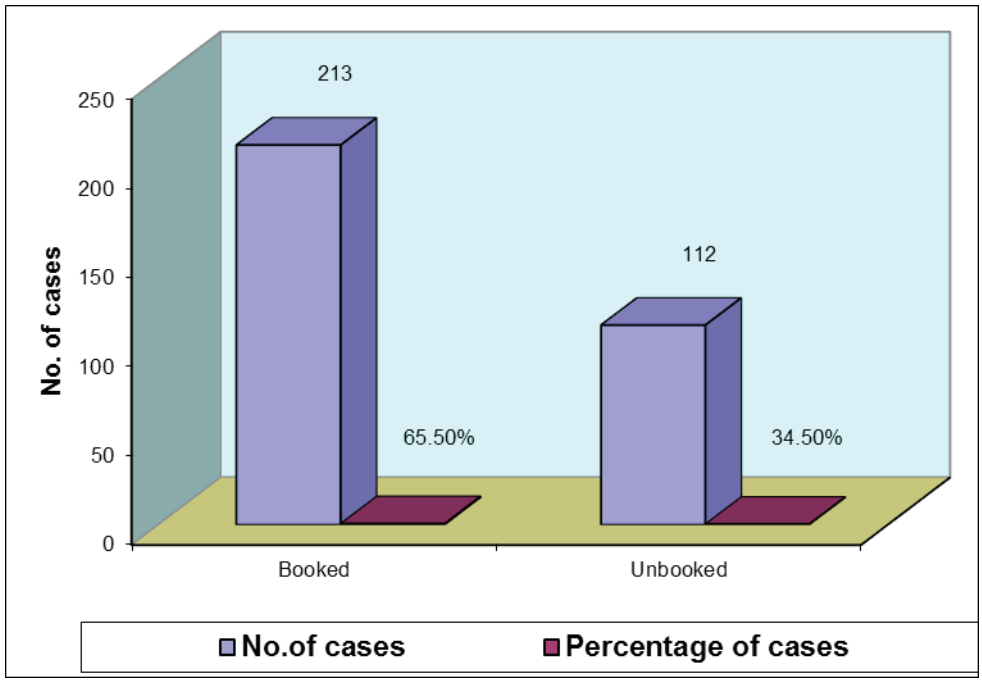

Figure 4 Showing the Booked or Un-booked status of the patient

Religion

Majority of the patients were Hindu, followed by Muslims. One hundred ninety-seven cases (60.6%) were Hindu, 115 cases (35.4%) were Muslim, 8 cases (2.5%) were Christian, and five patients (1.5%) were Sikh as shown in **Table 2**.

Table 2 showing the different religion of patients

Religion	No. of cases	Percentage of cases
Hindu	197	60.6%
Muslim	115	35.4%
Christian	8	2.55%
Sikh	5	1.5%

Discussion

In the current study, most pregnant women, i.e. 48%, were within 21 to 25 years that has given birth of a normal baby. In contrast, inconsistent results have been found in maternal obesity with age at giving birth, as revealed by some recent study.[13-18]

The number of nulliparous women having normal pregnancy was the highest being 143 (44%). Some studies[13-15] have revealed that the incorporation of healthier behaviours by pregnant women depends on socioeconomic factors, such as the number of children, and age is in the current study's agreement.

Majority of the standard pregnancy cases belonged to the middle socioeconomic classes agrees the fact revealed in some review.[1,7,8]

One hundred eighty-nine cases (58%) of typical pregnancy cases came from a rural background while 136 patients (42%) came from urban areas though the findings are not significant. However, this fact can be explained that rural women engage themselves in physical activities to withstand the stressful pregnancy period, which is essential. Also, supplementation of less adulterated food and hygienic environment can be a factor for good health.

The current study revealed 65.5% booked cases to have normal pregnancy implying the importance of antenatal check-up. Though the majority 197 (60.6%) of the patients were Hindu, suitable support was not found to compare with the present results.

Conclusion

This survey recommends that the women's usual sociodemographic factors positively influence their perception about ante-natal care. Thus, the identified clinical predictors serve as the standard criterion beyond which women need specific antenatal attention to avoid any medico-legal inconveniences to the service providers.

Prior publication: Nil.

Source of funding: None declared.

Conflicts of interest: None declared.

Contribution of authors: (1) The article is original with the author(s) and does not infringe any copyright or violate any other right of any third party. (2) The article has not been published (whole or in part) elsewhere and is not being considered for publication elsewhere in any form, except as provided herein. (3) All author(s) have contributed sufficiently in the article to take public responsibility for it and (4) All author(s) have reviewed the final version of the above manuscript and approved it for publication.

Ethical Permissions: Taken from the institutional ethics committee (Human).

Informed consent: Before the collection of the data, informed consent was also taken from the participants.

References

1. Gabardo MC, Moysés SJ, Moysés ST, Olandoski M, Olinto MT, Pattussi MP. Social, economic, and behavioral variables associated with oral health-related quality of life among Brazilian adults. Cienc Saude Colet 2015;20(5):1531-40.
2. Nourijelyani K, Yekaninejad MS, Eshraghian MR, Mohammad K, Rahimi Foroushani A, Pakpour A. The Influence of mothers' lifestyle and health behavior on their children: an exploration for oral health. Iran Red Crescent Med J 2014;16(2):e16051.

3. Peres KG, Peres MA, Boing AF, Bertoldi AD, Bastos JL, Barros AJ. Reduction of social inequalities in utilisation of dental care in Brazil from 1998 to 2008. Rev Saude Publica 2012;46(2):250-8.
4. Peres MA, Latorre MR, Sheiham A, Peres KG, Barros FC, Hernandez PG, et al. [Effects of Social and biological factors on dental caries in 6-year-old children: a cross-sectional study nested in a birth cohort in Southern Brazil]. Rev Bras Epidemiol 2003;6(3):294-306. Portuguese.
5. Silva JV, Machado FC, Ferreira MA. Social Inequalities and Oral Health in Brazilian Capitals. Cienc Saude Colet. 2015;20(8):2539-48.
6. Nogueira LT, Valsecki Júnior A, Martins CR, Rosell FL, Silva SR. [Delay in seeking dental treatment and perception of oral health in pregnant women]. Odontol Clin Client 2012;11(2):127-31.
7. Wander Barbieri, Stela Verzinhasse Peres, Carla de Britto Pereira, João Peres Neto, Maria da Luz Rosário de Sousa, Karine Laura Cortellazzi. Sociodemographic factors associated with pregnant women's level of knowledge about oral health. Einstein (São Paulo) 2018;16(1).
8. Boggess KA, Urlaub DM, Massey KE, Moos MK, Matheson MB, Lorenz C. Oral hygiene practices and dental service utilisation among pregnant women. J Am Dent Assoc 2010;141(5):553-61.
9. Nagaraj A, Pareek S. Infant Oral Health Knowledge and Awareness: Disparity among Pregnant Women and Mothers Visiting a Government Health Care Organization. Int J Clin Pediatr Dent 2012;5(3):167-72.
10. Vilella KD, Alves SG, de Souza JF, Fraiz FC, Assunção LR. The association of oral health literacy and oral health knowledge with social determinants in pregnant Brazilian women. J Community Health 2016;41(5):1027-32.
11. Jeremias F, Silva SR, Valsecki Junior A, Tagliaferro EP, Rosell FL. [Self-perception and oral health status in pregnant women]. Odontol Clin Client 2010;9(4):359-63.
12. Bamanikar S, Kee LK. Knowledge, attitude and practice of oral and dental healthcare in pregnant women. Oman Med J 2013;28(4):288-91.
13. Davoglio RS, Aerts DR, Abegg C, Freddo SL, Monteiro L. [Factors associated with oral health habits and use of dental services by adolescents]. Cad Saude Publica 2009;25(3):655-67.
14. Granville-Garcia AF, Leite AF, Smith LE, Campos RV, Menezes VA. Conhecimento de gestantes sobre saúde bucal no município de Caruaru - PE. Rev Odontol UNESP 2007;36(3):243-9.
15. Catarin RF, Andrade SM, Iwakura ML. Conhecimentos, práticas e acesso a atenção à saúde bucal durante a gravidez. Rev Esp Saude 2008;10(1):16-24.
16. Mukesh Yadav, Pooja Rastogi. Medico-legal aspect of pregnancy and delivery: a critical case review. J Indian Acad Forensic Med. 2015 October-December 2015;37(4):415-21.
17. Kim SY, Dietz PM, England L, Morrow B, Callaghan WM. Trends in pre-pregnancy obesity in nine states, 1993-2003. Obesity (Silver Spring) 2007;15(4):986–993. doi: 10.1038/oby.2007.621.
18. Heslehurst N, Ells L, Simpson H, Batterham A, Wilkinson J, Summerbell C. Trends in maternal obesity incidence rates, demographic predictors, and health inequalities in 36 821 women over 15 years. BJOG. 2007;114(2):187–194. doi: 10.1111/j.1471-0528.2006.01180.x.