

Importance of Maternal Education and Knowledge of Maternal and Child Health Care among the Women of Arunachal Pradesh

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Abstract

Education is the most important tool for empowerment of women. Education exposes women to new ideas, to new information, and to new heights. Maternal education is very important as it plays significant role in family welfare and in determination of child's and mother's own health. Many international and national research has persistently shown a significantly and strong correlation between maternal education level and child well being. Maternal education was found important in improving the child health in developing countries; it also affects the nutritional conditions of the child. Therefore, this paper analyzed the importance of maternal education and knowledge of maternal and Child health Care among the rural women of Arunachal Pradesh.

Keywords: Knowledge, Maternal Health, Reproductive Health, Immunization, Nutrition.

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Introduction

Education is recognized as a basic human right, and better education improves people's welfare. As an instrument of development, education foster and enhances work skills and life skills such as confidence and sociability. Mahatma Gandhi also quoted that, "By education, I mean an all round drawing of best in child and man in body, mind and spirit". And the popular saying "Health is Wealth" is being supported by the people all over the world, it is so that better health is central and an important for progress in one's life, wellbeing, happiness, living longer and productive life. A good health does not mean merely free from disease, but an adjustment to any kind of environment. Hence, the needs and importance of at least primary health care and primary school education cannot be neglected. In fact many researchers' are also of the opinion that there is close association between health and education. However, better health leads to better education and vice versa is still debatable. Nevertheless, both health and education have been considered as the indicators of development of a country.

Women constitute almost half of the population of the world. Education is the most important tool for empowerment of women. Education exposes women to new ideas, to new information, and to new heights. Such exposure has greatly influenced the women's attitudes towards tackling measures not only in the area of improving her ability to communicate with health care professionals but also for better maternal and child health and other related matters. Better-educated girls make better decisions at home and work, and are better prepared as mothers to protect their from chronic illness like HIV and AIDS (Gakidou, Cowling, Lozano, and Murray, 2010). Realizing the importance of women education many policies and programmes are implemented by government, NGO, public and private at regional, national and global level.

Rationale of the Study

Women and children are the most vulnerable section of a society. Therefore protection of the women and children in the matter of education and health has been considered as top priority across the globe and Arunachal Pradesh is not an exception to it. In fact education is a lifelong process; it does not end with schooling. It goes from womb to tomb and

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maternal education is one of the most important social factors influencing the maternal health and child health practices in the world today. Children of educated women are less likely to die before their first birthday. Although high-quality health services and accessible health care has made maternal death a rare event in developed countries, these complications often causes fatal in the backward and tribal dominated state like Arunachal Pradesh due to lack of sources of information and lack of maternal and child health education among the women. In many developing countries, complications of pregnancy and childbirth are the leading causes of death among women of reproductive age. More than one woman dies every minute from such causes especially in developing countries (WHO, March 2011). The major problems behind the maternal death in Arunachal Pradesh are the results of unsafe delivery practices due to ignorance, poor knowledge and illiteracy. Most of the maternal and neonatal deaths are attributable to the ignorance and illiteracy of the mother as well as lack of resources and health services. This demonstrates that many lives could have been saved had there been adequate education and knowledge of maternal health among the women supported by adequate health care services related to maternal and newborn.

Therefore, in the light of the above, importance of maternal education on health and knowledge with regard to maternal and child health care among the women in the state of Arunachal Pradesh has been developed and investigated.

Research Methods

For the present study, the researchers adopted descriptive method of educational research. Sample of the study consists of 640 women selected from four districts of Arunachal Pradesh viz. Papum-Pare, East Siang, Lohit and Lower Dibang Valley. Out of 640 women, 321 were from urban area and 319 from rural. As a data gathering tool an interview schedule was developed to examine the knowledge with regard to maternal and child health care among the women.

Delimitations of the Study

The study has been delimited to selected rural villages and urban areas located in the four districts of Arunachal Pradesh viz. Papum-Pare, East Siang, Lohit and Lower Dibang Valley. Thus, the study area is delimited to:

1. 26 localities and colonies in four major urban areas of Arunachal Pradesh viz. Itanagar/ Naharlagun, Tezu, Pasighat and Roing.
2. 34 villages in rural areas located in the four districts under study.

The districts undertaken for study have been made on the basis of literacy rate as per 2011 census as well as the geographical location. Papum Pare district has the highest literacy rate in the state with nearly 80 percent and the lowest being East Siang with 72.54 percent, Lower Dibang valley with 69.13 percent and Lohit with 68.14 percent literacy rate as per 2011 census report. The districts located in foot hills and bordering Assam and having similar

geographical features has been taken into account while selecting the study area.

Findings

Following are the major findings of the study: Education is one of the most important social factors influencing the life of every individual, society and nations across the world. More importantly educating women has been recognized as the backbone not only for welfare of family and household but also in nation building. Women constitute half of the population of the world, and are more vulnerable than its counterpart. It is well known that education plays a very important role in determining the physical, social, occupation, economic, lifestyles of a person, which in turn influences the living conditions. Therefore women's education leads to many benefits for women themselves, their families, their communities, societies and nation. Under women education, maternal education is one very important element not only for family welfare and child's future but also for better maternal and child health. In this context especially maternal education is very important as it plays significant role in family welfare and in determination of child's and mother's own health. If women are educated there is greater chance of improving children's and women's survival rates living healthier lives. Women while giving time to their child can educate their child about critical matters of various health related issues. With limited education often women (mother) do not know how best to give good feeding and good surrounding for their babies.

Many studies have revealed the benefits of maternal education, their education helps them to become good mother by reducing child and maternal health problems and improved their health thus, reduced their death. Maternal education also helps improve prenatal and post natal care, reducing the risk of infant mortality and complications from pregnancy, which will in turn leads to healthier life. Mother with at least some primary education are more likely to control children by using contraceptives from pregnancy, marry later, have better knowledge on the nutritional foods and giving some basic ideas in different areas etc. Many international and national research has persistently shown a significantly and strong connection between maternal education level and child well being. Maternal education was found important in improving the child health in developing countries. Educated women have also been found to give better attention on nutritional conditions of the child. This can be attributed to the fact that higher the maternal education level, higher the family well being, lesser the maternal education level, increases struggle in meeting their family's basic requirements and likely to face stresses in life. Educated mothers need to have a better knowledge about health care, sanitation habits, nutritious diet, and good environments for themselves, their children, family, and their society.

There are reasonable body of research evidence suggesting that improvement in educational opportunities for women contributes great towards development of family and society. Besides, many studies have shown that there is causal relationship

between maternal education and child health. Even mother's lower school level completion improves child's health. Maternal education helps the mother to have knowledge of earlier preventive care and initiations in reducing taking alcohol, tobacco, smoking and others that is harmful for the health of mother and child. Maternal education is important to take steps in improving her and child health, when health services are reachable. In terms of association between education of the mother with other health and socio-economic indicators, several studies in India also indicated that women's health, nutritional status, educational level were found to influence the quality of family and socio-economic life. It has also been beautifully quoted that "a country's future lies in the hands of its women. Because, it is the women who give birth to and look after children.

To examine the knowledge with regard to maternal and child health care among the women of Arunachal Pradesh, an interview schedule was developed and administered on selected samples. The findings are given below:

1. It was found that, women who are educated are more concern about their reproductive health than women who are matriculate and illiterate. Overall 82 percent of the respondents have visited the health centers (i.e. SC, PHC/CHC, DH, Private clinics) for reproductive health checkups and 18 percent have not gone for reproductive health checkups. Among those who have visited the health centers, the respondents who are graduate accounts for 97.2 percent followed by 76 percent in the category of matriculate. In case of illiterate, only 57.8 percent respondents have visited the health centers for reproductive health checkups.
2. Out of the total 640 respondents 97.1 percent are aware of ANC and remaining 2.9 percent respondents do not have knowledge on ANC. In terms of level of education of the respondents, the cases of unawareness on ANC is found among the illiterate and matriculate respondents only with 8.6 percent and 3.2 percent respectively. On the other hand, 100 percent of the graduate respondents are aware of ANC.
3. 73.4 percent of the respondents have monitored/measured weight gain, blood pressure, baby's growth & heart rate during their pregnancy. Among those who have monitored their and their baby's health during their pregnancy period, the respondents who are graduate accounts for 95.5 percent followed by 63.3 percent in the category of matriculate. In case of illiterate, only 40.6 percent respondents have monitored their health.
4. 68.6percent of the respondents have faced health related problems faced health related problems during pregnancy. Among those who have faced health related problems during pregnancy, the respondents who are graduate accounts for 70.4 percent followed by 68.7 percent in the category of matriculate. In case of illiterate, 64.1 percent respondents found to have faced health related problems during pregnancy.
5. Overall 71.8 percent of the respondents make plan and preparation for the baby before delivery and 28.2 percent have not make plan and preparation for the baby before delivery. Among those who have make plan and preparation for the baby before, the respondents who are graduate accounts for 89.7 percent followed by 66.5 percent in the category of matriculate. In case of illiterate, only 40.6 percent respondents have make plan and preparation for the baby before delivery.
6. In case of mode of delivery of child, 83.2 percent of the respondents go for normal mode of delivery and 16.8 percent had caesarean mode of delivery. Among those who have made normal mode of delivery, the respondents who are illiterate accounts for 96.8 percent followed by 80.1 percent in the category of graduation and matriculate 79.2 percent respondents have made normal delivery. In terms of those who have not made normal mode of delivery and opted for caesarean, the respondents in the category of matriculation shows highest with 20.8 percent followed by graduation with 19.9 percent and the respondent in the category of illiterates is only 3.2 percent. This shows that women who are educated are more concern likely to go for caesarean for delivery of child, than women who are illiterate.
7. 56.2 percent of the respondents have rated "very good" on the care and support of spouse followed by 34.1 percent "good", 9.1 percent "satisfactory". Only 5 respondents out of 634 expressed that their spouse never care for their physical and mental health related problems. Among those who have shared their physical and mental health related problems across the levels of education, 79 percent of respondents who are graduate rated "very good" followed by matriculate and illiterate women with 57 percent and 45.6 percent respectively.
8. 47.5 percent of the respondents have been taking care of reproductive or sexual health and hygiene health and 52.5 percent have not taken care of their reproductive or sexual health and hygiene. Among those who have taken care of their reproductive or sexual health and hygiene across the level of education, the respondents who are graduate women accounts for 65.9 percent followed by 40.7 percent in the category of matriculate. In case of illiterate, only 17.2 percent respondents have taken care of their reproductive or sexual health and hygiene.
9. 61.3 percent of the respondents have adopted Family Planning measures and 38.7 percent have not adopted Family Planning measures. Among those who have adopted Family Planning measures, the respondents who are graduate accounts for 71.8 percent followed by 56.6 percent in the category of matriculate. In case of illiterate, only 45.3 percent respondents have adopted Family Planning measures.
10. 98.4 percent of women immunized their children and remaining 0.9 percent could not do so.

Across the level of education 100 percent graduate women immunized their child with basic minimum vaccines like BCG, Polio and DPT followed by 99.1 percent in case of matriculate women and illiterate women with 96.8 percent. Among those who could not immunized the child, 4 out of 6 cited that they don't have time followed by 2 cases citing "facility is far". The cases non-immunization of child is found among the matriculate and illiterate women only.

11. Overall 82.1 percent of the respondents expressed that their children have faced health related problems like Diarrhea, Jaundice and Cough, Cold and fever etc. remaining 17.9 percent respondents expressed that their children have not suffered from health problems. Among those children who have faced health related problems, the children of matriculate respondents' accounts for the highest with 94.1 percent followed by graduate and illiterate with 78.4 percent and 69.5 respectively. Majority of women (241 out of 252) expressed their children suffered from fever/cough, Pneumonia/Jaundice and Diarrhea/Vomiting during 0 to 1 year. 226 out of 525 respondents expressed that their children suffered from fever and cough, 43 from diarrhea and vomiting and 15 children of matriculate women from pneumonia and jaundice. With regard to place of treatment, Table 4.21 shows that 115 out of 525 have taken their children to both private and government medical for treatment followed by 110 respondents each at DH and 100 an 105 SC and PHC/CHC respectively. Treatment at private clinics are found to be done by the respondents who are graduate (50) followed by matriculate with 8 respondents only.
12. 56.8 percent of the respondents have monitored the weight gain/loss of their children and 43.2 percent have not done it. Among those who have monitored their children weight, the respondents who are graduate accounts for the highest with 85.5 percent followed by 39.8 percent in the category of matriculate. In case of illiterate, only 20.3 percent respondents have monitored their children's health. In terms of those who have not monitored weight of their children, illiterate respondents accounts for the highest with 79.7 percent followed by matriculate and graduate with 60.2 percent and 14.1 percent respondents respectively. Among those who have not monitored the weight of children the majority of the respondents i.e. 214 out of 276 felt that it is not necessary and 62 with "no time". However, monitoring of child weight under "very often" is higher than "at regular interval". In both the cases number of educated women is higher than matriculate and illiterate.
13. Overall 70.6 percent of the respondents have taken care of food intake, nutritional diet and hygiene of their children and 29.4 percent have not done it. Among those who have taken care of food intake, nutritional diet hygiene of the children, the graduate respondents accounts for

highest with 92.1 percent followed by 60.6 percent in the category of matriculate. In case of illiterate, only 39.1 percent respondents have taken care of food intake, nutritional diet hygiene of their children.

14. 640 respondents, 67 respondents were found to have married at the age less than 18 years especially among the poor and illiterate class in the rural areas. It was found that the age at first marriage of the respondents (above 18 years) is found to 89.5 percent of the total. In other words 10.5 percent respondents got married at the age less than 18 years. The data further reveals that among the respondents, the cases of getting married at the age of 15 and 16 years are found only in the category of illiterate and matriculate women. This implies that illiterate/matriculate and women belong to poor socio-economic condition tends to get marry at early age when compared to respondents in the category of graduate.

Discussion and Conclusion

The analysis and interpretations of data obtained through primary sources provide adequate evidence that maternal education does affect the maternal and child health of the study area in particular and Arunachal Pradesh in general. The results of the study revealed that the graduate women not only have better knowledge on maternal and child health related issues but also practice better maternal and child health care services than matriculate and illiterate women. The educated women are more concern about their reproductive health, routine health checkups, taking nutritional diet during pregnancy, family planning. They also prefer to go for institutional delivery considering the safety of the mother and child. The educated mothers are also taking better care to their children in terms of providing nutritional diet and hygiene. The findings reveals that there is strong causal relationship between level of education of mother and maternal and child health. Therefore, more emphasize should be given on maternal education and major steps to be initiated to improve the policy and programme for maternal education, maternal health and child health especially in the rural areas of the state like Arunachal Pradesh where health care facilities are not easily accessible.

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