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Socio-Economic Status of Pregnant Women: An Analytical Study

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ABSTRACT

This study explores the socio-economic status of pregnant women based on a structured data collection of 100 respondents. Through variables such as age, education, occupation, income, and access to healthcare, the research analyzes the relationship between socio-economic factors and maternal health outcomes. The findings aim to contribute to targeted policy and health interventions for expecting mothers, especially in underprivileged regions.

Keywords: Pregnancy, Socio-Economic Status, Maternal Health, Income, Education, Women's Welfare

INTRODUCTION

Pregnancy is not only a biological process but also a significant socio-economic event in a woman's life. The socio-economic conditions of pregnant women directly impact maternal and neonatal health outcomes. This paper investigates how factors such as income, education, occupation, and healthcare access shape the experience and health of pregnant women. Understanding these dimensions is crucial for forming effective maternal health policies and ensuring equitable health outcomes.

Objectives of the Study:

- To examine the socio-economic profile of pregnant women.
- To analyze the relationship between socioeconomic factors and health service access.
- To identify potential gaps in healthcare support due to economic constraints.

METHODOLOGY

The present study was conducted to assess the current socio-economic status of pregnant women in selected areas. Data was collected through direct interaction using a structured questionnaire to ensure

accurate and relevant information. The focus was on understanding their income level, education, occupation, and living conditions at the time of data collection. This approach helped in capturing real-time socio-economic factors affecting maternal health during pregnancy.

Sample Size:

The study was conducted on a sample of 100 pregnant women selected to assess the research objectives effectively.

Sampling Technique:

For this study, Random sampling was used to select pregnant women visiting the primary health centre and maternity clinic, so that each woman had an equal chance to be part of the research. This approach helped ensure that the sample reflected a variety of social and economic backgrounds relevant to the topic.

Data Collection Tool:

A Structured questionnaire was used as the primary tool for data collection to ensure uniformity and consistency in gathering information for all participants.

Location:

The study was carried out at both urban and rural

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Variable	Category	Number of Respondent	Percentage (%)
Age	18-25	34	34%
	26-30	40	40%
	31-35	26	26%
Education	Illiterate	12	12%
	Primary	28	28%
	Secondary	35	35%
	Higher Secondary Above	25	25%
Monthly Household Income (INR)	Below 10,000	22	22%
	10,001-20,000	38	38%
	20,001-30,000	25	25%
	Above 30,000	15	15%
Occupation	Housewife	62	62%
	Daily Wage Worker	14	14%
	Private Sector Employee	16	16%
	Government Employee	8	8%
Access to Antenatal Services	Yes	84	84%
	No	16	16%

health care centers to ensure a comprehensive comparison of data across different residential settings.

RESULTS AND DISCUSSION

A significant portion (62%) of pregnant women are housewives, with limited or no personal income.

Educational attainment is moderate, with 60% completing at least secondary education.

Nearly 60% of the respondents live in households earning less than INR 20,000 per month.

84% reported access to antenatal care services, indicating relatively good health infrastructure reach (Table 1).

The socio-economic status of the respondents strongly correlates with access to healthcare services and nutritional support. Women with higher education and income were more likely to receive timely antenatal care. The large number of housewives suggests dependence on family support, which could hinder autonomy in health-related decisions

Conclusion:

The socio-economic conditions of pregnant women in this study highlight critical areas for policy intervention. Focused support for education, income generation, and rural health infrastructure could significantly improve maternal outcomes.

Recommendations:

- Expand access to maternal education and financial support programs.
- Strengthen primary health services, particularly in rural regions.
- Encourage community-based maternal support system.

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