



Research Article

Impact of Maternal Education on Child Mortality

Zamurd Khurshid¹, Humaira Siddique¹, Ali Waqas², Shinza Sabir³

¹Nursing College, Allama Iqbal Medical College, Lahore, Pakistan

²Services Hospital, Lahore, Pakistan

³Nursing College, Allama Iqbal Medical College, Lahore, Pakistan

Abstract

The purpose of study was to investigate the impact of maternal education on child mortality. A large frame of studies suggests that a causal relationship exists between maternal training and youth mortality. This paper seeks to shed some light at the influence of maternal schooling and youth mortality. The results show that acquisition of education leads to higher human, social and cultural capital amongst moms, that's associated with progressed baby survival. Moreover, this study show that better training of the mother is related to more physical and choice-making autonomy for her inside the household, which may also lead to higher fitness outcomes for the child.

Keywords: Maternal Education; Child Mortality.

Introduction

In reverend enjoy, it is not unusual to say that a bit cognition is a dangerous state of affairs in that it can end result it incomplete statistics and attitudinal or behavioral modifications that in reality get worse an opening that the slightly informed man or woman is attempting to enhance (Basu & Stephenson, 2005). However, inside the modern global of social take a look at advert employment policy, education, even very little of it, is the magic for any form of development is human being's lives (Basu & Stephenson, 2005). Education leads to faithful noesis about wellbeing and greater openness to wellbeing massages (Vikram *et al.*, 2012).

Mothers are the integral part of a family and they have direct effect on the health of their children (Thomas, 1990). There is a strong association between maternal education and

child mortality. Education is important factor of one's children health. Like schooling, health is a greatest gift you can give your family members (Thomas, 1990).

Education might have a direct impact on child health because it appreciates the capability to obtain and process information. Maternal education is an important topic for economists, sociologists, healthcare practitioners and politicians as a potential determinant factor in child health (Frenzen & Hogan, 1982). Mothers are considered the first care providers in home. Behavior of mothers can affect the survival of child through curative measures when the child is sick, whether they are using the latest medicines or old ones (Frenzen & Hogan, 1982).

The strong negative association between maternal education and child mortality is well known and has built the foundation for many ventures in the education of young

Cite this article as:

Z. Khurshid et al. (2019) Int. J. Soc. Sc. Manage. Vol. 6, Issue-4: 82-89. DOI: [10.3126/ijssm.v6i4.26221](https://doi.org/10.3126/ijssm.v6i4.26221)

¹*Corresponding author

Zamurd Khurshid,
Nursing College, Allama Iqbal Medical College, Lahore, Pakistan
Email: ali.90waqas@gmail.com

Peer reviewed under authority of IJSSM

© 2019 International Journal of Social Sciences and Management



This is an open access article & it is licensed under a Creative Commons Attribution 4.0 International License (<https://creativecommons.org/licenses/by/4.0/>)

girls (Andriano & Monden, 2017). Number of different channels have been proposed through which maternal schooling contributes for the improvement of child health and for the reduction of child mortality (Alemayehu and Huang, 2014).

Mother should go for prenatal, antenatal, postnatal visits which enable her to obtain information about the prevention of child morbidity and child mortality by seeking the medical attention (Shah & Frith, 1983). Therefore, the behavior of mother in search wellbeing either as a prophylactic or alternative attention is an all-important factor in deciding the child survivorship through the child health and child nutritional status.

There are many causes that lead to death of children e.g. measles, malaria, diarrhea pneumonia, asphyxia, and congenital etc. (Zahid, 2004). These situations can be tackled if the child is taken to better hospital it can only be possible when mother have some idea about these diseases or about situations (Foster *et al.*, 2005). For child survival and for the reduction of child mortality mothers should bring the child for the immunization. They should have knowledge about their visits to health care centers, utilization of health services, about breast feeding (Bledsoe *et al.*, 1988).

This study is generally concerned with advancing the understanding of impact of maternal education on child mortality in least modernized population of Pakistan. In Pakistan there is less talk about maternal education and child mortality (Zahid, 2004). According to studies in Zimbabwe, Malawi and Uganda the school fees have been abolished so that the basic education can be provided to all children especially for girls (Grépin & Bharadwaj, 2015). Child mortality can be significantly reduced by maternal schoolings. By giving them facilities especially in areas where they have no resources.

Literature Review

Recent demographic research shows that maternal education is considered an important precursor for the improvement of child health. Large cross-national surveys usually support this proposition which were held under the policy of the world Fertility Surveys (Bicego & Boerma, 1991).

In Ethiopia, childhood mortality is decreasing because the government of Ethiopia is committed to MDGs and it is making many interpositions for this in different areas. For example, under-five mortalities have declined from 123 deaths per 1000 live births in 2005 and 88 deaths per 1000 live births in 2011 (ICF international, 2012). In East Africa, Ethiopia has the second highest under-five mortality rate next to Uganda. Despite of good achievements, Ethiopia still has high under-five mortality rate. Hence, child mortality in Ethiopia should be focused because it is still

higher than target of under-five mortality rate of 76 deaths per 1000 births which Ethiopian government has devoted (Hassen, 2014).

Millennium development principally cognitive content rally resources and support for action around the globe, list indicators actually pertaining to certainly maternal and child health in Republic of India specially remain among the attempt in the generally human race, even principally worse that pretty much sub-Nilo-Saharan language Africa (Bhutta, 2000).

The infant impermanence magnitude relation (IMR) in India is currently singularly estimated at 57 predominantly organic phenomenon (NFHS 3) particularly lower than 68 at the time of NFHS-2 (Vikram *et al.*, 2012).

The situation truly is usually worse for basically rural areas where IMR still truly stands at 62.2 however even rural areas have seen a noteworthy decline in IMR. Within the first year of life more than 1 in 18 children continue to die; 1 in 13 before reaching age five (NFHS 3). Therefore, the issue of child health and development is of great importance and an absolute understanding of the probable pathways to alter the requisites to be developed (Vikram *et al.*, 2012).

On the other hand, the link between education and child mortality remains strong in India (Caldwell, Reddy, & Caldwell, 1983). Same time the implication about fabricating useful wellbeing Throughout outset What's more youth is showed from the conclusive connection the middle of adolescence wellbeing Furthermore subsequently budgetary and existence aftereffects like: education, learning, wellbeing What's more income. there is meddling truancy of evidence for Pakistan.

Pakistan ranks poorly in terms of child health 38% and 42% children aged below 5 under the preconditioned height and weight (Alderman & Garcia, 1994).

This is very beneficial to understand the link between maternal education and child health in Pakistan. Firstly, we look for the documentation to create an association between maternal education and child health in Pakistan. Secondly, we should attempt to find the impact of maternal schooling on child health (Aslam & Kingdon, 2012).

Research Methodology

The main purpose of study was to check the impact of maternal education on child mortality. From the past studies we suggested that higher the level of maternal education is associated with the level of child mortality.

Design and Sample

This research is based on purposive sampling technique. The study followed a quantitative research using descriptive design. The study was carried out on the mothers. Data were collected from 4 gynecology units of Jinnah Hospital, Lahore which is a tertiary care hospital in Lahore.

Respondents for the study were made up of 115 women. Information about women’s education, birth histories and mortality of child was obtained. The target population for the survey was ever-married women aged <20 to 49.

Data Collection

Data was collected in collected in October. The consent letter was made to conduct the research. The tool for the survey was questionnaire which contained close ended questions that were designed on nominal Scale: Yes, and No. A set of questionnaires was distributed among the females of gayne-unit. All of them responded the given questionnaire.

Measures

The data thus allows a full examination of impact of maternal education on the proximate determinant of mortality, while controlling for other potential correlates of the outcomes.

Results and Participation Analysis

Data Analysis

Analyzing the impact of maternal education on child mortality. For this purpose data was collected from a tertiary

care Hospital located in Lahore. Research was conducted on 115 females. The participation rate was 100%. Descriptive statistic was used for this purpose.

Demographic Analysis

Data was collected from both literate and illiterate and from the mothers of different age groups. Distribution can be seen in given table

From Table 1 it is revealed that 39% (45) of women were fewer than 20 and 49.6% (57) were from 20-29 and 11.3% (13) were from the age of 30-39.

Table 2 shows that 66% (76) females were from urban areas and 33% (39) of females were from rural areas.

Table 3 shows that 80.9% (93) women were educated and 19% (22) of women were uneducated.

Table 4 Reveals that 60.9% (70) children were males and 39.1% (45) were females.

Table 5 Shows that 61%(71) children were survived and 38.3% (44) of children were not survived.

Table 1: Mother age

	Frequency	Percent	Valid Percent	Cumulative Percent
<20	45	39.1	39.1	39.1
Valid 20-29	57	49.6	49.6	88.7
30-39	13	11.3	11.3	100.0
Total	115	100.0	100.0	

Table 2: Residence

	Frequency	Percent	Valid Percent	Cumulative Percent
Urban	76	66.1	66.1	66.1
Valid Rural	39	33.9	33.9	100.0
Total	115	100.0	100.0	

Table 3: Education

	Frequency	Percent	Valid Percent	Cumulative Percent
Literate	93	80.9	80.9	80.9
Valid Illiterate	22	19.1	19.1	100.0
Total	115	100.0	100.0	

Table 4: Gender of child

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Male	70	60.9	60.9	60.9
Female	45	39.1	39.1	100.0

Table 5: Mortality

	Frequency	Percent	Valid Percent	Cumulative Percent
Survived	71	61.7	61.7	61.7
Valid Not survived	44	38.3	38.3	100.0
Total	115	100.0	100.0	

Descriptive Analysis

Independent Variable

Maternal Education

Many questions were asked from women related to their knowledge about health so, that the effect can be analyzed, and their responses are given in Table 6 to 14.

Table 6 shows that 78.3% females were familiar with child hygiene and 21.7% were not.

Table 7 reveals 83% (96) of women were known about the vaccine course while 16.5 % (19) were not known.

Table 8 Reveals that 69.6% woman give their children correct vaccination while 30% women not giving their children correct vaccination.

Table 9 Shows that 85.2% (98) women know about the proper management of cough n fever while 14%(17) of females are not familiar.

Table 10 Shows that 84.3% (97) woman knows about diarrhea and its treatment while 15% (18) are not familiar with.

Table 6: Do you have any knowledge about child hygiene

	Frequency	Percent	Valid Percent	Cumulative Percent
yes	90	78.3	78.3	78.3
Valid No	25	21.7	21.7	100.0
Total	115	100.0	100.0	

Table 7: Do you know about child vaccine course

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	96	83.5	83.5	83.5
Valid No	19	16.5	16.5	100.0
Total	115	100.0	100.0	

Table 8: You think your child receive correct vaccination

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	80	69.6	69.6	69.6
Valid No	35	30.4	30.4	100.0
Total	115	100.0	100.0	

Table 9: Do you know about cough and fever management

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	98	85.2	85.2	85.2
Valid No	17	14.8	14.8	100.0
Total	115	100.0	100.0	

Table 10: Do you now about diarrhea and its treatment

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	97	84.3	84.3	84.3
Valid No	18	15.7	15.7	100.0
Total	115	100.0	100.0	

Table 11 Reveals that 79.1% (91) of women give their children proper rehydration while 20.9% (24) women don't give.

Table 12 shows that 52.2% (60) know about the complications and 47.8% (55) were not known.

Table 13 shows that 76% (88) women were familiar with family planning and 23.5% (27) were not.

Table 14 Shows that 45.2% (52) woman were using the modern contraceptive methods while 54.6% (63) were using old ones.

Dependent Variable

Child Mortality

Child mortality assessed by the tables 15 to 24.

Table 15 Shows that 39%.1 (45) women receive dead baby while the babies of 60.9% (70) women were alive.

Table 16 shows that 33.95% (39) women have to face the complications while 66.15% (76) were safe.

Table 11: Do you give the proper oral rehydration solutions to your child

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	91	79.1	79.1	79.1
No	24	20.9	20.9	100.0
Total	115	100.0	100.0	

Table 12: Do you have any knowledge about the complications from which your child suffer

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	60	52.2	52.2	52.2
No	55	47.8	47.8	100.0
Total	115	100.0	100.0	

Table 13 :Do you know about family planning

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	88	76.5	76.5	76.5
No	27	23.5	23.5	100.0
Total	115	100.0	100.0	

Table14: Are you using any modern or traditional contraceptive methods

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	52	45.2	45.2	45.2
No	63	54.8	54.8	100.0
Total	115	100.0	100.0	

Table 15: Did you receive any dead baby

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid yes	45	39.1	39.1	39.1
no	70	60.9	60.9	100.0
Total	115	100.0	100.0	

Table 16: Did you come across any complication with your previous pregnancy

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid yes	39	33.9	33.9	33.9
no	76	66.1	66.1	100.0
Total	115	100.0	100.0	

Table 17 Shows that Child of 38.3% (44) women were died before the age of five years.

Table 18 Shows that 42.6% (49) woman had alive and healthy children and 57.45 had not.

Table 19 Shows that 69.6% (80) woman gave their children correct vaccination.

Table 20 shows that 22.6% (26) women receive their children with birth injuries.

Table 21 shows that 73.9% (85) women receive prenatal care.

Table 22 shows that 24.3% (28) women have their children with chronic diarrhea.

Table 23 shows that 80.9% (93) women were familiar with diarrhea management.

Table 17: Any of your child died before the age of five years

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	44	38.3	38.3	38.3
No	71	61.7	61.7	100.0
Total	115	100.0	100.0	

Table 18: Do you have all healthy and alive children

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	49	42.6	42.6	42.6
No	66	57.4	57.4	100.0
Total	115	100.0	100.0	

Table 19: Do you think that your child receives correct vaccination

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	80	69.6	69.6	69.6
No	35	30.4	30.4	100.0
Total	115	100.0	100.0	

Table 20: Have you ever received a child with birth injuries

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	26	22.6	22.6	22.6
No	89	77.4	77.4	100.0
Total	115	100.0	100.0	

Table 21: Did you receive prenatal care in the last pregnancy

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	85	73.9	73.9	73.9
No	30	26.1	26.1	100.0
Total	115	100.0	100.0	

Table 22: Any of children has chronic diarrhea

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	28	24.3	24.3	24.3
No	87	75.7	75.7	100.0
Total	115	100.0	100.0	

Table 23: Do you give proper treatment to treat diarrhea

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	93	80.9	80.9	80.9
No	22	19.1	19.1	100.0
Total	115	100.0	100.0	

Table 24: Do you think education effects child health

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	115	100.0	100.0	100.0

Table 24 shows that 100% (115) women think that education has a direct effect on child health.

Discussion

These outcomes take off us more than a little captivated. What is it that happens of the accomplice lady for main a couple quite some time about building that heads her should turned to such an extent a greater amount star In getting her kids will survive the riskiest time from claiming their lives? it will be not associated with the majority self-evident correlative for instructive activity, fiscal gain, Also can it must do with a heightened mental characteristic from claiming sickness etiology. Absolutely, whatever such progressed noesis will be not procured in the one school cognitive oblivious methodology itself; that procedure will be excessively awful a wide margin uprooted in time from her child-acculturation experience.

In this study women of different ages and from different regions were included. 66% of women were from urban areas and the child mortality occurred in both the urban and rural areas. Women of rural areas were mostly illiterate it shows that area has a great effect on mothers schooling. 80% of women were educated and about 20% of women were uneducated. Results showed that children of educated mothers were mostly survived. Rate of mortality was 38% and the children that survived were 66% as women were mostly from urban areas and were mostly educated. Women were aware with their health pattern but of rural areas were not that much aware with their health pattern. About 69% of women were aware about the vaccination course even some educated women were not aware with the correct vaccination course due to their lack of knowledge. About 80% of women were aware with some basic diseases like diarrhea, fever and cough management. 100% of women were agreed that education has a great effect on child health, morbidity and mortality rate.

The uniquely second noesis-related quality from claiming time singularly grownup anticipates that singe with a percentage instruction with certainly get to be superior to constantly on intents What's more purposes ready with entry data strikingly vital to tyke survival. That certainly is, same time educating itself singularly doesn't educate-in principally child-rearing acquirement, it indeed aides ladies will uniquely think after the fact clinched alongside existence how on greatly obtain these abilities what's more entryway will yield crazy ailment etiology for themselves. It sad for them mortal sin during concurrence predominantly decontextualized information, which

predominantly is predominantly gave by elementally unoriginal sourball similar to broad communications Furthermore wellbeing laborers.

Yet the idea basically is at present especially important in light it to every last bit intents What's more purposes infers that there will be something uniquely bigger over the class syllabus that sort will be at work here. The Verwoerd reality of educating appears to be on give some genuinely new abilities on female, abilities that sincerely need aid thereabouts advantageous in truly ensuring their babies from truly consistent exceptionally mortal with existence. Furthermore, prosperity that greatly face considerably devastated transforming concern classification.

When specially looks at true behavior, as much between standard antagonistic in accordance with cognition, our stricture is of the same opinion up to expectation even barely trained class extraordinarily are extra singularly likely according to affect the truly adjacent determinants over teen progress into a sincerely favorable way. In particular, she essentially are extra truly possibly in conformity with crave or specially acquire surely fantastic condition literally tending to kickshaw the locality infancy sickness so consignment because a lot regarding the toddler successfully ill health yet rate.

Instruction for lady will be essential for the avoidance also management for infections. Fundamental instruction to ladies will be the way for their tyke sustenance. Essential educating is hence fitting more excellent over a enrolment proposition in parts for parts for constructing universe. The nature for grade school background is, no doubt accentuated whatsoever sorts of levels. These trials do will find that it is feasible with truly little builds to resources, *yet all* the tremendous builds over commitment, to support a vital educating approach crazy for which pupils develop Likewise self-constructive junior men what's more women, raise themselves for personal satisfaction poise furthermore need aid normally not anxious should talk their brain.

If these instant troubles yet the innovative approaches concerning addressing to them find translated among truth, we would need to re-assessment a not much about our views regarding the demographic then associative consequences on education. These views are fabricated on move-sectional capabilities about adults that's, concerning individuals any were skilled upon to now, so education used to be as soon as the autocratic, disciplinary talents so this part has described. If more cutting-edge generations regarding youth do indeed experience something instead the place it gains

potential about how many after impeach mastership yet in conformity with agree with and object for themselves, we would helpful to find so discipline fertility kindred will become much less ambiguous than such presently is or the education mortality kindred turns between extra ambiguous than that is into it days.

This part may be not the slightest bit expected will set a damper looking into current protection strategies should outfit regular elementary instruction. However, the outcomes from claiming instruction could make exactly separation additional stupendous Also a wide margin additional economical in those acceptable for instruction and the period about training are both pushed upwards. In this approach those mortal sin of know youngster's cam wood make decreased up to a momentous degree.

Conclusion

The study investigates the relationships between mother's year of schooling and mortality considering mother's parental family education influence on her education. The most important findings, that reveals in this engrossment implies that mother's education crucially important for child's health hunting behavior and unwellness. According to study 100% women agreed that education has a great effect on child health and responsible for child mortality. Therefore, it is suggested that for the improvement of health condition of children, first, it is necessary that educational fame of population generally, and of mothers in particular, should be available and on hand for the promotion of health care practice.

References

- Alderman H & Garcia M (1994) Food security and health security: Explaining the levels of nutritional status in Pakistan. *Economic Development and Cultural Change* **42**(3): 485-507.
- Alemayehu AA & Huang WC (2014) Maternal education, linkages and child nutrition in the long and short-run: evidence from the Ethiopia Demographic and Health Surveys. *International Journal of African Development* **1**(2): 3.
- Andriano L & Monden CW (2017) Maternal education and child mortality: Evidence from a quasi-experiment in Malawi and Uganda.
- Aslam M & Kingdon GG (2012) Parental education and child health—understanding the pathways of impact in Pakistan. *World Development* **40**(10): 2014-2032.
- Basu AM & Stephenson R (2005) Low levels of maternal education and the proximate determinants of childhood mortality: a little learning is not a dangerous thing. *Social science & medicine* **60**(9): 2011-2023.
- Bicego GT & Boerma JT (1991) Maternal education and child survival: a comparative analysis of DHS data.
- Bledsoe CH, Ewbank DC & Isiugo-Abanihe UC (1988) The effect of child fostering on feeding practices and access to health services in rural Sierra Leone. *Social science & medicine* **27**(6): 627-636.
- Caldwell JC, Reddy PH & Caldwell P (1983) The social component of mortality decline: an investigation in South India employing alternative methodologies. *Population studies* **37**(2): 185-205.
- Foster MA, Lambert R, Abbott-Shim M, McCarty F & Franze S (2005) A model of home learning environment and social risk factors in relation to children's emergent literacy and social outcomes. *Early Childhood Research Quarterly* **20**(1): 13-36.
- Frenzen PD & Hogan DP (1982) The impact of class, education, and health care on infant mortality in a developing society: the case of rural Thailand. *Demography* **19**(3): 391-408.
- Grépin KA & Bharadwaj P (2015) Maternal education and child mortality in Zimbabwe. *Journal of health economics* **44**: 97-117.
- Hassen KY (2014) The Effect of Maternal Education on Under-five Mortality in Ethiopia. Unpublished thesis requirements for obtaining the degree of Master of Arts in Development studies. Hague: International Institute of Social Studies.
- Hassen KY The Effect of Maternal Education on Under-five Mortality in Ethiopia.
- Sandiford P, Cassel J, Sanchez G & Coldham C (1997) Does intelligence account for the link between maternal literacy and child survival? *Social science & medicine* **45**(8): 1231-1239.
- Shah A & Frith U (1983) An islet of ability in autistic children: A research note. *Journal of child Psychology and Psychiatry* **24**(4): 613-620.
- Thomas D (1990) Intra-household resource allocation: An inferential approach. *Journal of human resources* **25**(4): 635-664.
- Vikram K, Vanneman R & Desai S (2012) Linkages between maternal education and childhood immunization in India. *Social science & medicine* **75**(2): 331-339.
- Vikram K, Vanneman R & Desai S (2012) Linkages between maternal education and childhood immunization in India. *Social science & medicine* **75**(2): 331-339.
- Zahid GM (2004) Impact of Maternal Education and Health-related Behaviours on Infant and Child Survival in Pakistan.