

Reproductive health of women and its impact on the nutritional status of preschool children in Manipur

■ Kh.Ringsuachong Aimol and Minoti Phukhan

Received: 04.12.2017; Revised: 23.03.2018; Accepted: 11.04.2018

■ **ABSTRACT :** This study was conducted among rural women in Manipur to determine the relationship between reproductive health of mother and nutritional status of children. A total of 250 married women and 250 preschool children of selected mothers were randomly chosen from two districts of Manipur. Both quantitative and qualitative data on reproductive health were generated through interview method and a focused group discussion. Anthropometric measurement was used to assess the nutritional status of preschool children. It was found that 72% had experienced reproductive health problem. More than fifty per cent of the respondent's children were malnourished. The prevalence of mild, moderate and severe malnutrition was 41.6%, 13.2% and 0.8%, respectively. Further analysis revealed association between reproductive morbidity of mothers and malnutrition of children. Children born to mothers with better reproductive health fared better in the nutritional status than children born to mothers with poor reproductive health. The study felt the need to empower women on nutritional education and reproductive health care.

See end of the paper for authors' affiliations →

Kh. Ringsuachong Aimol
College of Home Science, Central
Agricultural University, Tura
(Meghalaya) India
Email : aimol77@yahoo.com

■ **KEY WORDS:** Women, Nutritional status, Preschool children, Reproductive, Malnutrition

■ **HOW TO CITE THIS PAPER :** Aimol, Kh.Ringsuachong and Phukhan, Minoti (2018). Reproductive health of women and its impact on the nutritional status of preschool children in Manipur. *Asian J. Home Sci.*, 13 (1): 114-117, DOI: 10.15740/HAS/AJHS/13.1/114-117. Copyright@ 2018: Hind Agri-Horticultural Society.

Reproductive health is an important component of women's general health. Reproductive health encompasses the reproductive process, functions and system at all stages of human life. It is associated with a wide range of issues including the sexual health of an individual or community, the condition of the environment where the reproduction takes place, and the collaborative and reciprocal relationship between human and environment (Salehin, 2012). Reproductive health problems of women include the obstetric and gynaecological conditions of ill health related to the reproductive process during and outside the childbearing

episodes. In India, more than one-third of ever married women have at least one reproductive health problem related to vaginal discharge or urination and two-fifths of currently married women reported at least one reproductive health problem related to vaginal discharge, urination or intercourse that could be a symptom of more serious reproductive tract infection (IIPS, 2010). According to NFHS III (2006-07) data in India, more than one in 18 children die within the first year of life, and more than one in 13 die before reaching age five and many women did not received high quality antenatal care. Further, only 44 per cent started antenatal care

during the first trimester of pregnancy.

The cognitive and physical development of children is greatly influenced by the health, nutrition, and behaviors of their mothers especially during pregnancy and early childhood years. Research has also documented associations between nutritional status during childhood and its implications for adult economic achievement and health (Victoria *et al.*, 2008). Against this background, this study was undertaken with the objectives to study the reproductive health of women and examine the relationship between reproductive health of women and the nutritional status of their children.

RESEARCH METHODS

The study was conducted in Pallel block and Tegnoupal block of Thoubal and Chandel districts of Manipur. A total sample of 250 married women in the age group of 18 to 40 years and 250 preschool children of the selected mothers were randomly chosen for the study. A self structured interview schedule was developed to elicit specific information. The information was collected through a house to house survey in study villages. Anthropometric measurement of height and weight was taken from 250 preschool children of respondent mothers. The age of children were ascertained from parents and accuracy of age was cross checked with immunization cards from mothers. Body height was measured without shoes, horizontally to the nearest 0.1 cm using steel tape. Children were asked to stand straight and look straight ahead so that the eye sight was leveled with the ground with shoulders level, and buttocks against the wall of house. Body weight was measured in minimum clothing to the nearest 0.1 kg using a manual balance beam scale. Weight was taken after window display indicates 0.0. Weight scale was always reset before weighing the next person. Malnutrition was calculated as normal, mild, moderate and severe according to Gomez classification of weight-for-age. Analysis was carried out using frequencies, percentage distribution, standard deviation and chi square.

RESEARCH FINDINGS AND DISCUSSION

The results obtained from the present investigation as well as relevant discussion have been summarized under following heads :

Socio-demographic characteristics :

The mean age of the respondents was 31.3 ± 5.2. Fifty one per cent were Christians while 49 per cent were Hindus. Although majority had education, the level of education attended was low. The highest level of educational attainment was graduates (8%). Financial constraint, failure in school examination and early marriage were few factors for low level of education. The mean age at menarche was 13.2 years. The mean age at consummation of marriage was 23.95 years which is higher than legal age of marriage (18 yrs) in India. With regard to pregnancy outcomes, the mean number of pregnancies of the subject study was 2.52 while the number of deliveries was 2.19. The mean variation in number of pregnancy and number of live births may be due to unplanned/unintended pregnancies associated with lack of awareness in family planning for birth spacing. This indicates that the respondents were not informed of their reproductive rights.

Reproductive health problems (RHPs) :

The wellbeing of a family depends upon the health of a mother as she plays major responsibility of running the family. Deaths due to complications of pregnancy, childbirth, unsafe abortions, reproductive tract infection and effects of harmful contraceptives are the major causes of ill health of women (Malini, 1996). In the present study (Table 1) 72% had experienced reproductive health problem during the one year preceding the survey out of which 58 per cent had experienced at least two kinds of reproductive health problems (RHP) and 14 per cent had encountered one RHP while 28 per cent had not experienced any such kind of RHP. The reproductive health problems experienced by the respondents were menstrual disorder (53%) followed by urinary tract

Table 1 : Reproductive health problems encountered during the past one year			(n=250)
Sr. No.	Reproductive health problems	Frequency	Percentage
1.	At least two to three reproductive health problem	145	58.00
2.	At least one reproductive health problem	35	14.00
3.	No reproductive health problem	70	28.00
	Total	250	100.00

infection (51%) and lower reproductive tract infection (41%) like white discharge with bad odour and feeling of itching. It was observed that only women who had experienced reproductive health problem for a longer duration with greater frequencies and severity seek for medical treatment. The reason for not seeking timely medical treatment was due to lack of knowledge about the risk and vulnerability of reproductive health problems. They expressed that menstrual disorders like severe abdominal pain, irregular period and excessive bleeding occurs for few days in a month and eventually subsides on its own and therefore it was not considered as health problem. Other factors were lack of health facilities in nearby places, economic difficulties, and lack of proper transportation in rural areas. The result is in similar direction with study by Barua and Kurz (2001) in Ahmednagar in Maharashtra that the married women often went untreated in case of menstrual problems and RTI. Bhatia and Cleland (1995) also found that there was a higher probability of health seeking treatment among women who had been experiencing symptom gynaecological morbidities for a longer time than those who experienced more recent one. This felt the need to empower rural women on the risk factors and vulnerability of reproductive health problems outcome.

Nutritional status of the respondent’s children :

The anthropometric measurement shows the sign of physical growth and health status of children. Weight associated with height has been found to be reliable for detecting both under and over nutrition. Based on Gomez classification as depicts in Fig. 1, 42 per cent of the respondent children were underweight followed by moderate malnutrition (13 %) and a negligible per cent (0.8%) had severe degree of malnutrition. Similarly, the Anthropological Survey of India studied physical growth and development of children in North East India and found about 13 per cent of pre-school Angami children were stunted, but the frequency of stunting was higher among girls than that of boys (Anonymous, 2008).

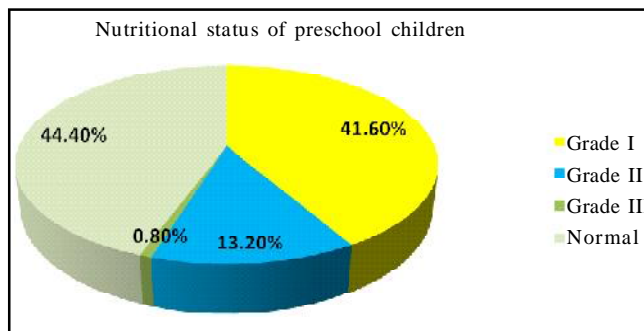


Fig. 1 : Nutritional status of children

Relationship between nutritional status of preschool children and reproductive health of women :

As shown in Table 2, there was a close association existed between reproductive health of mother and nutritional status of children. Children born to mothers with longer frequencies and severity of reproductive health problems were more likely to have a child with cases of anthropometric deficits as compared to children of mothers who had better reproductive health. These findings are corroborated with the study by Prakash *et al.* (2011) that children belonging to mothers having poor reproductive health were more likely to suffer from stunting, wasting and being underweight compared to the children of mothers who had better reproductive health. Further, the age at marriage was higher with increase in the educational level of the mother however there was no significance difference between level of education and anthropometric deficits. Similarly, early age marriage and number of children delivered by the respondents have no significant association with the nutritional status of children. This shows that the health of a mother has strong relation with the nutritional well being of children.

Conclusion and recommendation :

Reproductive is an important determinant of women’s health. Healthy and good reproductive health

Variables	Calculated χ^2
Reproductive health problems	25.43**
Age at consummation of marriage	10.60 NS
Maternal education	15.69 NS
Number of living children	13.03 NS

** indicates significance of value at P<0.05; NS=Non-significant

of women is important not only for the mother but also for children and family members as she plays holistic role in rearing children, household works and other economic activities of the family. Based on findings of the study, majority of the women had one cases of reproductive morbidity where it was not treated timely due to lack of knowledge about the risk and vulnerability of reproductive health problems. Further, children born to mothers with reproductive morbidity have more cases of anthropometric deficits than mothers who had better reproductive health. The study felt the need of early intervention on nutrition education and information on reproductive rights. Departments like ICDS of Social Welfare, DIET, KVKs, and Home Science Colleges can generate such awareness programme during Nutrition week day and Breast feeding week among rural women at village level apart from mass media. Manipur being a home to multi ethnic groups have multi lingual, therefore attempt should be made to address in local ethnic dialect in order to reach the message to the target groups.

Authors' affiliations:

Minoti Phukhan, College of Home Science, Assam Agricultural University, Jorhat (Assam) India

■ REFERENCES

Anonymous (2013). National Rural Health Mission steps for reducing India maternal mortality rate (MMR) and infant mortality rate (IMR),<http://indiasanitationportal.org/16513>

Barua, A. and Kurz, K. (2001). Reproductive health-seeking by married adolescent girls in Maharashtra, India. *Reproductive Health Matters*, **9**(17):53–62

Bhatia, J.C. and Cleland, J. (1995). Determinants of maternal care in a region of south India. *Health Transition Rev.*, **5**(2): 127-142

International Institute for Population Sciences (IIPS), 2010. District Level Household and Facility Survey (DLHS-3), 2007-08 : India. Manipur: Mumbai: IIPS.Journal & Health. 1996. 2(1). P.54-67.

Malini, K. (1996). Reproductive Health and Women: A Review of Literature. Radical See comment in PubMed Commons below Prakash R, Singh A, Pathak PK, Parasuraman S. (2011), Early marriage, poor reproductive health status of mother and child well-being in India, *J Fam Plann Reprod Health Care*. Jul;37(3):136-45. doi: 10.1136/jfprhc-2011-0080.

Prakash, Ravi, Singh, Abhishek, Pathak, Praveen Kumar and Parasuraman, Sulabha (2011). Early marriage, poor reproductive health status of mother and child well-being in India. *J. Family Planning & Reproduce Health Care*, **37**(3):136-45

Salehin, M.A. (2012). Reproductive health of tribal populations in India: A sustainability Approach. Thesis, The University of Texa at Arlington.

Victoria, C.G., Adair, L., Fall, C., Hallal, P.C., Martorell, R., Richter, L. and Sachde, H.S. (2008). For the maternal and child undernutrition study group. “Maternal and Child Undernutrition: Consequences for Adult Health and Human Capital”. *Lancet*, **371** : 340-357.

★ ★ ★ ★ ★ 13th Year of Excellence ★ ★ ★ ★ ★