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Health Problems Encountered by Mothers of Under-2 Children in the Coastal Area of Kochi, Kerala

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Abstract: ***Introduction*** *Women's health and nutritional status is inextricably bound with social, cultural, and economic factors that influence all aspects of their lives, and it has consequences not only for the women themselves but also for the wellbeing of their children, the functioning of households and the distribution of resources (World Bank Group, 1999).* ***Objective:*** *The objective of the study is to find out the health status of mothers of under 2 years..* ***Materials and methods:*** *A cross sectional study using a pre- tested and semi-structured interview schedule was administered among 384 mothers having children under two years in the coastal area of Kochi, Kerala.. Purposive Sampling was the technique adopted for the selection of subjects.* ***Results:*** *Study revealed that more than half of the sample (58.1%) was suffering from minor ailments of more than one type. Among these ailments, vomiting (24.5%) and constipation (13.3%) were found to be more frequent. The most commonly noticed chronic health problems were hypertension (3.1%) followed by migraine (2.8%). Four cases of diabetes and three cases of gestational diabetics were also noticed among the mothers. Regular Antenatal chekup was done by only 62.5 percent of mothers and immunization in pregnancy was completely covered only by 86.5 percent of the subjects. Out of the 384 mothers studied 79.9 percent did not report any complications in pregnancy. 94.3 percent of mothers had normal full term (37 to 42 weeks) delivery.*

Keywords: Health Problems, Under 2 children

1. Introduction

Health status of women is important both for the quality of their lives and for the survival and healthy development of their children. WHO (2009) also emphasized that women's health during the reproductive years is relevant not only for them, but also has an impact on the health and development of the next generation. As stated by Munsur et al. (2005) health care utilization behaviour of mothers is influenced by a number of interlinking factors including individual and familial influences as well as the availability and access to health care services.

2. Materials and Methods

A cross sectional study using a pre- tested and semi-structured interview schedule was administered among 384 mothers having children under two years in the coastal area of Kochi, Kerala. Purposive Sampling was the technique adopted for the selection of subjects. The health status of mothers; especially the various health problems encountered by them during the antenatal and postnatal period, was assessed.

3. Results and Discussion

- **Antenatal health**

As observed from the table more than half of the sample (58.1%) were suffering from minor ailments of more than one type. Among these ailments, vomiting (24.5%) and constipation (13.3%) were found to be more frequent than other gastrointestinal disturbances like indigestion (7.8%), abdominal pain (3.1%), heart burn (2. 9%) and gas trouble (1.0%). Headache (4.2%) back pain (2.6%) and oedema and tiredness (0.8%) were also reported by a comparatively small number of samples.

Table 1: Minor ailments during pregnancy

Particulars	*Frequency**	*Percentage*
No illness	161	41.9
Vomiting	94	24.5
Head ache	16	4.2
Oedema & tiredness	3	0.8
Back pain	10	2.6
Constipation	51	13.3
Heart burn	11	2.9
Muscle cramp	36	9.3
Skin color change	12	3.1
Indigestion	30	7.8
Gas trouble	4	1.0
Abdominal pain	12	3.1

* *Multiple responses*

Most of the ailments were, the ones commonly associated with pregnancy period. Biko (2007) is of the opinion that majority of pregnant women will experience the symptoms of morning sickness, heartburn, common cold, lower backache, lower abdominal pains, constipation, oedema and various skin changes during the course of their pregnancy.

Other Health Problems

It was obtained from the table that 88.3 percent of mothers were devoid of any serious health problems and 11.7 percent had health problems of chronic and / or infectious nature. Chronic health problems were diseases, which are long lasting or recurrent. Such problems may have its impact on the course and outcome of pregnancy and child rearing practices; so also the growth and development of children.

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Table 2: Incidence of other health problems

Particulars	*Frequency**	*Percentage*
No health problems	339	88.3
Chronic health problem		
Hypertension	12	3.1
Diabetes	4	1.0
Cardio vascular disease	1	0.3
Cancer	1	0.3
Sexually transmitted disease	1	0.3
Other health problems		
Asthma	4	1.0
Migraine	11	2.9
Rheumatism	3	0.8
Vaginal discharge	4	1.0
Chicken pox	1	0.3
Gestational diabetics	3	0.8

** Multiple responses*

The most commonly noticed chronic health problems were hypertension (3.1%) followed by migraine (2.8%). Four cases of diabetes and three cases of gestational diabetics were also noticed among the mothers. Cardiovascular disease, cancer, sexually transmitted disease and chicken pox were reported by 0.3 percent each of the population.

The general maternal illnesses like anaemia, tuberculosis, malaria, diabetes mellitus and hypertension when prevalent take a toll on the lives and health of both mother and child. A marked increase in the incidence of gestational diabetes during the last two decades has been reported by Dabela et al. (2005). Gestational diabetes is high blood sugar that begins during pregnancy. Usually there are no symptoms when a woman has gestational diabetes, but fortunately all pregnant women are screened during their 24th and 28th week of pregnancy.

Feig and Palda (2002) also opined that a pregestational type 2 diabetes is an emerging problem, especially because the type 2 diabetes has become a global epidemic involving more of younger age groups. Hypertension the most common medical disorder and cardiovascular disease have serious medical complications in pregnancy with increased maternal and perinatal morbidity and mortality. Maternal complications of hypertension include stroke, superimposed pre-eclampsia and abruptioplacenta. And foetal complications are prematurity, low birth weight and perinatal death (Livingston et al., 2003). To quote Shenoy et al., (1999) hypertensive disorders account for about 40 percent of maternal death in Kerala.

Antenatal check ups

Table 3: Antenatal checkups and immunization coverage of mothers in pregnancy

	Frequency	*Percentage*
Regular visit to doctor		
Yes	240	62.5
No	144	37.5
Immunization		
Yes	332	86.5
No	52	13.5

As seen in the table only 62.5 percent of mothers agreed that they visited doctor regularly for checkups during pregnancy and more than one third (37.5%) did not. Similarly immunization in pregnancy was completely covered only by 86.5 percent of the subjects. Bamji (2008) also observed that 90 percent of mothers had antenatal checkups and had taken tetanus injection. To quote Ajithkumar and Devi (2010) only 63.6 percent received all recommended types of antenatal care in Kerala.

Irregular visits and incomplete coverage of immunization observed in the present study was quite surprising. The unique feature of Kerala in the health front, which is often referred, is the availability of medical infrastructure, accessibility to the people, by having it close to their dwelling place or by having better transport facilities to reach it; and also utilization of such facilities extensively by mothers mainly because of the high female literacy rate and better awareness. But the present findings brought out the fact that in spite of all these, a sizable number of subjects failed to use these facilities during pregnancy.

This may be due to a casual approach of mothers towards pregnancy and child birth. In the context of the existence of chronic health problems along with nutritional deficiencies (as obtained by weight for height and BMI), the mothers in coastal communities need to give more attention and priority to antenatal checkups and immunization coverage.

- **Complications during pregnancy and childbirth**

Table 4: Complications during pregnancy

Particulars	Frequency*	Percentage
No problem	307	79.9
Vaginal bleeding	43	11.1
Pre-eclampsia	20	5.2
Premature rupture of membrane	30	7.9
Gestational Diabetic	3	0.8
Pregnancy induced hypertension	8	2.0

** Multiple responses*

Out of the 384 mothers studied 79.9 percent did not report any complications in pregnancy. The rest (20.1%) had one or more than one problem; of which, vaginal bleeding was common (11.1%). Premature rupture of membrane and pre-eclampsia were reported by 7.9 percent and 5.2 percent of the mothers respectively. Cases of pregnancy induced hypertension (2%) and gestational diabetes (0.8%) were also reported.

Though the incidence rate was low among study population, pregnancy induced hypertension according to Cunningham et al (2010) is one of the most common causes of both maternal and neonatal morbidity. During the last trimester of pregnancy, high blood pressure if accompanied by albuminuria, leads to pre-eclampsia in mothers. If untreated, it could lead to eclampsia, one of the leading killers of pregnant women (Sivakumar et al., 2007).

- **Child birth related complications**

A variety of complications can occur at the time of labour and delivery also. The details are given in table 5.

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Table 5: Details on labour and delivery

Particulars	Frequency*	Percent
Normal (37 -42 wks)	362	94.3
Premature (<37 wks)	22	5.7
Postdated (>42 wks)	0	0
Foetal distress	8	2.1
Me conium stained	7	1.8
Nuchal cord	11	2.9

**Multiple responses*

As per the table, 94.3 percent of mothers had normal full term (37 to 42 weeks) delivery. Preterm delivery (5.7%) was a common problem reported by many. Nuchal cord (2.9%), foetal distress (2.1%) and meconium stained (1.8%) were also reported as complications at the time of delivery.

In nuchal cord the cord may become coiled around various parts of the body of the fetus, usually around the neck. Umbilical cord around the neck of an infant, or nuchal cord, may affect the infant's status during labor, at birth,and after birth. Nuchal cords rarely cause fetal demise (Dhar et al., 1995).

Another potential complication during labour and delivery is an abnormal heart rate for the baby. If the baby's heart rate is above the normal range, it can indicate fetal distress. Fetal distress is the medical term given to the condition when a baby displays signs that it may not be coping when in the uterus. Fetal distress can occur during pregnancy, or more commonly during labour.

Fetal meconium can also be a complication during labour and delivery. If the baby has passed its first bowel movement in the womb, the meconium can cause fetal distress.

4. Conclusion

The mother and child have always been considered as one unit, be it biologically, socially or culturally. The biologic support that the mother gives to the child during its growth and development through pregnancy and lactation, in turn depends on her own nutritional and health status. WHO (2001) also stated that the health status of the mothers invariably determines the health status of the generations to come, which inturn determines the health of the entire community.

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