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Health Problems Associated with Pregnant Women in Kashmir

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ABSTRACT

The present study was aimed to study the problems associated with pregnant women in Kashmir. To gather information from 400 pregnant women, Questionnaire was used. Respondents were selected purposively & randomly from all the 10 districts of Kashmir valley. Data collection was done in various district hospitals of Kashmir. It was found that majority of the studied sample were not taking any medicine and were not suffering from any disease. It also revealed that 10% of the respondents were suffering from nausea. Regarding haemoglobin level it shows that mean Hb was 10.98mg among the respondents from all the districts.

1. Introduction

Nutrition is a vital support of human existence, health and development throughout the entire life span. Correct intake of food and good nutrition are fundamental for survival, physical growth, mental development, performance and productivity, health and wellbeing. Maternal nutrition is very crucial for the course and outcome of pregnancy. Women's health and other preventive health care should begin before birth, during intrauterine life and spreads throughout different stages of their lives in order to keep their general as well as their reproductive health. A well balanced diet is a crucial part of excellent health at all times in woman's life.

Pregnancy is a demanding physical condition. In India, it is seen that intake of women from the low socioeconomic groups are basically alike during pre-pregnancy, pregnancy and lactating periods. As a result, there is extensive maternal malnutrition leading to high incidences of low birth weight infants and very high maternal mortality. Additional dietary intake is required to enhance pregnancy weight gain and birth weight of infants. Pre-pregnancy body mass index (BMI), maternal age and rate of pregnancy weight gain must be taken into the consideration while forming the calorie intake of the pregnant women.

Complications during Pregnancy

Low birth weight (LBW), defined as a birth weight <2500gm, remains a significant public health problem in many parts of world. The anthropometry of the mother and her nutritional intake are known causes of LBW, especially in developing countries. The prevalence of low birth weight (LBW) is higher in Asia than elsewhere, predominantly because of undernutrition of the mother prior to and during pregnancy (Sumithra, 2009).

Gestational Diabetes: During pregnancy diabetes can be seen in some women because placental hormones modify the way insulin works or a woman may already have diabetes but detected during pregnancy. This condition is known as Gestational Diabetes. In many cases, blood glucose becomes abnormal during pregnancy but it returns to normal after the infant is born. (L.C Tolstoi, 1999).

Hypertension: Hypertension affects pregnancy and also its outcome in different ways, depending on when the hypertension first takes place and on how severe it becomes. Hypertension can be a chronic condition that develops before a woman becomes pregnant or a temporary condition that develops during the pregnancy and subsides after childbirth. (M.sibai, 1996).

Preeclampsia: Hypertension may signal the onset of preeclampsia, a condition characterized not only by high blood pressure but proteinurea and edema. Almost all of the mother's organs- the circulating system, liver, kidneys and brain are affected by this condition. If it continues, convulsions may occur, and this condition is called eclampsia.

Morning Sickness and heat burn: It takes place due to the hormonal changes taking place early in pregnancy, ranges from mild nausea to debilitating vomiting, and distress more than half of all pregnant women.

Heatburn, a burning feeling in the lower esophagus near the heart, is common during pregnancy and is also benign. As the growing fetus develop an increased stress on the woman's stomach, acid may back up and cause an uneasy sensation in her throat. (N.I Hahn,1994).

2. Review of Literature

Nilgün Tekkesin & Figen Taser (2012) revealed that the consumption of folic acid during pregnancy among Turkish women presented to the hospital and analyzed the difference of folic acid supplementation between planned and unplanned pregnancies. Of the 1076 women, 677 (62.9%) reported current use of a prenatal folic acid at the time of the department visit, while 399 pregnant women (37.0%) identified themselves as non-users (p = 0.006).

In the unplanned pregnancy group, 302 (65.22%) women reported taking folic acid during pregnancy, but 161 (34.77%)

women began three months prior to conception as recommended by their gynecologists (p<0.0001).

Although, the study group was a significant user with a high awareness of folic acid, our findings may not be generalizable to other areas of the country. Because, participants were likely to be one of the most educated group with a medium or high socio-economical status. Besides these hopeful results, we believe the necessity to re-evaluate our educational strategies and consider reduction of unplanned pregnancies as part of our goals.

Hedyeh Riazi et al 2012 obtained information revealed that 7.8% with high level of knowledge, 43.8% with intermediate level, 30.4% with low level knowledge, and 18% with no knowledge. Hospitals and health centers are two major sources for promoting popular awareness about folic acid. There is a significant relationship between the knowledge, education, and employment, time of prenatal care beginning, age, gravidity, and sources of health information. The number of women with high level of knowledge was more among those with lower parity, higher level of education, employment, young age and looking for health information.

Awareness of folic acid is low among Iranian women. The different strategies are required to elevate the knowledge about folic acid among the women in reproductive age and provide them with some information about the benefits of this supplement.

3. Methodology

The study was undertaken to assess the dietary pattern of pregnant women in kashmir. 400 pregnant women of any age group were selected purposively and randomly for the present study. The sampling was conducted in OPD (Out Patient Department) of various district hospitals. During the study, a structured questionnaire cum interview schedule was used to collect information from the pregnant women. The purpose was to gather information from them. It is a quick and efficient way to gather information from target no. of people. After the required information was gathered, the data was carefully analyzed and interpreted.

4. Results

Table no: 4.1: Respondents suffer from any disease

Suffering from any disease/ diseases? If yes, specify?	Type	Anantn Ag	Bandipor a	baramulla	Budgam	Gande rbal	kulgam	Kupw ara	Pulwama	Shopian	Sgr	Total
No	---	55 (91.66%)	21 (95.45%)	50 (87.71%)	38 (90.47%)	18 (90%)	21 (87.5%)	44 (88%)	32 (91.42%)	14 (93.33%)	65 (86.66%)	362 (90.5%)
Yes	Hypertensio n	1 (1.66%)	---	---	---	1 (5%)	---	1 (2%)	---	---	1 (1.33%)	3 (0.75%)
Yes	Hypothyroidi sm	4 (6.66%)	1 (4.54%)	4 (7.01%)	3 (7.14%)	---	2 (8.33%)	3 (6%)	2 (5.71%)	1 (6.66%)	6 (8%)	23 (5.75%)
Yes	Diabetes mellitus	---	---	3 (5.26%)	1 (2.38%)	1 (5%)	1 (4.16%)	2 (4%)	1 (2.85%)	---	3 (4%)	12 (3%)
Total	---	60	22	57	42	20	24	50	35	15	75	400

Table 4.1 the above table reveals that a huge majority (90.50%) of the respondents from all the districts were not suffering from any disease, 5.75% of respondents were suffering from hypothyroidism, 3% from diabetes mellitus and only 0.75% were suffering from hypertension.

Table no: 4.2: Respondents taking medicines

Medication s	Type	Anantnag	Bandipor a	Baramull a	Budgam	Gand erbal	Kulgam	Kupwar a	Pulwama	Shopian	Sgr	Total
No	---	56 (93.33%)	21 (95.45%)	53 (92.98%)	38 (90.47%)	19 (95%)	22 (91.66%)	47 (94%)	33 (94.28%)	14 (93.33%)	69 (92%)	372 (93%)
Yes	Thyronrom5 0	3 (5%)	1 (4.54%)	4 (7.01%)	1 (2.38%)	---	---	2 (4%)	1 (2.85%)	1 (6.66%)	4 (5.33%)	17 (4.25%)
Yes	Thyronrom2 5	1 (1.66%)	---	---	3 (7.14%)	1 (5%)	2 (8.33%)	1 (2%)	1 (2.85%)	---	2 (2.66%)	11 (2.75%)
Total	---	60	22	57	42	20	24	50	35	15	75	400

Table no 4.2 depicts the intake of medicine by the respondents. It indicates the majority (93%) of the respondents from all the districts were not taking any medicine, 4.25% of the respondents were taking thyronorm 50 and 2.75% were taking thyronorm25.

Table no 4.3: Stressed due to Pregnancy

Stressed due to Pregnancy	Anantnag	Bandipora	Bara mulla	Budgam	Gander bal	Kulgam	Kupwara	Pulwama	Shopian	Sgr	Total
Yes	32 (53.33%)	10 (45.45%)	28 (49.12%)	22 (52.38%)	11 (55%)	12 (50%)	24 (48%)	20 (57.14%)	7 (46.66%)	40 (53.33%)	206 (51.5%)
No	28 (46.66%)	12 (54.54%)	29 (50.87%)	20 (47.61%)	9 (45%)	12 (50%)	26 (52%)	15 (42.85%)	8 (53.33%)	35 (46.66%)	194 (48.5%)
Total	60	22	57	42	20	24	50	35	15	75	400

Table no: 4.3: Above table revealed that slightly more than half (51.5%) of the respondents from all the districts were stressed due to pregnancy, 48.5% of the respondents disclosed that they were not stressed because of their pregnancy.

Table no 4.4: Hb level of the respondents

Districts	N	Range	Minimum	Maximum	Mean	Std Deviation
Anantnag	65	4	8	13	10.96	.970
Bandipora	20	4	9	12	10.65	1.029
Baramulla	55	4	9	13	11.08	.886
Budgam	16	3	10	12	11.33	.964
Ganderbal	10	3	9	12	10.43	.920
Kulgam	20	4	8	12	10.93	.996
Kupwara	45	4	9	13	11.07	.978
Pulwama	22	3	9	12	10.86	1.119
Shopian	10	2	9	11	10.10	.841
Srinagar	150	4	9	13	11.07	.950
Overall	413	4.5	8.5	13	10.98	0.971

This table shows that mean Hb was 10.98mg among the respondents from all the districts. Range and Std Deviation is also shown in the table.

Table no: 4.5: Symptoms present among the respondents

Symptoms present	Type	Anant nag	Bandi pora	Bara mulla	Budgam	Gander bal	Kulgam	Kupwara	Pul wama	Shopian	Sgr	Total
None	---	12	5	8	5	5	5	7	8	5	13	73 (18.25%)
Yes	Indigestion	8	2	2	---	2	2	---	2	---	5	23 (5.75%)
Yes	Heartburn	10	3	6	3	1	3	4	--	---	2	32 (8%)
Yes	Nausea	8	5	2	5	3	2	5	4	3	3	40 (10%)
Yes	Vomiting	----	---	---	---	2	1	6	2	---	4	15 (3.75%)
Yes	Hunger	---	3	2	---	---	---	2	---	---	---	7 (1.75%)
Yes	Increased Appetite	---	---	5	---	---	---	---	---	---	3	8 (2%)
Yes	Decreased Appetite	---	1	---	---	---	---	2	---	---	4	7 (1.75%)
Yes	Craving for certain foods	4	---	6	2	2	5	3	3	---	---	25 (6.25%)
Yes	Constipation	---	2	4	3	---	---	5	---	---	5	19 (4.75%)
Yes	Diarrhea	---	---	---	---	---	---	---	---	---	---	---
Yes	Sensitive to odors	8	1	7	6	---	---	3	---	---	8	33 (8.25%)
Yes	Feel bloated	---	---	---	4	---	2	2	5	---	5	18 (4.5%)
Yes	Heartburn Nausea	4	---	2	3	3	---	---	4	---	4	20 (5%)
Yes	Vomiting Decreased appetite	---	---	3	---	---	1	3	---	---	5	12 (3%)
Yes	Heartburn Hunger	---	---	5	2	---	2	2	2	---	4	17 (4.25%)
Yes	Constipation Craving for certain foods	6	---	3	5	---	---	---	2	4	6	26 (6.5%)
Yes	Constipation Feeling bloated	---	---	2	4	2	1	6	3	3	4	25 (6.25%)
Total	---	60	22	57	42	20	24	50	35	15	75	400

Table 4.5 shows that majority 18.25% of the respondents from all the districts did not have any health issues related to pregnancy 10% of the respondents were suffering from nausea, 8.25% of them were sensitive to odors, 8% were having an issue of heartburn during the period of pregnancy. 6.50% had constipation problem and were having craving for the certain foods. Very few (5.75%) of the respondents were suffering from the indigestion during pregnancy. Only 4.75% were having constipation.

5. Conclusion

Malnourished women are particularly vulnerable to pregnancy and child birth complications which can end in low birth weight or premature baby. From time immemorial, it has been recognized that women, especially pregnant and lactating are from one of the most vulnerable segments of the population from nutritional point of view. Most of the pregnant women in Kashmir face poor health conditions and are highly prone to diseases because of wrong lifestyle, poor hygiene, unhealthy superstitions, faulty dietary habits and other cultural practices.

Health education among the women of child bearing age can improve the knowledge. It is concluded that among the

study group, were not taking any medicine and were not suffering from any disease. It also shows that 10% of the respondents were suffering from nausea. Regarding to haemoglobin levels, mean Hb was 10.98mg among the respondents from all the districts.

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