

## Women's Health after Delivery in Brajrajnagar Mining Area of Orissa

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### INTRODUCTION

Women comprise 50% of the world population. They carry the burden of the reproducing children and in traditional societies women are viewed as reproductive agents. It is recognised that women as a group, even in the most developed nations, suffer a varieties of disadvantages during their life. Women are the most oppressed social group in the male dominated world today. In many countries women are beasts of burden. From an early age, they are conditioned to feed last and least, expected to be fertile but remain chaste till married off. Lack of education for women (mothers) restricts the opportunities to raise the quality of their life and that of their family. Gender discrimination is seen in the societies. In India, women have always been neglected and women have no time to pay attention on their own health. All her time is devoted for her husband, children and other family members. But no one of her family cares for her. Therefore, health problem among women is common and vast which leads to have problems in her children and family.

Information on women's health and nutritional status is sparse and the little available on maternal mortality is disturbing. It is mostly due to the lack of health services before, during and after delivery. The most frequent cases are post-partum haemorrhage, puerperal sepsis, obstructed labour and toxemia. In a number of traditional societies women were given 40 days reprieve and recovery time as a puerperal period but now-a-days women

are given very short time. (Jiminiz, 1979).

A number of studies have been conducted in the past but still data is insufficient. It is also very important to know the health of the women after delivery in the society. In this view the present work was carried out to find out the health status of the women in the mining area.

### MATERIALS AND METHODS

The present work was carried out in the coalmines area of Brajrajnagar in Jharsuguda district of Orissa. The families of the subjects are employees of Mahanadi Coal Fields Limited; hence they are socio-economically dependent on coalmines. 131 women (lactating mothers) having children of age less than 12 months were interviewed with a pre- tested schedule. Information on different aspects of health after delivery, especially puerperium period and different post partum problems like haemorrhage, prolonged discharge etc. was asked to the lactating mothers.

### RESULT AND DISCUSSION

The age group of lactating mothers in the present study ranges from 16 to 40 years of age. More number of lactating mothers (39.69%) is found in the age group 25-29 years. The lactating mothers belong to different castes and communities and also from different geographical regions. Majority (65.64%) is seen from general category. All lactating mothers are housewives.

**Table 1: Reproductive performance of the lactating mothers**

Age groups	No. of women	No. of pregnancy	Total Live birth	Total abortion	Death		Surviving Total	Pregnancy per women	Fertility per women	
					M	F				
15-19	8	8	8	-	-	4	4	8	1.00	1.00
20-24	45	81	68	16	4	36	28	64	1.80	1.51
25-29	52	127	105	22	1	47	57	104	2.44	2.02
30-34	20	62	53	9	-	25	28	53	3.10	2.65
35-39	5	16	10	6	-	5	5	10	3.20	2.00
40-44	1	6	4	2	-	2	2	4	6.00	4.00
Total	131	300	248	55	5	119	124	243	2.29	1.89

67.93% of lactating mothers are from the middle income groups whose annual income ranges from Rs. 40,000/- to Rs. 60,000/-. 38.93% of lactating mothers are educated up to intermediate class. 92.36% of lactating mothers are from nuclear families and 81.61% women are non-vegetarian in food habits.

300 pregnancies are seen from 131 lactating mothers (Table 1). Out of the total pregnancies, 248 are seen to have live births. 55 abortions and stillbirth are observed in the sample. Out of 248 live births 119 are males and 124 are female children. 5 Children are dead. The average pregnancy per woman is found to be 2.29 and fertility per woman is 189. More pregnancies are found in the age group 25-29 where live birth is also more 105. Number of abortion is also more (22) in this age group of women (25-29 years). Pregnancy per woman increases as the age of the woman increases. Highest percentage (6.00) is seen in the age group of 40-44, where as fertility per woman also increases as the age of the woman increases.

Gravida and para among the lactating mothers is shown in the table 2. Highest gravida and para are seen to be 6 and 5 respectively. One woman is found to have gravida 6 but para 4. 38 women are found to have gravida and para, which is highest among the lactating mothers.

**Table 2: Distribution of gravida and para among the lactating mothers**

Para →	1	2	3	4	5
Gravida ↓					
1	38				
2	8	36			
3	1	17	12		
4		6	3	3	
5		3		2	1
6				1	

Table 3, exhibits the distribution of women taking bath after delivery. It is seen that only 2.29 percentage of women are found to take bath on the same day after giving birth to a child. Highest (55.72%) percentage of women is found to take bath on 5<sup>th</sup> to 7<sup>th</sup> day after delivery. And only one woman is seen to take bath on 25<sup>th</sup> day of delivery. Mainly the women take bath on their 5<sup>th</sup> or 6<sup>th</sup> or 7<sup>th</sup> day after delivery, then on 12<sup>th</sup> or 13<sup>th</sup> day and next on 21<sup>st</sup> day. In rest of the periods they get

**Table 3: Distribution of women taking bath after delivery**

Days	Total no of women (%)
Same day	3 (02.29)
Next day	
2-3 <sup>rd</sup> day	29 (22.12)
5 <sup>th</sup> -7 <sup>th</sup> day	73 (55.72)
8-12 <sup>th</sup> day	17 (12.98)
21 <sup>st</sup> day	8 (06.10)
25 <sup>th</sup> day	1 (00.76)
Total	131

themselves cleaned by sponging. After that, they take bath regularly. After delivery, the regular bath of the mother is not advised due to anticipation of getting cold which may lead to fatal.

Normal activities are restricted up to about six weeks after delivery. Because of nuclear family some women start their normal activity and day-to-day house hold work within 10 days and those women who goes to maternal house for delivery, take rest up to 1 or 2 months after delivery. Doctors advise to take rest for 5 days to become fit after a normal delivery and a woman may go for work on 6<sup>th</sup> day onwards in joint family. But it is observed that 43.55 percent mothers started their work after one month and above after giving birth to the child. Only 9.68 percent of women started their work within 10 days. 33.06 percent of women between 11 to 20 days and 13.20 percent of women between 21 to 30 days started working after delivery.

**Table 4: Distribution of mothers intended to go to work after delivery**

Days	Total No of women (%)
Less than 10 days	12 (09.68)
11-20 days	41 (33.06)
21-30 days	17 (13.71)
31-above	54 (43.55)
Total	124

The occurrences of post partum problems among women are observed (Table 5). It is evident that 87.79 percent of women in the present sample faced bleeding problem, 66.41 percent of women and 10.76 percent of women faced the problem of low back pain and of prolonged discharge respectively.

Table 6 indicates the occurrences of post partum haemorrhage among lactating mothers. Highest percentage of women is 36.72% are seen

**Table 5: Occurrence of post partum problems after delivery among women**

<i>Problems after delivery</i>	<i>No. of women (%)</i>
Bleeding (P. P. H.)	115 (87.79)
Low back pain	87 (66.41)
Prolonged discharge	14 (10.69)

**Table 6: Occurrence of post partum haemorrhage among the lactating mothers**

<i>Days</i>	<i>Total no. of women</i>
0-5	10 (07.81)
6-10	14 (10.94)
11-20	47 (36.72)
21-30	42 (32.81)
31-45	12 (09.37)
46-60	-
60 above	3 (02.34)
Total	128

to have post partum haemorrhage (bleeding) continuously up to 11-20 days. 32.81 percent of women suffered from this problem up to 21 to 30 days. 10.94 percent of women are seen to have up to 6-to-10 days and 9.37 percent of women up to 31. to 45 days. 7.81 percent of women have up to 5<sup>th</sup> days and among 3 lactating mothers it lasted for more than 60 days, It is seen that 2.34 percent of women have severe problem of post partum haemorrhage.

Table 7, gives a detailed account of occurrences of prolonged discharge. In this table out of 131 samples 3 lactating mothers are on 3<sup>rd</sup> and 10<sup>th</sup> day of the delivery. So, they are not included here. Only 20.31 percent of women have prolonged discharge problem and 19.68% of women don't have any problem and are found to be normal. Out of 20.31%, 9.37% of women have prolonged discharge continued up to 5 days. In 4.68 percent of women it continued up to 21 to 30 days. 2.34 percent have problem up to more than 30days and 1.56 percent of women have prolon-

**Table 7: Occurrence of prolonged discharge**

<i>No. of days</i>	<i>Total no. of women</i>
0-5	12 (09.37)
6-10	2 (01.56)
11-20	3 (02.34)
21-30	6 (04.68)
31-above	3 (02.34)
Total P. D.	26 (20.31)
Non P. D. Women	102 (79.69)
Total sample	128

ged discharge between 6-10 days. 2.34 percent of women have continued the discharge up to 11 to 20 days.

Generally, the onset of the first menstrual period following delivery is variable and depends more than anything on lactation. If the woman does not breast feed her baby, the menstruation returns by 6<sup>th</sup> week following delivery in about 49 percent and by 12<sup>th</sup> week in 80 percent of cases. If the women breast-feed her baby, the menstruation may be suspended in about 70 percent until the baby stops breast-feeding. However, menses may start even before ceasing of breast-feeding in the remaining 30 percent.

Table 8 exhibits the distribution of onset of menstruation after delivery among lactating mothers. The recycling varies from woman to woman and occurs from 2<sup>nd</sup> month to 11th months after delivery. It is found that the frequency is high in second month (26.66 %) after delivery. And very less (1.33.%) in 9, 10 and 11 months after delivery. 87.99 percent of mothers have the recycling within six months after delivery. Exceptionally recycle had not started among 2 women till one year after the birth of their child.

**Table 8: Distribution of onset of menstruation after delivery among the women**

<i>Month</i>	<i>Total no. of women (%)</i>
2	20 (26.66)
3	18 (24.00)
4	13 (17.33)
5	9 (12.00)
6	6 (08.00)
7	2 (02.66)
8	2 (02.66)
9	1 (01.33)
10	1 (01.33)
11	1 (01.33)
12	—
Till 12 month not started	2 (02.66)
Total	75 (66.37)
Sample	113

Pregnancy and delivery have long been one of the leading causes of maternal mortality. Women's health after delivery depends upon various factors during her pregnant stage and after delivery as well. It is extremely important to give careful nursing care to the mother and the child during the postnatal period for the sound health and well-being. Mother should receive her

periodic postnatal examination (check up) to have sound wealth. The hard working mothers deserve rest in her postnatal period. Improvement in living conditions and other social factors takes away her risk factors of any ill health.

**KEY WORDS** Health. Women. Delivery. Brajrajnagar.

**ABSTRACT** The present study was undertaken to find out the women's health after delivery in Brajrajnagar mining area of Jharsuguda district, Orissa. A total of 131 samples have been collected among lactating mothers from Mahanadi Coal Fields. The lactating mothers are socio-economically dependent on Mahanadi Coal Fields Ltd. (MCL). It provides all sorts of medical facilities to its employees. In spite of this the lactating mothers after delivery are affected by different types of post partum health problems like post partum haemorrhage (87.79%), prolonged discharge (20.31%), low back pain (66.41%), Recycling starts within 4 months (67.99%) after the birth of the child but the majority of lactating mothers (87.99%) it occurs within 6 months after delivery.

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