

COPARATIVE STUDY OF HEALTHCARE OF PREGNANT WOMEN FROM IMPHAL WEST AND SENAPATI DISTRICT OF MANIPUR

Dr.NONGMEIKAPAM OMIKA DEVI
Assistant Professor
Department of Home Science
Damdei Christain College
Motbung, Senapati District
Manipur Pin – 795107

ABSTRACT

The present study attempt to study the health care of pregnant women of Imphal West and Senapati district of Manipur. Questionnaire schedule was used to collect the data from 30 pregnant women each from Imphal west and Senapati District of Manipur i.e. 60 pregnant Women for the study. Result reveals that majority of the pregnant women of Imphal west are Non-vegetarian and cent percent of Senapati district were Non-Vegetarian, Majority of both the districts consult doctor during their pregnancy and also follows the instructions of the doctor. The study shows that both the districts of Imphal west and Senapati districts are aware of their during their pregnancy

KEY WORDS: Nutrition, Pregnant, Pregnancy, Imphal West, Senapati, Health.

Introduction

The science of foods, the nutrients and other substance there in; their notion, interaction, and balance in relationship to health and decease; the process by which the organization ingests, digest, absorbs, transports and utilizes nutrients and disposes of their end products. In addition, nutrition is concerned with social economic, cultural and psychological implications of food and eating (Robinson , 1966) In the present study the word “ Care” would mean to be concerned about the needs of pregnant women. It would also imply “the application of the science and the art of human nutrition their bodies in health or in disease throughout life cycle. This participation may be in single or combined functions; in feeding groups; involving food selection and management; in extending knowledge of application according to particular situations and in dietetic counseling.” Committee on Goods of Education for dietary Inter ship Council (1969)

Pregnancy is the state of carrying a developing embryo or fetus within the female body. This condition can be indicated by positive results on an over the counter urine test, and confirmed through a blood test, ultra sound, detection of fetal heartbeat, or an x-ray. Pregnancy last for about nine months, measured from the date of woman’s last menstrual period (LMP). It is conventionally divided into three trimesters, each roughly three months long. Body has a great deal to do during pregnancy. Sometimes the changes taking place will cause irritation or discomfort and on occasions they may seem quite alarming. There is rarely any need for alarm, but you should mention anything that is worrying you to maternity team. Some of the common problems during pregnancy are – Backache, Bleeding, Bleeding gum, Constipation, Cramp, Deep Vein thrombosis (DVT) Faintness, feeling hot, high blood pressure and pre-eclampsia, Incontinence, Indigestion and heartburn, itching, Leaking nipples morning sickness and nausea, Nosebleeds, Urinating a lot, Pelvic pain, piles (hemorrhoids) Skin and hair, sleeplessness, stretch mark, swollen ankles, feet, fingers, teeth, and gums, tiredness, vaginal discharge, vaginal bleeding and varicose veins. A healthy diet is an important part of a healthy lifestyle at any time, but is especially vital if you’re pregnant or planning a pregnancy. Eating healthy during pregnancy will help your baby to develop and grow. Pregnant woman don’t need to go on a special diet but it’s important to eat a variety of different foods every day to get the right balance of nutrients that you and your baby need. It’s best to get vitamins and minerals from the foods you eat, but when you’re

pregnant you need to take some supplements as well, to make sure you get everything you need. Eating healthily often means just changing the amounts of different foods you eat so that your diet is varied, rather than cutting out all your favorites. You can use the eat well plates to get the balance of your diet right. The eat well shows you how much to eat from each food groups.

Judith (2009) describes that in spite of technology and medical sciences and ability to manage complex health problems, the current maternity care environment has increased risks for health women and their Babies. It comes as a surprise. To most women that standard maternity care does not reflect best – scientific evidence. In this column, evidence – based maternity care practices are discussed with an emphasis on the practices that increase safety for mother and baby, and what pregnant women need to know in order to have safe, health births. Alan (2009) reveals that the role of pharmacists in responding to systems in pregnant women may be restricted compared with responding to systems in other people, because expectant mothers are more likely to speak to the health professional at their regular antenatal appointment about aliment.

Manipur is situated in the extreme North – Eastern part of India. The State is divided into nine districts. Out of the nine districts, Imphal East, Imphal West, Thoubal and Bishnupur are in the valley. The remaining five districts are Senapati, Churachanpur, Tamenglong and Ukhrul are in hills. The population of the state is 22,93,896 persons. Out of the total population, 4,44,382 people are in Imphal west. Which is the most populated district of Manipur in the valley. Among the hills district, Senapati is the most populated district with 2,83,621 persons. The female literacy rate of Imphal West district is 1,39,242 person out of 3,11,238 person of the total literacy rate of the district. Out of 80,507 persons of literate, 33,585 persons are female literacy number of Senapati district. (Statistical Abstract Manipur, 2009)

The women of Manipur contribute a lot in the field of socio – economic conditions. These could be assured at different level / Perspective. At one level the contribution of women at the home front more particularly by that illiterate women who performed most of the work including marketing, buying and selling in public and in carrying to and fro of the articles. In this regard E.W. Dun (1957) in his Gazetteer of Manipur stated that, “ it would be difficult to find more industries women in India than the Manipuri’s”.

T.C. Hodson in his (1987) stated that nearly every housewife was capable of weaving all the clothes needed by her family, and simple loom stands in the verandah of the house. These clothes were mainly extended for wear and not for decorative purpose, yet senior the occupation of the state a trade in fancy and decorative cloths had sprung up. The qualification of the bride was judge by the quantity of the cloth she could weave in the past.

On the other hand there were a number of women who were employed in the private sector. Total number of women employees in Manipur by 2001 was 18,975. (Directorate of Employment) This figure was inclusive of both Public Sector and Private Sector.

During pregnancy and child birth, fathers are the most significant sources of care for mother and their children. These studies also highlight the importance of kin in supporting the family when the mother cannot provide full time care. Women’s kinship networks (the mother, mother – in – law and sisters) are particularly important and are generally rated as more useful than friendship network, while we tend to think of the elderly as consumers of family services, they also play a vital role as the producers of services. Like other members of the family, grandparents provide babysitting, daycare and help during illness they also provide money and accommodation for parents with young children.

Brown had clearly written that the staple of food of Manipuri’s were rice dal and fish.

{ Hudson T.C. (1975) The Meiteis, B.R. Publishing Corporation Delhi}

Hudson stated that rice forms the staple food and animal flesh was forbidden and all spirituous liquor or intoxicants were accursed. Fish was eaten and was a common article of diet, so much as that special care to be taken to prevent any monopoly of fishery rights from unduly raising the price of this commodity. However the system had been slightly changed in modern days. Although meat was prohibited amongst the meities community, nowadays the younger generation used to take meat. However, preparing of meat in the kitchen was strictly prohibited. This system of prohibition of meat

consumption was not practiced among the tribal. Taking meat was one of the main edible items of the tribes in Manipur. Food habits of tribes are different as they consumed rice, and boiled vegetables, meat without any spices and less oil consumption and fish are less while meat are consumed more.

MATERIALS AND METHODS

Sample

The sample of the present study comprised of 60 pregnant women. Out of it, 30 pregnant women were from Imphal West and 30 pregnant women from Senapati District of Manipur.

MEASURE.

Questionnaire was the tool used to collect the data from the pregnant women of Imphal West and Senapati District.

STATISTICAL ANALYSIS

The data collected from the respondents were tallied and frequencies were found out and percentage was calculated.

RESULTS AND DISCUSSIONS

Table No. 1
 Food Habit of Pregnant Women.

Eating Habits		Imphal West		Senapati		Total no. % (I&S)
		Number	Percent	Number	Percent	
Vegetarian and Fish		2	6.7			3.3
Non - vegetarian		28	93.3	30	100	96.7
No. of meals in a day	4 meals	12	40	1	3.3	21.7
	3 meals	14	46.7	8	26.7	36.7
	2 meals	3	10	20	66.7	38.3
	More than 4 meals	1	3.3	1	3.3	3.3

The above table no. 1 shows that in both the districts majority of the respondents (pregnant women) eats non-vegetarian i.e, 93.3% from Imphal West, 100% from Senapati District. The reason behind this could be that in Senapati majority people are Schedule tribe (tribal) i.e. 21,118 person and 98% of the people are Christian. Here in Manipur, the tribes and 98% of the people are Christians. Here in Manipur the tribes and Christian consume meat as one of the main food items. The above table also shows that majority of both the districts (i.e 96.7%.) consumes non – vegetarian. Since the food eating habit has change even for the Hindus in Manipur . There is not much restriction like the olden days in consumption of meat.

Table No.I also reveals that in Imphal West Majority of the respondents take meals thrice a day with 46.7% of the total respondents, 40% of the respondents takes four times meals in a day and only 3.3% take meals more than 4 meals a day. Regarding Senapati District (66.7 of respondents)majority of them takes two times meals in a day i.e, 66.7%, 26.7% of them take three times meal and only 3.3 each of them take four times and above four times a meal in a day. Majority of the respondents of both the Imphal West and Senapati District taken two times a meal and 36.7% of the total respondents of both the district take three times a meal in a day. And 21.7% and 3.3% of the respondents take four times and more than four time in a day respectively.

Siege – Riz (2002) observed that black women consumed more calories on a average and white women consumed, greater amounts of protein, iron, foliate, fiber and hard lower fat intake. WHO referred that studies in the physiology of the pregnant women showed that are pregnancy advances there was a growing need for protein and calories in the diet. But in many rural communities the actual dietary intake in pregnant women fall short of recommended allowance. As a result of in-adequate nutrition the birth weights of babies born to mothers in the lower socio – economic groups were significantly low with increase in parental mortality.

Table No. 2.
 Facing Health Problems during Pregnancy.

Response	Imphal West		Senapati		Total
	Number	Percent	Number	Percent	
Yes	5	16.7	2	6.7	11.7
No	25	83.3	28	93.3	88.3
Total	30	100	30	100	100

It is observed from table no.2 that majority of the respondents i.e. 83.3% of Imphal west does not faced health problems during pregnancy and 16.7% faced problem. From Senapati 93.3% does not faced problems during pregnancy and only 6.7% of them faced problems. From both the district 88.3% i.e. majority of them does not face problems during their pregnancy. Meenakshi (2003) brought out that only 65% of the birth received one antenatal checkup and 44% received iron folic acid supplementation and 66.8% of the pregnant women had tetanus immunization.

Table No. 3
 Consultation with Doctor

Response		Imphal West		Senapati	
		Number	Percent	Number	Percent
Yes		30	100	25	83.3
No				5	16.7
If yes	Regularly	16	53.33	5	16.7
	Only once	3	10	3	10
	Sometimes	10	33.3	9	30
	Whenever there was problem	1	3.3	8	26.7
Follow doctors advice	Yes	30	100	25	83.3
	No				
	If yes, Regularly	23	76.7	10	33.3
	Sometimes	7	23.3	15	50

Regarding consultation with doctor, table no. 3 depicts that cent percent of Imphal West pregnant Women Consult doctor during their pregnancy. Where in Senapati district 83.8% of them consult doctor but 16.7% of them do not consult doctor during their pregnancy. The reason behind this could be because in Senapati district there is only 1 government hospital, 14 C.H.C and P.H.C, 68 dispensaries and P.H. Sc's. Whereas in Imphal West District there are 5 government hospitals, 23 C.H.C and P.H. Sc's and 111 Dispensaries and P.H Sc's. during the year 2007 – 2008. (Statistical Abstract, 2009)

The above table no 3 further shows that majority of the pregnant women 53.3% consult doctor regularly, 33.3% consult doctor sometimes, 10% of them consult only once and very less percent i.e. 3.3% of them consult doctor only when there was problem. Whereas from Senapati District 30% of the pregnant Women consult doctor sometimes, 26.7%,16.7% and 10% of them consult doctor whenever there was problem in their health, regularly and only once respectively. The reason behind why pregnant women of Imphal West district consult doctors more regularly could be due to its financial conditions of the family.

Table No. 3 reveals that 76.7% of the pregnant Women i.e. majority of them, who consult doctor follow the advice given to them regularly where as in Senapati District out of the total respondents 83.3% person consult doctor and all of them also follows the instruction given by doctors to them.

Mittal(1990) Pointed out that while discussing on primary health care emphasis must be given on improved water supply, sanitation, immunization programmed, population stabilization and management information system.

Table No 4.

Change in the Household work.

<i>Response</i>	<i>Imphal west</i>		<i>Senapati</i>	
	<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>
<i>Yes</i>	12	40	4	13.3
<i>No</i>	18	60	26	86.7

It observed from table no.4 that majority of the pregnant women from both the districts i.e. 60% and 86.7% from Imphal West and Senapati district respectively does not change their household act - ivies during their pregnancy. Only 40% and 13.3% of the total respondents of Imphal West and Senapati respectively change their household act ivies. That means that the pregnant woman does less household activities during their pregnancy. The respondents answer that their household activities are change mainly because the doctor told them to take rest and because of its complexity during pregnancy.

Grimwood (1975) mentioned that women did all the hard work as a rule in Manipur. They had all women their own and their husband's clothing and cooked and looked after the house generally, besides working in the fields coming every evening to the bazaar with merchandise for sale or exchange. It further mentioned that " it was a pretty sight in the evening to see all the women hurrying along with thin wares on their heads and their little babies slung on their backs" it presented a descriptive even on the contribution of women in socio – economic field. Graham (1984) State that women of Manipur shared with the burden of making money but the household work and childcare still remained as women's work. The finding of present study links with Sharma's (2002) study. It was found out that few husbands were willing to accomplish household jobs in emergency or no choice situations. But a change of attitude was found amongst men of younger age as they were more open, flexible, responsive and problems. Amarjeet (1999) considered women's affair in which men had only a limited role to play. Their presence and help were needed only during emergencies.

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