

# To Determine Mortality Among Earlier Children Of Multigravida Women

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## Abstract

**Background:** Children are a future of nation and take precaution of child health it's our responsibility. Multigravida women etiological factors more much affect on children health. But these factors affect on children health at the time of pregnancy to birth of children and after that see the effect on children growth and development in living life sometime chance to child suffering any kind of morbidity and its cause to die.

**Objective:** To determine mortality among earlier children of multigravida women.

**Methodology:** The present descriptive cross-sectional study was use. The study conducted on multigravida women randomly sample of a village from selected PHCs. total 492 multigravida women with her earlier children age 0-18 yrs age group was enrolled. To conduct this study, a predesigned Structured Interview questionnaire was developed and all the questions were framed keeping the study objectives in mind to obtain the necessary information.

**Result:** out of 492 multigravida women 21(2.1%) were having earlier children mortality. majority woman was gravida 2<sup>nd</sup> and Para one women and gravida 3<sup>rd</sup> Para two.

**Conclusion and recommendation:** The regrettable side to the issue is that most of the mortality are largely preventable by simple interventions like; Promotion of hygienic practices, through proper health education to their parents. Community health workers should also be trained adequately so that they are able to pick up signs of illness and encourage people in the community to seek treatment and reduced mortality in children.

**Keywords:** Multigravida women, earlier children, Child mortality

## Introduction

Children are a future of nation and take precaution of child health it's our responsibility. Global child, adolescent and youth mortality rates peak among under-fives, fall to a low among 10–14 year old and then increase again. The probability of dying among adolescents aged 10–19 years was estimated at 7.2 deaths per 1,000 children aged 10 years in 2021 – 0.9 million adolescents died in 2021.<sup>1</sup> Prevalence, severity and frequency of morbidity due to infections depend upon infant and young child feeding and caring practices, nutritional status of the child, and environmental hygiene. Effect of morbidity on nutritional status depends upon severity and duration of infection, health care provided, feeding during illness and convalescence.<sup>2</sup>

Multigravida women etiological factors more much affect on children health. But these factors affect on children health at the time of pregnancy to birth of children and after that see the effect on children growth and

development in living life sometime chance to child suffering any kind of morbidity and its cause to die. The present focus on child mortality age group 0-18 year earlier children of multigravida women.

The main aim for chosen multigravida women and her earlier children because of both multi and Primi women doing same parallel task but multigravida women having more than one child and she doing multi-task responsibility with job. That's why she can't give time to our child properly and its chance of development of illnesses in children and its causes of mortality. Mortality was stillbirth, pneumonia, malnutrition, drowning, electrocution, snake bite, Suicide, poisoning, accident case this are causes of mortality seen time of data collection.

## Aim of the study

The aim of study determine mortality among earlier children of multigravida women

## Methodology

The present descriptive cross-sectional study was used. The study conducted on multigravida women randomly sample of a village from selected PHCs. Duration of the study was one year, total 492 multigravida women with her earlier children age 0-18 yrs age group was enrolled. A door-to-door survey was conducted and taking the inclusion criteria into account i.e. multigravida women. Informed consent was obtained from each of the multigravida women and they were reassured that the information obtained will be confidential and used only for the purpose of this study. To conduct this study, a predesigned Structured Interview questionnaire was developed and all the questions were framed keeping the study objectives in mind to obtain the necessary information.

## Result

The data collection thus obtained was compiled, tabulated and analyzed statistically to draw out observations and meaningful results.

**Table1: Distribution of multigravida according Gravida and Parity (n= 492)**

Gravida	Parity		Number of Multigravida Women (%)
	Para		
2 <sup>nd</sup>	Para	1	51(5.1%)
	Para	2	308(31.0%)
3 <sup>rd</sup>	Para	1	3(0.3%)
	Para	2	43(4.3%)
	Para	3	54(5.4%)
4 <sup>th</sup>	Para	2	9(0.9%)
	Para	3	5(0.5%)
	Para	4	11(1.1%)
5 <sup>th</sup>	Para	1	1(0.1%)
	Para	3	4(0.4%)
	Para	4	2(0.2%)
	Para	5	1(0.1%)
Total			492

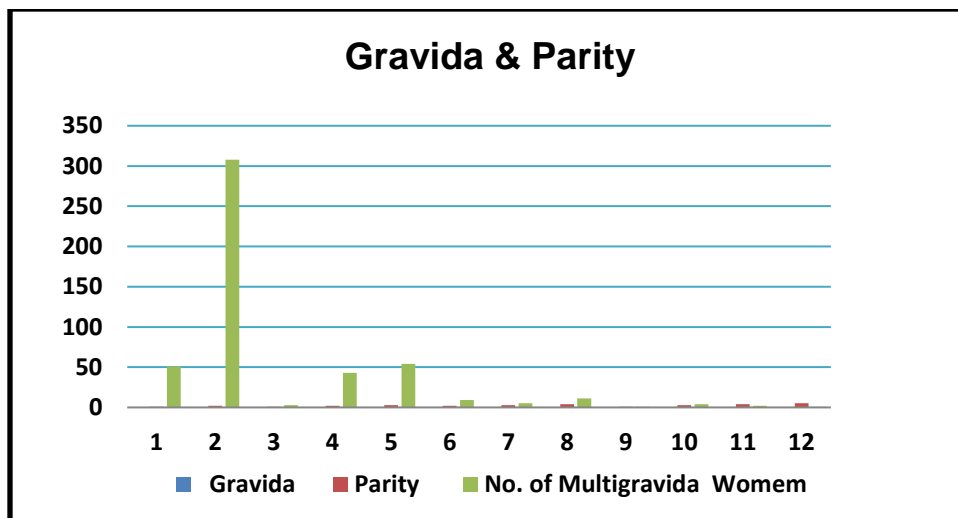


Fig1: Distribution of Gravida & Parity of multigravida women

**Table2: Distribution of mortality of Earlier children according gravida 2<sup>nd</sup> & 3<sup>rd</sup>**  
(n = 459)

Gravida	Parity		Number of Multigravida women (%)	Number of mortality of earlier children
	Para	1		
2 <sup>nd</sup>	Para	1	51(5.1%)	9(0.9%)
	Para	2	308(31.0%)	0
3 <sup>rd</sup>	Para	1	3(0.3%)	0
	Para	2	43(4.3%)	8(0.8%)
	Para	3	54(5.4%)	0
Total			459 (45.8%)	17 (1.7%)

Above table depicts that; out of 45.8% multigravida women majority Gravida 2<sup>nd</sup> and Para one among them, 0.9% observed children mortality.

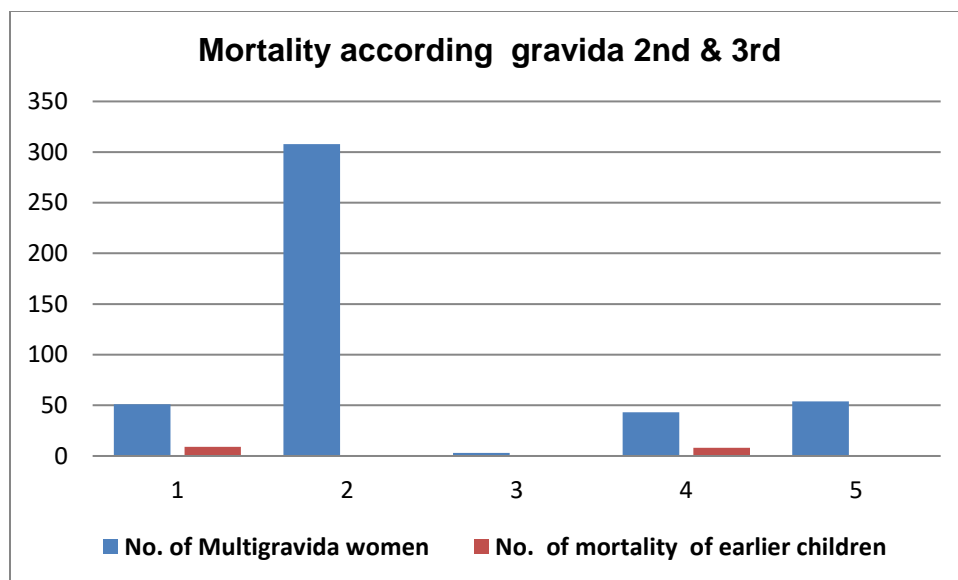


Fig2: Distribution of mortality of children according 2<sup>nd</sup> & 3<sup>rd</sup> gravida

**Table3: Distribution of mortality of earlier children according gravida 4<sup>th</sup> & 5<sup>th</sup> (n= 33)**

Gravida	Parity		Number of Multigravida women (%)	Number of mortality of earlier children
4 <sup>th</sup>	Para	2	9(0.9%)	4(0.4%)
	Para	3	5(0.5%)	0
	Para	4	11(1.1%)	0
5 <sup>th</sup>	Para	1	1(0.1%)	0
	Para	3	4(0.4%)	0
	Para	4	2(0.2%)	0
	Para	5	1(0.1%)	0
Total			33(3.3%)	4(0.4%)

Above table depicts that; out of 33.3% multigravida women in them, only 0.4% children mortality observed in Gravida 4<sup>th</sup> and Para two.

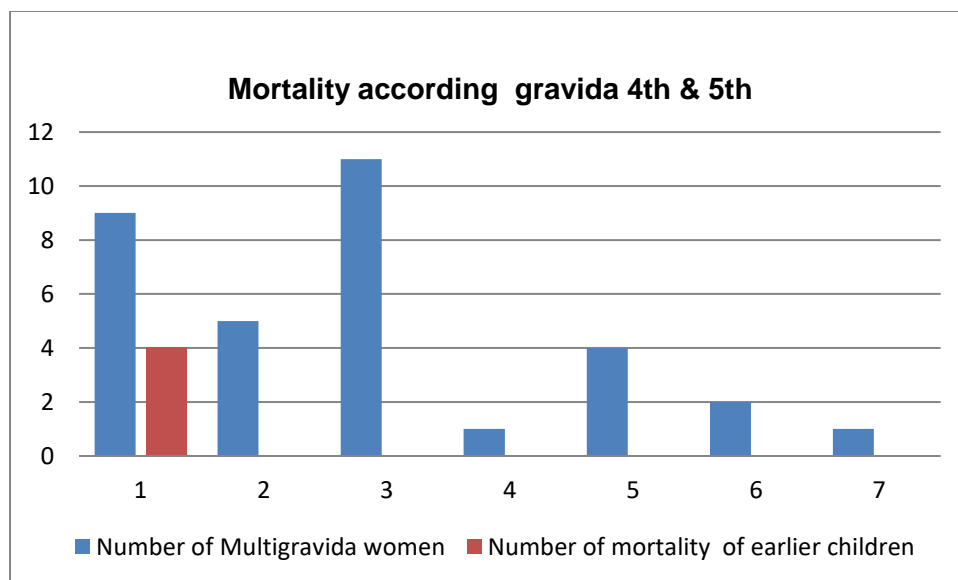


Fig3: Distribution of mortality of children according 4<sup>th</sup> & 5<sup>th</sup> gravida

## Discussion

Child mortality is a vital indicator of child health and overall national development.<sup>3</sup> According to World Health Organization (WHO),<sup>4</sup> many other factors such as immunization status of children and delivery practice may also influence infant and child mortality.<sup>6-8</sup> Our present study reveals that the mortality among earlier children of multigravida women in them according gravida and parity distribution of children mortality. Majority gravida 2<sup>nd</sup> and Para two women was 0.9% were having children mortality and in gravid a3rd and Para two women was 0.8% having children mortality and only in 4<sup>th</sup> gravida women 0.4% were having mortality in children. Some studies have been done by considering the necessity of analyzing the infant-child mortality and its determinants in Bangladesh.<sup>8-15</sup> Kabir et al.<sup>9</sup> and the most recent study by Abir et al.<sup>15</sup> were attempted to identify important factors influencing infant and child mortality.

Presently mortality in earlier children of multigravida women found was stillbirth, pneumonia, malnutrition, drowning, electrocution, snake bite, Suicide, poisoning, accident case this are causes of mortality seen time of data collection and The researcher herself interviewed the multigravida women at the time of data collection. The objective of this study was to determine mortality among earlier children of multigravida women. During data collection researcher was given clarity to women if any quires and doubt.

## Conclusion

Our present study mortality found was 2.1% in earlier children of multigravida women. These preliminary findings indicate that there is a need to improve utilization of Primary health care services including the vital MCH services for better child health and survival. The regrettable side to the issue is that most of the mortality are largely preventable by simple interventions like; Promotion of hygienic practices, through proper health education to their parents. Community health workers should also be trained adequately so that they are able to pick up signs of illness and encourage people in the community to seek treatment and reduced mortality in children.

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## Ethical Approval

Ethical approval was obtained from ethical institutional committee of KIMSUDU, Karad on 1 december 2020 and approval number was KIMSUDU/IEC/01/2020.

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