

Reproductive Health of a Woman in Srinagar City: Parameters & Implications

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Abstract

The paper tries to highlight the importance of a woman's health, especially in her reproductive years, as the health of the whole nation and its development is largely dependent on the same. The paper also points out towards different parameters of a woman's reproductive health and the possibilities of improving upon them. The women's health and the health of the progeny and consequently the health of the society and the nation should be seen as the corollary of the family planning strategies and the ante-natal care given to a woman of that place. It has been authenticated by a study carried out in Srinagar city, in the state of Jammu & Kashmir. The levels of sensitization towards the issue were found quite good and so was the scope of improvisations for the same.

Keywords: Reproductive rights; Fertility status; Birth order; Birth interval; Birth control; Parenthood; Family planning; Pre-natal care; Ante-natal care; Post-natal care; Medical termination; Safe abortion; Spacing of children.



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1. Introduction

Reproductive health care is a critical issue for a woman, in the present scenario, as she needs to plunge forward in the fast developing world while keeping her feet implanted and ingrained in the ethos of the civilizational traditionalism and human fundamentals, at the same time. Some time back, a mother's health was not thought so important or instrumental to any kind of development, whatsoever. Some services were eventually provided for her, but with a whole lot of shortcomings. Apart from inadequate allocation of resources, the major shortcoming was in the philosophy with which these services were provided. Women were considered as means in the process of reproduction and as targets in the process of fertility control. The services were not provided to women as ends in themselves. Women benefited from the process but were not at the center of the process. But lately, things seem to be changing steadily. A woman's reproductive health is the most complex and delicate system in the human body, and at the same time has far reaching implications. It decides her preconception health, which further decides the health of the unborn child in the future.

Being a woman has implications for health. Health needs of women can be broadly classified under four categories [1]. First, women have specific health needs related to the sexual and reproductive function. Second, women have an elaborate reproductive system that is vulnerable to dysfunction or disease, even before it is put to function or after it has been put out of function. Third, women are subject to the same diseases of other body systems that can affect men. The disease patterns often differ from those of men because of genetic constitution, hormonal environment or gender-evolved lifestyle behavior. Diseases of other body systems or their treatments may interact with conditions of the reproductive system or function. Fourth, because women are women, they are subject to social diseases which impact on their physical, mental or social health. Examples include female genital mutilation, sexual abuse and domestic violence.

Women, healthy women, need health care in order to be able to carry their sexual/ reproductive functions, and to carry them safely and successfully. First and foremost, it is imperative that the woman has the right and freedom to reproduce, when and how she feels, thus signifying her 'reproductive rights'. It certainly has to be her decision. Presently, 70% married women in India are using contraceptives, which is supportive of the above fact. If a woman protects her reproductive health, she automatically has a control over her overall health and subsequently, the health of her baby.

Reproductive health of a woman has certain implications. It affects:

- Population growth.
- Subsequent overall well being of the woman as well as the newly born child of that woman.

2. Population Growth

The population growth of a place is very critical in deciding the pace of development in the areas of economy, infrastructure and other welfare strategies. Largely population growth depends upon the 'fertility status' of a woman. The fertility status of a woman in turn depends upon the following criteria.

2.1. Age of a Woman

The reproductive age of a woman ranges from the start of her menstrual cycle to the onset of the menopause in her reproductive cycle. Therefore, the average reproductive age of a woman ranges from 12- 45 years. But, towards the two extremes of the age, women have a lesser chance of fertility, while the peak of the fertile age ranges from 20- 35 years. Also, the 'degree of desire' to have children, at a particular age, by the woman, is the most important

factor affecting the population growth of a place. Oakley's study of childbirth (1980), in which she researched the experiences of the first-time mothers in their transition to motherhood, represented a major development in the study of reproduction [2].

2.2. Duration of Married Life

If a woman is married and remains married, during her reproductive age, she greatly contributes to the population growth. The longer the span of her married life, the greater chances she has of producing more children, keeping all the other variants constant.

2.3. Spacing of Children

The number of children, a woman gives birth to, also greatly depends upon the gap she keeps between her conceptions of the babies. The larger the spacing between the children, the lesser the number of children delivered by a woman. The spacing between the children can be achieved through the use of contraceptives or other methods.

3. Subsequent Overall Health of the Mother & the New- Born Baby

Health of the new-born baby almost entirely depends upon the reproductive health of the mother. Studies carried out at the National Institute of Nutrition (NIN) and by the Nutrition Foundation of India, show the relationship between maternal factors (nutrition, haemoglobin level, age, etc) and incidence of low birth weights [3]. The factors affecting the health of the new-born child as well as the mother are.

3.1. Mother's Age

A woman spends about 194 months of the total of 360 months of her reproductive life in pregnancy and lactation, most of which when she is still less than 35 years of age [4]. If the mother has delivered the child at a very young age (i.e. when she is still a girl-child) or at a very late age (i.e. almost towards the end of her reproductive age), the baby born has more chances of being weak and facing health problems. Even the deliveries are not smooth, then.

3.2. Previous Birth Interval

The health condition of the mother and subsequently the new-born baby, largely depends upon the interval between the previous delivery and the present one. If the time gap between the previous delivery and the present one is large, the baby born has better chances of being healthy, rather than if the time gap is a small one. The uterus or the womb of the mother needs time to regain its functional vitality and physiological strength, to go through yet another conception and subsequently, another delivery. It needs time to replenish itself.

3.3. Birth Order

The health condition of a particular new-born baby and the mother, depends upon his/her order of birth and the number of deliveries given by the mother. The baby as well as the mother are expected to have better health, if it is the first or even the second delivery, rather than if it is the third, fourth or the subsequent deliveries. The condition of the mother or the uterus of the mother tends to deteriorate with each passing delivery.

3.4. Medical Care

Both the mother as well as the infant needs medical care, before, during and after the delivery. It has been seen that about 75% of maternal deaths are due to direct or obstetric causes [5]. If better medical care is given and all the problems are taken care of properly, then it is going to result in a better health condition of the infant as well as the mother.

Research was carried out in Kashmir, particularly in Srinagar city, on a sample of 200 married women, both educated and uneducated, as well as working and non-working. Through the findings, the type of delivery and the place of delivery could be related to the health of a delivering mother.

Table-1.1.Type of Delivery

Type of Deliveries Given	No. of Responses	Percentage
Normal	71	35.5
Cross Section	76	38.0
Instrumental	16	08.0
Normal+ Cross Section	20	10.0
Normal + Instrumental	09	04.5
Cross Section+ Instrumental	08	04.0
Normal	71	35.5
Total	200	100.0%

Table-1.2. Place of Delivery

Place of Delivery/ ies	No. of Responses	Percentage
Home	18	09.0
Govt. Hospital	134	67.0
Private Nursing Homes	18	09.0
Home+ Govt. Hospital	15	07.5
Govt.Hospital + Nursing Home	15	07.5
Total	200	100.0 %

The responses showed that maximum number of deliveries in Srinagar city were either normal or cross section type and they mostly took place in government hospitals, where at least, if not exemplary, nominal care was taken regarding the delivery issues. It was also observed that only cross section deliveries took place in the private nursing homes, which were, no doubt, well taken care of, being a completely paid service. This also pointed out towards a trend of caesareans picking up greatly, due to the commercial benefits behind it. Besides this, all instrumental deliveries, besides the normal ones, also took place in the government hospitals, as there were very little financial implications associated.

Table-1.3. Experts conducting the delivery

S.No	Deliveries Conducted by	No. of Response	% age
1.	Professional Gynecologist	152	76.0
2.	Professional nurse	15	07.0
3.	Midwife (Day)	10	05.0
4.	Professional Gynecologist + Midwife (Day)	13	06.5
5	Professional Gynecologist +		
	Total	200	100.0%

As seen above, most of the delivery cases are being handled by the professional gynecologists, showing the growing awareness of the mothers-to-be and their families, regarding the same. It is important to note that all cross sections and instrumental deliveries were carried out by the gynecologists, besides some of the normal deliveries. Nurses and mid-wives, of course, handled only the normal deliveries.

3.5. Standard of Living

The standard of living of the mother / mother's family affects the health of the mother as well as the new-born infant. The standard of living of the mother depends upon her own / family's educational background, economic assets and exposure to the outer world. It affects the rearing and feeding patterns of the baby, helping maintain the hygiene and nutrition of the baby as well as the mother.

3.6. Residence

The health conditions of both the mother as well as the child depend upon the area or the locality, they are living in. If the mother or her family resides in an urban, hygienic and modern locality, with all the facilities available, both the mother and the child can be expected to have better health. On the contrary, if they are residing in an unhygienic area with no accessibility to the modern facilities, health of both might be affected adversely.

4. Programmes for Improvisation

Realizing the importance of the reproductive health of the mother, the need for certain programmes was felt, with the steps to be taken to improve the same. The programmes that were emphasized were.

Family Planning Ante-natal Health Care

4.1. Family Planning

The family planning movement has been largely demographic driven. Family planning, however, can be used and has been used by governments and others to control rather than to empower women. The programme of family planning constitutes certain ingredients like.

4.1.1. Birth Control

A woman should deliver lesser number of children and plan her family properly. This helps her to retain her reproductive health. Birth control can be achieved through.

Timing

A woman tries to conceive and thus deliver the baby at the right stage of her reproductive age. This helps in saving the time and energy, and keeping the birth pattern under a check.

Spacing

Women try not to deliver the babies every year, but try to keep a birth space between them. Age gap is very important between the children, as it facilitates proper upbringing and care of them, thus making child-rearing an easy and enjoyable task. It also gives a woman time to revitalize or readjust her reproductive system, thus improving her reproductive health.

Number

Giving birth to a lesser number of children during the reproductive cycle, by restricting the number of conceptions by a woman, helps in birth control, which leads to a better reproductive health of a woman.

Table-2.1. Use of Contraceptives

S. No	Question	No. of responses	Percentage
1.	Believed & Used	133	66.5%
2.	Not believed & not Used	34	17.0%
3.	Believed but not used	33	16.5%
	Total	200	100.0%

The research conducted in Srinagar city again revealed that maximum number of married women believed in and used various contraceptives, so that proper spacing between children could be attained. The main factor responsible for this was that use of contraceptives had a religious sanction, while permanent birth control measures and abortions were religiously prohibited. Hence, Kashmiris were quite comfortable with this practice. A good number of people did not make use of contraceptives at all, whether they believed in their use ethically or not, because they were either ignorant, uneducated or were still stuck up with false presumptions.

4.1.2. Education about Sexuality

Under the family planning programmes, both the men and the women are given education regarding sexuality i.e. abstinence from sex, issues of fertility and conceptions, problems of sexuality etc. Thus men and women are expected to have sex, but not to conceive, out of sheer carelessness or ignorance.

4.1.3. Advices Regarding Parenthood

Child-rearing is a very difficult task. It is much more challenging than the child-bearing practices. The sooner the parents realize this, the better it is. The people working for the family planning programmes, keep advising the parents regarding different issues and aspects of child-rearing, so that the parents realize that just delivering the baby is not the end of it. The practice of breastfeeding, one of the most important aspects of motherhood, is gaining impetus. Mothers are very strongly advised for the same. The practice of breastfeeding also greatly reduces the chances of conceiving during that period, due to certain hormonal changes in the body, thus acting as contraceptive measure by default.

4.1.4. Medical Terminations and Safe Abortions

The family planning agencies also see to it that the women, who have certain medical complications or are facing harmful implications of their pregnancy or delivery, are made to undergo proper and safe medical terminations or abortions. This safeguards the reproductive health of a woman, inspite of all the complications and hazards of her conception and pregnancy. Abortion was legalized in India by the Medical Termination of Pregnancy (MTP) Act of 1971, to deal with the problem of illegal abortions, resulting in deaths [6].

The study was also carried out to reveal the view of the married female population in Srinagar city, regarding the 'right of abortion to a woman.

Table-2.2. Right of abortion to women

S. No.		View of the Respondents			
		Yes	No	Total	
1.	Whether the women be given the right of abortion or not %	91 45.50%	109 54.5%	200 100.0%	
2.	Right of abortion should be given at %	All times 31 15.5%	At the time of necessity 53 26.5%	After the husband's consent 7 3.5%	Total 91 45.5%

It was found that 54.5% women believed that the right to abortion should not be given to the women, where as 45.5% women believed that the same should be given to women. But out of these 45.5% women, most of them believed that it should be so, only at the time of necessity or after the husband has given his consent for it, increasing its chances of being more logical.

4.2. Antenatal Health Care

The fact, that more than 1,00,000 women in India are estimated to die every year from pregnancy and child-birth related causes, reinforces the importance of ensuring that all pregnant women receive adequate ante-natal care during pregnancy and that deliveries take place under the supervision of trained medical personnel in a hygienic environment [7]. Thus proper ante-natal care ensures the subsequent overall health of the mother as well as the baby. Ante-natal Health Care consists of.

4.2.1. Pre-Natal Care

Most Indian mothers are pregnant too frequently, malnourished, anaemic and dying of causes which could have been easily prevented [8]. Pre-natal care is the care taken during the pregnancy of the woman, before she gives birth to the baby. For taking care of the unborn baby inside the womb of the mother, it is important that care is taken of the pregnant woman carrying that fetus. It entails the following.

a) Consultation of the Gynecologist by a Pregnant Woman

The expecting mothers go for regular check-ups, to the gynecologists, as it is expedient for their own as well as their unborn child's well being. This ensures the thorough care to be taken during the pregnancy.

b) Intake of Regular Tonics and Vaccines by the Pregnant Women

During pregnancy, the woman needs supplementary calcium, iron and vitamins. In addition to the regular diet intake. Thus, she needs to take regular tonics. This compensates for the shortfalls in the diet taken by her. 15-25 % of maternal deaths are directly or indirectly caused due to anaemia [9]. Thus, tonics are a must for a pregnant woman. She is also recommended to take certain vaccines like tetanus etc, at particular periods of her pregnancy, to safeguard her from infections.

c) Intake of Regular Nutritious Diet by the Pregnant Women

A pregnant woman needs to take nutritious diet at regular intervals, so that both, fetus and mother keep in good health. The normal value of hemoglobin level is 110 gm/l. If it falls to less than 40gm/l, it leads to death, thus becoming a risk factor in a pregnant woman [10]. During pregnancy, the woman has to take proper food, because her body is nourishing the baby in the womb, too. It is important for the mother-to-be, to keep her own body healthy and strong, and for that, she should eat an extra helping of the family food and some green vegetables, and should also try and take some rest and lie down for sometime during the afternoon after lunch, and whenever possible, do relatively lighter work, at least during the last two to three months of pregnancy.

The same research conducted in Srinagar city, for the "child-bearing and child-rearing practices" study, revealed the following-

Table-2.3. The Pre-natal care

S. No	Pre-natal Issues: Whether the Mothers did	View of the Respondents			
		Yes	No	Regularly	Irregularly
1	Consult the Gynecologist	176	24	149	27
	Total	200		176	
	%	88.0%	12.00%	74.50%	13.50%
	Total	100.0%		88.0%	
2	Take vaccines & tonics	167	33	132	35
	Total	200		167	
	%	83.50%	16.50%	66.0%	17.50%
	Total	100.0%		83.50%	
3	Take nutritious diet	176	24	114	62
	Total	200		176	
	%	88.0%	12.00%	57.0%	31.0%
	Total	100.0%		88.0%	

It was found that there is a growing awareness regarding the pre-natal care issues and mostly mothers make maximum efforts to achieve better reproductive health.

4.2.2. Intra-Natal Care or Care Taken During the Delivery

An expecting woman needs to be taken care of during her delivery too. The delivery conditions affect the subsequent health conditions of a woman. The normal woman, with an uncomplicated pregnancy and a normal fetus, in a job that presents no greater potential hazards than those encountered in normal daily life in the community, may continue to work without interruption until the onset of labour and may resume working several weeks, after an uncomplicated delivery [11]. Therefore, the type and the conditions of the delivery have a lasting impact on several other things.

An expecting woman could have any of the following types of deliveries:

- a) Normal delivery
- b) Cross-section or Cesarean type of delivery
- c) Instrumental delivery

The health of a woman is least affected after a normal delivery, while it is most affected after a cesarean.

Another delivery condition affecting a woman's health is the place that she has delivered at:

- a) Home
- b) Government hospital
- c) Private nursing home.

She is taken care of in the best possible way in a private nursing home, as she is paying a huge sum of money for the services. Mostly the government hospitals seem to be in pathetic conditions, while the deliveries at home are the most infeasible. To ensure the best possible care, safe delivery programmes should be followed. Five cleans should be observed – clean surface, clean hands, new and clean blade for cutting the cord, clean thread to tie the cord, and nothing to be applied on the cord stump [12].

The delivery of an expecting woman could be conducted by:

- a) Professional gynecologist
- b) Professional nurse
- c) Midwife

Obviously, in the best possible conditions, she is catered to by a professional gynecologist. In other cases, a professional nurse takes care. But the cases, where a midwife takes charge, are the most risked ones.

4.2.3. Post-natal Care

More care needs to be taken of the mother, after she has delivered the baby. UNICEF and WHO have advocated that mothers be given a minimum of three months' paid maternity leave, and that provisions be made for nursing breaks, crèches and day-care centres [13]. The post-delivery care includes.

a) Gynecological Consultations

A mother should go for regular check-ups or follow-ups, after delivering a baby. A woman needs to regain her original form and vitality, after the delivery. Therefore, she needs to consult a doctor, who can advise her on certain issues like further contraception, breastfeeding patterns and tonic & diet intakes.

b) Intake of Supplementary Tonics and Nourishing Food

A mother needs to replenish her body strength and vitality. Good food and tonics improve her health and also make it possible for her to take the best possible care of her newly-born child. Iron and calcium stores are often depleted during pregnancy and delivery, iron and calcium supplementation started during pregnancy, should continue for several months post-partum [14].

c) Use of Contraceptives

With the advice of the doctor, a mother needs to start contraception, so that she doesn't conceive another child too soon. Spacing of the children is very important, for better reproductive health of the woman as well as better rearing up options of the children. A woman can adopt a contraceptive method that suits her the most.

d) Practice of Breastfeeding

It is very important that the woman starts nursing her baby, soon after she has delivered it. Breastfeeding should be encouraged universally. Good breastfeeding techniques, which are of critical importance to successful lactation, should be discussed early in the course of pregnancy [15]. The practice of breastfeeding is good for the health of the mother as well as the child. It protects both from a large number of infections and diseases. Besides that, breastfeeding practice also acts as a contraceptive method in most of the cases. Breastfeeding prolongs the period of post-partum anovulation. The frequency, intensity and timing of feeds affect the endocrinological responses modulating ovulatory status [16]. Thus, this disturbs the fertility function of a woman during that period.

The study carried out in Srinagar city revealed the responses of the married women, regarding the periods for which they had breast fed their babies.

Table-2.4. Periods of breast feeding

S. No.	The period for which the babies were breast fed	No. of Responses	%
1.	Up to 3 months	22	11.0%
2.	Up to 6-8 months	21	10.5%
3.	Up to 1-1½ years	60	30.0%
4.	Up to 2-2½ years	68	34.0%
5.	Up to 3 or more than 3 years.	13	06.5%
	Total	184	92.0%

It was found that the maximum number of women in Srinagar city had breast fed their babies till 1 to 2½ years of their infancy. They had tried to manage it one way or the other, which is a very good indication. Traditionally, Kashmiris have been found to be most meticulous about the health care of the "lousae", the woman who has just delivered the baby, especially during the first forty days after her delivery, irrespective of it being a normal or a cesarean one. Special care is taken of the woman, who has just delivered or even gone through an abortion, vis-a-vis her nutritious diet and upkeep. This special care is signified as "lousae- tone". The precautions and the care taken then, may eventually end up creating a stifling sensation for the woman concerned. But one cannot deny the fact that it also amounts to an exemplary and a fool proof system of post-natal care, cutting across all sections of the kashmiri society.

5. Conclusion

Reproductive health of a woman is and should be taken care of. It affects the population growth of our place, and also the health of the new-born child, as well as the subsequent overall health of the woman herself. It can be taken care of through various measures like different family planning programmes and proper ante-natal care of the woman. Basically, the family needs to be planned properly in the first place and once the conception is decided upon, all stages of ante-natal have to be catered to, which includes pre-natal care, intra-natal care and post-natal care. A progressive sensitization process needs to be nurtured to educate not only the women concerned but the whole population of a place, regarding the importance of the reproductive health of a woman. Contraceptives are meant to be used by women to empower themselves by maximizing their choices, and controlling their fertility, their sexuality, their health and thus their lives. One cannot also ignore the fact that the kashmiri people, in general and the kashmiri women, in particular, are sufficiently educated regarding these reproductive health issues. The same has already been authenticated by the research data collected and analysed. Albeit, a lot needs to be improvised, to achieve the best results.

In the Constitution of the World Health Organization, health is defined as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity. This definition, idealistic as it may look, is nowhere as relevant and applicable as in the area of reproductive health. If all the factors are taken care of, it keeps a woman healthy and subsequently, leads to a healthy family and society. In fact, it is one of the most important developmental indicators of a country or a nation. A healthy progeny is indicative of a healthy and developed population and a nation.

The concept of Mother and Child Health Care (MCH) focuses special attention on women when and if they are reproducing, to ensure that society gets a healthy child, but often neglects their other reproduction-related health needs. Women's reproduction-related health needs are not limited to the reproductive years of their life. The girl child, the adolescent girl, and the mature adult and older woman have health needs related to their future or past reproductive function.

Funding Statement

The author received no financial support for the research, authorship, and/or publication of this article.

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