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# Identify etiology of morbidity events of earlier children among multigravida women

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***Abstract*---**Morbidity condition are more prevalent in the children who are exposed to various risk factors like overcrowding, poor nutrition etc. morbidity in the children residing in the rural area is more as compared to the urban area. Because socio-economical strata and standard of living, inadequate knowledge. Children are the future of any healthy nation they are asset of nation, unfortunately this assets falls children, because of poor maintenance of health, Malaria and acute respiratory infection are higher among children in rural setting and children whose mothers are 16–17 and 28–33 years of age. Objective: To identify the etiology of morbidity events of earlier children among multigravida women. Research Methodology*:* The quantitative approach and community based cross-sectional study design was used. Were enrolled 492 multigravida women with her 992 earlier children from 0-18 yr age group with used simple random sampling technique, Analyses was done using SPSS version 26.00 and identify etiology events of earlier children among multigravida women. *Result:* major finding identify etiology of morbidity events of earlier children among multigravida women's group was G2P2 in that; 1(0.2%) illness having before pregnancy in multigravida women and having illness during pregnancy, 23(3.8%) were taken treatment during pregnancy, 50(8.2%) women were having consanguinity marriage, 4(0.7%) women were taken treatment for conceiving pregnancy, 23(3.8%) women were having intrapartum complications, and 564(92.6%) women given exclusive breast milk to children. Conclusion: The identified etiology of morbidity events of earlier

children among multigravida women's G2P2 was higher than other multigravida women's and total 17 earlier children having morbidities. Therefore, evaluation of this etiology of morbidity events of earlier children can be helpful to health workers for developing awareness in the society, community and those mothers are having more than one children it help to reduced mortality and morbidity among children.

***Keywords*---**multigravida women, morbidity events, etiological factors, community area.

## Introduction

Children are the future of any healthy nation they are asset of nation, unfortunately this assets falls under vulnerable group because of poor maintenance of health during the age group of (0-5 yrs). The various factors are responsible for causing high morbidity and mortality in earlier children. In India the mortality rates of older children 5 yrs ranged from 0.2 to 16.8 deaths per 1000 in 2019. The global statistics of under fine showed that the higher mortality countries are concentrated in sub-Saharan Africa. The countries with the highest number of death of 5 to 9 years old. Include India, Nigeria, democratic republic of Congo, Pakistan and china.[1] Other studies revealed that malaria and acute respiratory infection are higher among children in rural setting and children whose mothers are 16–17 and 28–33 years of age, most of these studies considered childhood morbidity at country level.[2] Morbidity condition are more prevalent in the children who are exposed to various risk factors like overcrowding, poor nutrition etc. morbidity in the children residing in the rural area is more as compared to the urban area. Because socio-economical strata and standard of living, inadequate knowledge. The patterns of death in older children reflect the underlying risk profiles of this age group. Among the childhood diseases there was shift away from infectious diseases to accidents and injuries specially drawing and road traffic injuries. The rise of injury death changes the nature of injury death changes the nature interventions to improve older child survival. The present study researcher has selected this topic as; the earlier children i.e. age group of 0-18 years of multigravida women because of mostly neglected by the family members. The arrival of sibling in the family will make women more busy with work, so she can't attend the needs of earlier child as other child has entered in the family so this is burden to her to do the dural role as result of this neglects earlier children will be more prone to get health related issues. The objective was identify etiology of morbidity events of earlier children among multigravida women.

## Need of the study

Morbidity condition are more prevalent in the children who are exposed to various risk factors like overcrowding, poor nutrition etc. morbidity in the children residing in the rural area is more as compared to the urban area. Because socio-economical strata and standard of living, inadequate knowledge of mothers, there may be difference of etiological factors among specific age group, this negligence more affect on children health and children get prone to illnesses and disabilities

sometime also affect more on children health and may be chance get to die. Therefore, researcher enrolled multigravida women's with her earlier children because, these group unable to given proper attention towards children regarding diet, hygiene, lack of time to spare to earlier children and chance of neglected their children and nuclear type of family no bady is there to support other than mother and also more than two children she not given proper time to each child. Multi responsibilities of the family on her so she should unable to attend the earlier children (0-18 yrs) and it may be result showed many more morbidity. Researcher felt that, at birth to 1 year child more attached with mother so less chance of infection. By birth immunity in children, children is constantly contact with mother and exclusive breastfeed, so chance of infection occur more than age one year. This study will be helpful to multigravida women of earlier children between 0-18 year age, also family members after finding out the etiological factors and relationship between extent of morbidity and mortality, it will reduced the risk of morbidity and mortality in the earlier children of multigravida women and develop awareness in parents related to morbidity and mortality.

**Aim of the study**

The aim of study was, to identify etiology of morbidity events of earlier children age (0-18 yr) among multigravida women.

**Research Methodology**

After ethical institutional committee approval research study was started from April 2021 to April 2022. The present study a quantitative approach and community based cross sectional study design was used in Karad, Taluka, Maharashtra. There are total 11 PHCs in that, researcher selected maximum 5 PHCs, each PHCs 119 enrolled 0-18 year of earlier children of 492 multigravida women by using simple randomly sampling technique up to complete sample size. Inclusion criteria multigravida women those have only one living child with pregnancy and more children living. Exclusion criteria those are multigravida women suffering with acute or chronic mental illnesses will be excluded. And above 18 years children excluded. Independent Variable our outcome variable of interest was to identify the etiology of morbidity events of earlier children among multigravida women. Dependent variable structured interview schedule included etiological factors and morbidity related standardized valid tool / questionnaire. Data as analyzed in respect to the objectives of the study by using descriptive statistics. The plan of data analysis and interpretation was developed under the excellent direction and guidance of statistician, the data were entered into Excel sheet; data clean up and cross checked was done and it was analyzed by using SPSS version 26.0 software.

**Result**

Table1 reveals that; distribution of earlier children according to identified etiological factors among multigravida women was assessed based on questioner, G2P1 among them, there was no illness having before pregnancy in multigravida women, 2(3.9%) multigravida women were having illness during pregnancy, 4(7.8%) were taken treatment during pregnancy, 2(3.9%) having consanguinity

marriage, 1 (2.0%) women were taken treatment for conceiving pregnancy, 4(7.8%) women were having intrapartum complications, and 48(94.1%) women given exclusive breast milk to children. G2P2 among them, 1(0.2%) illness having before pregnancy in multigravida women and having illness during pregnancy, 23(3.8%) were taken treatment during pregnancy, 50(8.2%) women were having consanguinity marriage, 4(0.7%) women were taken treatment for conceiving pregnancy, 23(3.8%) women were having intrapartum complications, and 564(92.6%) women given exclusive breast milk to children.

Table1: distribution of earlier children according to identified etiological factors among Gravida3 Para1, Gravida3 Para2 and Gravida3 Para3 multigravida women's etiology events.

| Item | G2P1 N<br>Earlier children =51<br>No. (%) | G2P2<br>Earlier children =609<br>No. (%) |
|---|---|---|
| Illness before pregnancy | 0 | 1 (0.2) |
| Illness during pregnancy | 2 (3.9) | 1 (0.2) |
| $R_x$ during pregnancy | 4 (7.8) | 23 (3.8) |
| Consanguinity marriage | 2 (3.9) | 50 (8.2) |
| $R_x$ for conceiving pregnancy | 1 (2.0) | 4 (0.7) |
| Intrapartum complication | 4 (7.8) | 23 (3.8) |
| Exclusive breast milk | 48 (94.1) | 564 (92.6) |

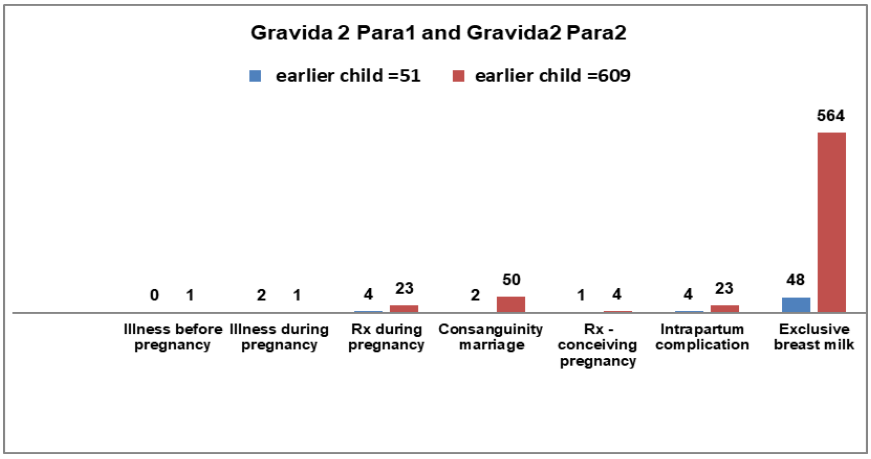


Figure 1: Identified etiological factors among Gravida 2 Para1 and Gravida2 Para2 multigravida women's.

| Item | G3P1<br>Earlier children =3<br>No. (%) | G3P2<br>Earlier children=85<br>No. (%) | G3P3<br>Earlier children =149<br>No. (%) |
|---|---|---|---|
| Illness before pregnancy | 0 | 2 (2.4) | 2 (1.3) |
| Illness during pregnancy | 0 | 3 (3.5) | 1 (0.7) |
| $R_x$ during pregnancy | 0 | 6 (7.1) | 2 (1.3) |
| Consanguinity marriage | 0 | 12 (14.1) | 13 (8.7) |

| | | | |
|---|---|---|---|
| $R_x$ for conceiving pregnancy | 0 | 2 (2.4) | 0 |
| Intrapartum complication | 0 | 11 (12.9) | 4 (2.7) |
| Exclusive breast milk | 3 (100) | 81 (95.3) | 143 (96) |

Table 1 reveals that; G3P1 among them, no any one multigravida women having illness having before pregnancy, illness during pregnancy, no one taken treatment during pregnancy, no one were having consanguinity marriage, no one women were taken treatment for conceiving pregnancy, and no one women were having intrapartum complications. 3(100.0%) multigravida women given exclusive breast milk to children. G3P2 among them, 2(2.4%) illness having before pregnancy in multigravida women and 3(3.5%) women were having illness during pregnancy, 6(7.1%) were taken treatment during pregnancy, 12(14.1%) women were having consanguinity marriage, 2(2.4%) women were taken treatment for conceiving pregnancy, 11(2.9%) women were having intrapartum complications, and 81(95.3%) women given exclusive breast milk to children. G3P3 among them, 2(1.3%) illness having before pregnancy in multigravida women and 1(0.7%) women were having illness during pregnancy, 2(1.3%) were taken treatment during pregnancy, 13(8.7%) women were having consanguinity marriage, no one women were taken treatment for conceiving pregnancy, 4(2.7%) women were having intrapartum complications, and 143(96.0%) women given exclusive breast milk to children.

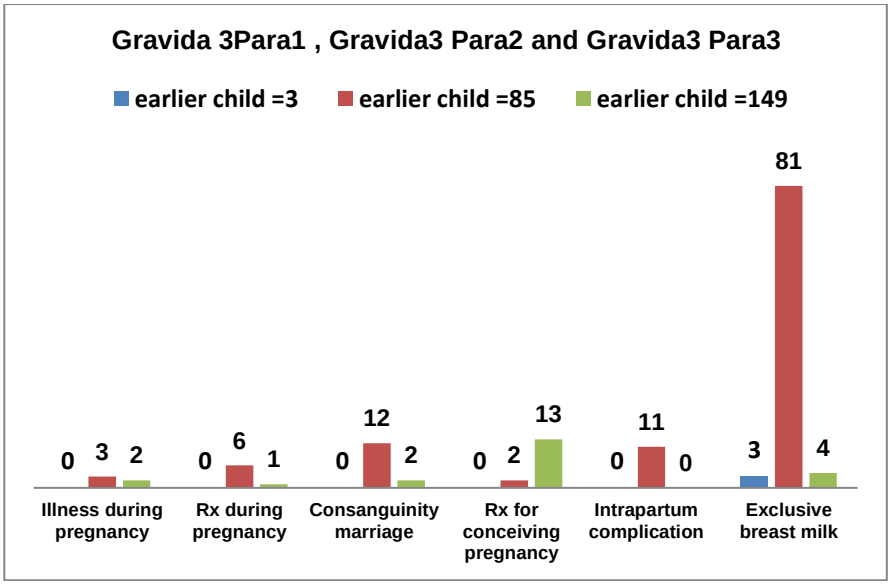


Figure 2: Identified etiological factors among Gravida 3 Para1, Gravida3 Para2 and Gravida 3 Para3 multigravida women's

Table 2: distribution of earlier children according to identified etiological factors among Gravida4 Para2, Gravida4 Para3 and Gravida4 Para4 multigravida women's etiology events

| Item | G4P2 N Earlier children = 18 No. (%) | G4P3 Earlier children =15 No. (%) | G4P4 Earlier children =40 No. (%) |
|---|---|---|---|
| Illness before pregnancy | 0 | 0 | 0 |
| Illness during pregnancy | 1 (5.6) | 0 | 0 |
| $R_x$ during pregnancy | 2 (11.1) | 0 | 0 |
| Consanguinity marriage | 2 (11.1) | 0 | 4 (10) |
| $R_x$ for conceiving pregnancy | 0 | 0 | 0 |
| Intrapartum complication | 0 | 2 (13.3) | 0 |
| Exclusive breast milk | 18 (100) | 12 (80) | 40 (100) |

Table 2 reveals that; G4P2 among them, no one multigravida women illness having before pregnancy, 1(5.6%) women were having illness during pregnancy, 2(11.1%) were taken treatment during pregnancy and women were having consanguinity marriage, no one women were taken treatment for conceiving pregnancy, and no anyone having intrapartum complications, 18(100.0%) women given exclusive breast milk to children. G4P3 among them, no one multigravida women having illness before pregnancy, and no one having illness during pregnancy, no anyone women were taken treatment during pregnancy and no one women were having consanguinity marriage, no one were taken treatment for conceiving pregnancy, and 2(13.3%) were having intrapartum complications, 12(80.0%) women given exclusive breast milk to children. G4P4 among them, no one multigravida women having illness before pregnancy, and no one having illness during pregnancy, no anyone women were taken treatment during pregnancy, 4(10.0%) women were having consanguinity marriage, no one were taken treatment for conceiving pregnancy, and no one were having intrapartum complications, 40(100.0%) women given exclusive breast milk to children.

Table 3: distribution of earlier children according to identified etiological factors among Gravida5 Para1, Gravida5 Para3, Gravida5 Para4 and Gravida5 Para5 multigravida women's etiology events.

| Item | G5P1 Earlier children =1 No. (%) | G5P3 Earlier children =11 No. (%) | G5P4 Earlier children =8 No. (%) | G5P5 Earlier children =2 No. (%) |
|---|---|---|---|---|
| Illness before pregnancy | 0 | 1 (9.1) | 0 | 0 |
| Illness during pregnancy | 0 | 0 | 0 | 0 |
| $R_x$ during pregnancy | 0 | 0 | 4 (50) | 0 |
| Consanguinity marriage | 0 | 0 | 4 (50) | 0 |
| $R_x$ for conceiving pregnancy | 0 | 2 (18.2) | 0 | 0 |
| Intrapartum complication | 0 | 3 (27.3) | 2 (25) | 0 |
| Exclusive breast milk | 1 (100) | 8 (72.7) | 4 (50) | 2 (100) |

Table 3 reveals that; G5P1 among them, no one multigravida women having illness before pregnancy, and no one having illness during pregnancy, no anyone women were taken treatment during pregnancy and no one women were having consanguinity marriage, no one were taken treatment for conceiving pregnancy, and no one were having intrapartum complications, 1(100.0%) women given exclusive breast milk to children. G5P3 among them, 1(9.1%) multigravida women having illness before pregnancy, no one having illness during pregnancy and no anyone women were taken treatment during pregnancy, no one women were having consanguinity marriage, 2(18.2%) women were taken treatment for conceiving pregnancy, 3(27.3%) women were having intrapartum complications, 8(72.7%) women given exclusive breast milk to children. G5P4 among them, no one multigravida women having illness before pregnancy and no one having illness during pregnancy, 4(50.0%) women were taken treatment during pregnancy, and were having consanguinity marriage, no one women were taken treatment for conceiving pregnancy, 2(25.0%) women were having intrapartum complications, 4(50.0%) women given exclusive breast milk to children. G5P5 among them, no one multigravida women having illness before pregnancy, and no one having illness during pregnancy, no anyone women were taken treatment during pregnancy and no one women were having consanguinity marriage, no one were taken treatment for conceiving pregnancy, and no one were having intrapartum complications, 2(100.0%) women given exclusive breast milk to children.

Table 4: To identified morbidities in earlier children according to gravida and parity of multigravida women. (n=992)

| Gravida | Parity | Multigravida Women | No. of earlier children enrolled in the study | Morbidities in earlier children | Number of morbidity in earlier children |
|---|---|---|---|---|---|
| 2 | 1 | 51 | 51 | Dust allergy | 1 |
| 2 | 2 | 308 | 609 | Mental retarded | 1 |
| | | | | Diarrhea | 1 |
| | | | | Fever with common cold | 1 |
| | | | | Blurred vision | 1 |
| | | | | Stomatitis | 1 |
| | | | | Fever with chill | 1 |
| | | | | Covid-19 | 1 |
| | | | | Pneumonia | 1 |
| 3 | 1 | 3 | 3 | No | 0 |
| 3 | 2 | 43 | 85 | Strabismus | 1 |
| 3 | 3 | 54 | 149 | Diarrhea | 1 |
| | | | | Eye problem | 1 |
| | | | | Common cold | 1 |
| | | | | Hearing impairment | 1 |
| | | | | Scabies | 1 |
| 4 | 2 | 9 | 18 | No | 0 |
| 4 | 3 | 5 | 15 | No | 0 |
| 4 | 4 | 11 | 40 | Handicapped | 1 |

| | | | | | |
|---|---|---|---|---|---|
| 5 | 1 | 1 | 1 | 0 | 0 |
| 5 | 3 | 4 | 11 | Fever and worm infestation | 1 |
| 5 | 4 | 2 | 8 | No | 0 |
| 5 | 5 | 1 | 2 | No | 0 |
| | | 492 | 992 | Total | 17 |

Above table 4 reveals that, to identified morbidities in earlier children according to gravida and parity of multigravida women. Out of 492 multigravida women with her 992 earlier children among them, gravida 2 Para 1 women only 1 child was having dust allergy. Majority finding were gravida 2 Para 2 women children having 8 morbidity were; Mental retarded, Diarrhea, Fever with common cold, Blurred vision, Stomatitis, Fever with chill, Covid-19, Pneumonia. Gravida 3 Para 2 women only 1 child was having strabismus. Gravida3 Para 3 women children were having 5 morbidity there are, Diarrhea, Eye problem, Common cold, Hearing impairment, Scabies. Gravida4 Para4 women only one child was handicapped. And gravida5 Para3 women only 1 child was having fever and worm infestation.

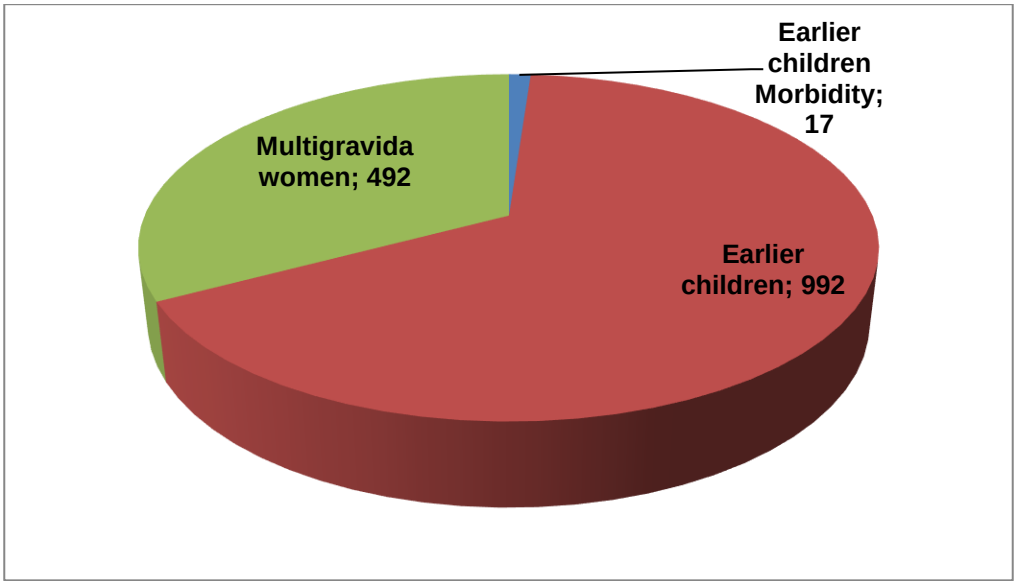


Figure 3: To identified morbidities in earlier children according to gravida and parity of multigravida women

**Discussion**

The global strategy for women's, children's, and adolescent's health set indicators for children younger than 5 years and those aged 10-14 years and 10-19 year.[3] many study done among children morbidity and mortality according to age group but our study focus on age group was 0-18 year earlier children of multigravida women's and this type of studies not done previously. In this study revealed that; identify etiology of morbidity events of earlier children among multigravida women. Despite four tables of multigravida women with her earlier children's. In that; table1majority finding was G2P1 women's than G2P2 women's were 1(0.2%)

illness having before pregnancy in multigravida women and having illness during pregnancy, 23(3.8%) were taken treatment during pregnancy, 50(8.2%) women were having consanguinity marriage, 4(0.7%) women were taken treatment for conceiving pregnancy, 23(3.8%) women were having intrapartum complications, and 564(92.6%) women given exclusive breast milk to children. In that, table 2 majority of G3P1 women's 3(100%) give exclusive breast milk to children, 12(14.1%) having consanguinity marriage, 11(12.9%) women's have intrapartum complication, and 81 (85.3%) women's give exclusive breast milk to children. table3 finding were G4P2 women 18(100%) given exclusive breast milk to children, G4P3 women's were 2(13.3%) women's having intrapartum complication, and 12(80%) women's were give exclusive breast milk to children.G4P4 women's were only 4(10%) women's having consanguinity marriage, and 40(100%) women's give exclusive breast milk to children. table4 finding were G5P1 women's 1(100%) give exclusive breast milk to child ,no any etiology of morbidity events see in this group, in G5P3 women's majority finding were 8(72.7%) women's give breast milk to children, and G5P4 were 4(50%) women's taken treatment during pregnancy, having consanguinity marriage, and give exclusive breast milk to child,2 (25%) women's having intrapartum complication. G5P5 women's were only 2(100%) women's give exclusive breast milk to children, no any other etiology of morbidity events seen in this group. Where diarrheal diseases were found to be the major cause of morbidity in the children, whereas our findings lay in contrast with several other studies by Patnaik et al., Biswas T et al., & Raj et al.[4-5] our study identify etiology events of multigravida women's during pregnancy related questioner. She face situation during her pregnancy and this effect on earlier children health.

**Conclusion**

The results of this study reveal that, the highest effect of etiology events factors on earlier children health was; treatment during pregnancy, consanguinity marriage, and treatment for conceiving pregnancy, intrapartum complication, and exclusive breast milk. Therefore, evaluation of this etiology of morbidity events of earlier children can be helpful to health workers for developing awareness in the society, community and reduced mortality and morbidity among children. Majority finding see in the gravida second and gravida third multigravida women's in that; majority gravida second women's taken during pregnancy treatment and also more group of women's have intrapartum complication, and gravida third women's having treatment during pregnancy and also majority intrapartum complication. The regrettable side to the issue is that most of the etiology of morbidity events affect on children health and multigravida women's having multi-responsibilities in the family these reasons, affect on child health and child prone to morbidity. Health workers should also be trained adequately because; they are identifying signs of illness of earlier children and which mother etiological factors affect on health of children. And side to side encourage to community people for take utilization of Government Health facility and these preliminary findings indicate that to develop awareness about family planning and spacing methods in between two children because of mother give more time to our children, to reduce the child morbidity and promotion of health.

**Ethical Approval**

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

**Conflict of Interest**

The authors certify that they have no involvement in any organization or entity with any financial or non-financial interest in the subject matter or materials discussed in this paper

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