

POOR SANITATION, HARASSMENT REASONS FOR BIRTH PROBLEMS IN INDIA

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A recent study that analysed nearly 8,000 women in India who gave birth between 2004 and 2005 and 2011 and 2012 (India Human Development Survey) has pointed out that there is a strong association between adverse birth outcomes and sanitation access, gender-based harassment and physical labour.

About 14.9% and 15.5% of the study group experienced preterm birth and low infant birth weight respectively. The researchers found that spending more than two hours per day fetching water was associated with low birth weight while open defecation or sharing latrine within the building was associated with greater chances of low birth weight or preterm birth. The paper was published in *PLOS ONE*.

“Many homes in low-income countries have no private toilet facilities and private drinking water source. Women and girls are tasked with fetching water from outside the home, which can be physically stressful,” says Prof. Kelly Baker, from the Department of Occupational and Environmental Health, University of Iowa College of Public Health, U.S in a release. She is the corresponding author of the paper. “In addition, homes often lack private toilet facilities, meaning women must use shared or public latrines or manage their sanitation needs in open spaces,” she says.

Another shocking find of the study was that harassment of women and girls in the community was also associated with both preterm birth and low infant birth weight. “Interventions that reduce domestic responsibilities related to water and sanitation and changed social norms related to gender-based harassment may reduce rates of preterm birth and low infant birth weight in India,” adds the report.

Though there were limitations due to self-reported behaviours and small sample size, the study was able contribute to the limited evidence related to sanitation infrastructure and other social factors that play a role in preterm birth and low infant birth weight.

A mom did it, and failed. What she learnt in the process, and what we can too.

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