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Longer interpregnancy interval: The key to reducing infant mortality & stunting

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NEW DELHI: Focusing attention on the urgent need for spacing methods in family planning to improve child health outcomes, new research points to 'Interpregnancy Intervals' (IPI) shorter than 12 months as a risk factor for diarrhea and/or acute respiratory infections, while IPIs shorter than 12 months and 12-17 months are risk factors for stunting and underweight among children under 5 in India.

In fact, over 4% of infants with IPIs less than 12 months died within 28 days of birth, according to an analysis of the National Family Health Survey data from 2005-06, 2015-16 and 2019-21. In comparison, only 2% of infants with IPIs 18-23 months died within 28 days of birth. Also unwanted births were more likely to die during the neonatal and postneonatal periods than wanted births, be stunted or underweight as per the analysis.

RISK FACTORS	
<ul style="list-style-type: none"> ➤ Interpregnancy Interval (IPI) shorter than 12 months associated with higher odds of occurrence of diarrhoea and/or acute respiratory infection and stunting among male children 	<ul style="list-style-type: none"> or acute respiratory infection, stunting and underweight
<ul style="list-style-type: none"> ➤ IPI of 12-17 months associated with higher odds of stunting among male children 	<ul style="list-style-type: none"> ➤ IPIs shorter than 12 months associated with higher risk of neonatal and postneonatal mortality among both male and female infants
<ul style="list-style-type: none"> ➤ Among female children, IPI less than 12 months associated with higher odds of neonatal mortality, occurrence of diarrhoea and/ 	<ul style="list-style-type: none"> ➤ IPIs of 12-17 months associated with higher neonatal deaths only among females
	<ul style="list-style-type: none"> ➤ IPIs of 36-59 months protective against stunting and underweight among female children



The study, led by researchers, associated with the gender project at Mumbai-based International Institute for Population Sciences and San Diego based University of California, examines the association between IPI and five child health outcomes — neonatal mortality, postneonatal mortality, diarrhea and/or acute respiratory infections (ARI), stunting, and underweight.

The findings of the study published in the “Maternal and Child Health Journal” are significant as they give a deeper insight into the factors that play a crucial role in contributing towards mortality, morbidity, and malnutrition among children under age 5 years which are key challenges facing India.

The research paper while dwelling on the challenges highlights that India contributes considerably to the global numbers of infant mortality, prevalence of common childhood morbidities, and child malnutrition. According to NFHS-5 (2019-21), 32% and 19% of children under age 5 were underweight and wasted, respectively.

Professor Abhishek Singh, Head of Centre of Demography of Gender at IIPS and one of the authors of the research said that the study used pooled data from NFHS-3, NFHS-4, and NFHS-5, nationally representative household surveys.

The data shows 3% and 2% of infants died during the neonatal and postneonatal period, respectively. And 13%, 40%, and 37% of

children had diarrhea and/or ARI, stunting, and underweight respectively. The research paper included data of only those women who had reported at least two pregnancy outcomes in the five years before the survey. The analytical sample sizes ranged between 1.6 lakh and 1.7 lakh for assessment of different health outcomes.

The prevalence of recent diarrhea ranged between 13% among children with an IPI less than 12 months and 14% among children with an IPI of 36-59 months. Stunting and underweight continuously decreased with an increase in IPI. 43% and 38% of children born with an IPI shorter than 12 months were respectively stunted and underweight. In comparison, only 28% and 27% of children born with an IPI 36–59 months were stunted and underweight, respectively. Infant girls were less likely to die during the neonatal period compared to infant boys. While IPIs shorter than 12 months were associated with higher risk of neonatal and postneonatal mortality among both male and female infants, IPIs of 12-17 months were associated with higher risk of neonatal deaths only among infant girls. Moreover, IPIs of 36–59 months were protective against stunting and underweight among girl children.

Importantly, 34-38% of the IPIs in the sample were shorter than 12 months and an additional 25-27% were 12-17 months. “Given the high prevalence of such short IPIs in India, the overall population health impact of these short IPIs is likely to be large. Our findings call for strategies to tackle the huge burden of short IPIs in India,” the study concludes.

The interviews in NFHS3, NFHS-4, and NFHS-5 were conducted with 1.2 lakh, 6.9 lakh and 7.2 lakh women age 15-49, with respective response rates of 95%, 97%, and 97%.

The authors said “increasing focus on spacing methods of family planning in India to reduce the serious consequences of short IPIs is an option that merits further consideration”. It is recommended that ante-natal screenings and postpartum check-ups offer an important opportunity to provide high quality, patient centred counselling on family planning methods. Access to effective family planning can also play a crucial role in reducing the burden of both unwanted and mistimed births.