Impact Of Socio-Cultural Aspects On Parity

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Abstract : Objectives : To study socio-cultural aspects for 3 or more pregnancy after 2 live issues. Methods : it is a prospective study of 1321 cases that had third or more pregnancy after having two live issues done over a period of 1 year(01/01/2009 to 31/12/2009) at SSGH, Vadodara. Two groups of women were included – the group of women who came for the termination of the pregnancy after having two live issues (57.15%) and the other group who came in the labor room either for delivery or spontaneous abortion. Women were interviewed in detail. Results: the incidence of the study cases was 23.46% with 57.15% cases for termination. 89.63% were from lower socio economic. In MTP group husband was decision maker in 65.96%, where in laws were decision maker in 59.36% cases in second group. Mistimed conception was seen in 63.29% cases and the most common reason being negligence of contraception(33.97%) against planned conception in only 36.71%. 63.70% cases had wanted pregnancy for son preference. Conclusion: a small planned family has many advantages. Unintended and unwanted pregnancies add to population's burden or the need for pregnancy termination. Every pregnancy should be planned and every baby should be wanted. The solution of all women's problems lies in empowering them by education, employment and better health care & informed choice of contraception. [Gohil J T et al NJIRM 2013; 4(3) : 19-22]

KEY Words: pregnancy, contraception, male child

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Introduction: The size of the family is matter of great importance not only for the country as a whole but also for the welfare and health of the individual, the family and the community. Our country has adopted the goal of universalizing the one or two child norm by the end of this century. Family size is seen to be related to the education, where the mother's education is high, the family size is usually smaller. Widespread acceptance of the 2 child norm has not yet taken place in the country due to various religious, cultural and socioeconomic factors, concerted efforts therefore need to be made to provide the necessary information and education to the people, esp. in the rural areas and urban slums to motivate them to accept the 2 child family norm.

Aims: To study socio-cultural aspects for higher order pregnancies.

Methods and Material: It is a prospective study of 1321 cases that had third or more pregnancy after having two live issues done over a period of 1 year (01/01/2009 to 31/12/2009) at SSGH, Vadodara. Two groups of women were included – the group of women who came for the termination of the pregnancy after having two live issues (57.15%) and the other group who came in the labor room either for delivery or spontaneous abortion.

The first group who came for MTP, were interviewed in the postpartum recovery room after the procedure before discharge. A detailed biodata was taken, decision maker in their family, why the pregnancy was unwanted, why they were not using contraception, if yes then inspite of consistent use whether it was failure or it was their negligency regarding contraceptive methods, what's the husband attitude regarding contraception and their obstetrics history.

The second group were interviewed after delivery or curettage, when they were shifted to the postpartum wardroom. These women were asked about their biodata in detail, and about the pregnancy, whether it was wanted pregnancy after planned conception or it became wanted after mistimed conception.

Observations: The study consists of total 1321 cases that had 2 or more live issues during one year. During this period total deliveries were 4138, spontaneous abortions were 424 and MTPs were 1023. Among them 1321(20.06%) had pregnancies after two living children. 63.29% of the pregnancies after two living issues were branded as unwanted by the clients.

Table 1 : Education

Education	MTP (N=755)	D+SA (N=566)	Total (N=1321)
Illiterate	221(29.28)	265(46.81)	486(36.79)
Primary	147(19.47)	112(19.78)	259(19.60)
Middle	154(20.39)	80(14.13)	234(17.71)
High school	124(16.43)	78(13.78)	202(15.29)
High secondary	76(10.06)	30(5.30)	106(8.02)
University	33(4.37)	01(0.17)	34(2.57)

Table 2 : Religion

Religion	(MTP) N=755	(D+SA) N=566	Total(N=1321) (N=1321)
Hindu	670(88.74)	384(67.84)	1054(79.78)
Muslim	72(9.53)	156(27.56)	228(17.25)
Christian	08(1.05)	19(3.35)	27(2.04)
Others	05(0.66)	07(1.23)	12(0.90)
Total	755	566	1321(100)

Table 3 : Decision maker

Decision maker	(MTP) N=755	(D+SA) N=566	Total (N=1321)
Joint	114(15.09)	076(13.43)	190(14.38)
Husband	498(65.96)	134(23.68)	632(47.84)
In-laws	124(16.43)	336(59.36)	460(34.82)
Others	019(2.52)	20(3.53)	39(2.95)
Total	755	566	1321(100)

Table 4 : Reasons for wanted pregnancy after having 2 live issues.

Reasons	Cases (N=485)	Percentage
1)Only female babies alive	189	38.96
2)Wants 2nd male child	76	15.67
3)Desire for female child	05	1.03
4)Wants 3rd live issue irrespective of sex	64	13.19
5)Religious	50	10.30
6)Poor health of previous male child	44	9.07
7)Wants more hands	76	9.48
8)Donation to someone else	04	0.82
9)2nd Marriage	07	1.44
TOTAL	485	100

Table 5 : Reasons for continuation of mistimed conception

	Reasons	Cases	Percentage
1)	Wants more children	29	35.80
2)	MTP is sinful act	14	17.28
3)	Resistance from In-laws	18	22.22
4)	Cases were rejected because of having anemia	08	9.88
5)	Cases were rejected because of they came late for MTP	07	8.65
6)	MTP facilities were not available	05	6.17
	TOTAL	81	100

Analysis and Discussion: Table 1 shows that 56.39% clients were illiterate or had only primary education thus reinforcing the need of education in society. In 1999, Thomas reported that mean educational level in the community had a significant depressing effect on the number of children ever born in South Africa[1]. Moreover, a Tanzanian study by Kravdal provided indications that higher-order birth rates were relatively low in regions where many women were literate[2].

Table 2 depicts maximum number of cases were Hindu (79.78%) followed by Muslim (17.25%). In MTP group Muslims were 9.53% whereas in delivery group they were increased to 27.56%. Mistry Malika in her study consisting of homogenous population of Muslims mainly of weaving community with low levels of socioeconomic development found high fertility rate[3].

Table 3 shows more clients underwent MTP when the decision was taken by husband alone or jointly by the client and her husband. Decision was dominated by the client's in-laws in the continuation group. This reflects the social set up of the Indian society. Couples staying in joint families still have to abide by the in-laws decision

regarding continuation or termination of pregnancies. Husbands by and large were supportive for termination, for the understood the extra burden of rearing one more child. In few cases i.e. 2.95% (39/1321) decision makers were others e.g. some elder family members, religious leader, friend etc.

Table 4 depicts desire to have the male child topped the list of reasons for planning a pregnancy after two living children. There were couples who planned a pregnancy for having the second male child. Only 1.03% of couples planned a third pregnancy for having a female child. This reflects the deep inculcated desire of having at least one male child in the society. Wide-spread son preference in Bangladesh, India and Pakistan is manifested in the form of *post-natal* discrimination against the girl child[4]. 9.07% (44/485) wanted 2nd male child because of ill health of their previous male child. 13.19% cases wished for third child irrespective of sex of child. Out of 485 clients, 50 (10.3%) due to religious grounds. Clients believe that children are a gift of God; hence any contraception or MTP is unethical. Help of Religious Heads will go long way for explaining the correct interpretation of religion. In 46 clients (9.48%), they thought that children are a poor man's wealth. More the children, better the family income. Most of these clients were uneducated. Proper education will help removing such misbelieves. However such education is different from formal school education and needs to be imparted by health care workers who can emotionally bond well with such clients. Few cases i.e. 11 had some social reasons for high parity e.g. donation of child to their relatives or second marriage. In India, where sons have traditionally been strongly preferred to daughters, low-parity women with no sons have a significantly elevated risk of having their marriage dissolve[5]. Hollander found that the odds of marital dissolution are about 40% higher among women whose only child is a girl than among those who have only a son; for mothers of two children, those with daughters have 70% higher odds of being divorced or separated than those with sons[6].

Table 5 shows out of 836 mistimed pregnancy, 81 were continued i.e. (9.69%). 35.8% cases continued because they wanted more children whereas 64.2% continued because of some social reason. 22.22% continued due to lack of social support or especially resistance from their in-laws. 17.28% continued because they consider termination of pregnancy as a "SINFUL ACT". Few cases continued because they were rejected as those had anemia i.e. in 9.88% whereas others were rejected because they came later (after 20weeks of gestation) for termination. 5 cases (6.17%) had to continue just because of the non-availability of health facilities. In a study by Christina C. Pallitto 55% of respondents had at least one unintended pregnancy, and 38% had been physically or sexually abused by their current or most recent partner[7]. Illene S. Speizer in his study found among family planning clinic clients, 35% reported that their last second or higher order pregnancy was unintended (8% mistimed, 27% unwanted), whereas 64% of prenatal clinic clients reported that their current second or higher order pregnancy was unintended (23% mistimed, 41% unwanted)[8].

Conclusion : High parity is a major problem for our country. A small planned family has many advantages and benefits. To minimize pregnancy wastage, maternal and child welfare programme should be intensified. Policy-makers need to address regulatory, social, economic and cultural factors within communities and at the national level. Family planning programmes must be given top priority. "**Delay the first, postpone the second and prevent the third".**

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Conflict of interest: None
Funding: None