Original Research Article

A Study on Socio Demographic and Fertility Characteristics of Ante Natal Women Attending Urban Health Clinics, In Slum Areas of Hyderabad

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ABSTRACT

Background: In any community mothers and children constitute a priority group. The problems affecting the health of mother and child are multifactorial. This study which was done in urban slums of Hyderabad, facilitates to understand the demographic and fertility characteristics of ante natal mothers so that planning of policies and delivery of health care services can be done effectively Methodology:

Sample size: 200, Systematic random sampling was done in antenatal mothers attending urban family welfare clinics, associated with Osmania Medical College, Hyderabad.

Results: Child marriages are rampant in this modern era too. Teenage pregnancy which might affect the reproductive health of the women was observed in 44% of the cases. 33% of the women were more inclined towards 3 or more children in a family. There was a strong desire for male child in the community and thus were opting for sex determination. Patriarchal customs like funeral fire application, family lineage, gotras etc along with unscientific beliefs and practices are acting as hindrance for the achievement of balanced sex ratio in India.

Conclusions: Awareness and wide publicity on the desirable family size, decreasing child sex ratio is to be given to general population. Strict enforcement of various laws has to be done. Measures should be taken to address various customs and beliefs which are harmful to girl child.

Key words: fertility characteristics, family planning, gender preference, sex determination.

INTRODUCTION

In any community mothers and children constitute a priority group. In India women of child bearing age (15-44years) constitute 22.2% of the total population. They not only constitute large group but are also vulnerable or special risk groups. The problems affecting the health of mother and child are multifactorial. Despite current efforts, the health of the mother and child still constitutes one of the most serious health problems affecting the community, particularly in developing countries. [1] To provide better primary health care and services to mothers in the community there is essential need to know the sociodemographic and fertility characteristics in them. There is also need to understand the opinion of community regarding family planning and factors influencing their preference for a particular sex of the child to be borne. This study facilitates to understand their demographic and fertility characteristics so that effective planning and delivery of health services can be done.

Objectives:

1. To assess the socio demographic characteristics of the ante natal women attending Urban family welfare clinic

2. To assess the fertility characteristics of the study population
3. To assess the reasons for gender preference if any, in the study population.

METHODOLOGY

Sample size: 200 (limited as per study period)

A cross sectional study was done in 10 urban family welfare clinics present in slum areas attached to Osmania Medical College, Hyderabad. The study was conducted from November 2015 to March 2016. Systematic random sampling was done. As the outpatient number in each clinic was about 30-40, a random number below 5 was chosen and then every third pregnant woman attending the clinics on ante natal days (Friday) was interviewed till the study period was completed. Women who were in labour pains, ill, not willing to participate in the study and who did not give consent were excluded from study.

A pre-tested and pre structured questionnaire was used to collect information on their demographic and fertility characteristics. The questionnaire consisted of three parts. First part was intended to collect the socio demographic characteristics of the respondents. Second part contained questions related to their fertility characteristics. Third part was related to their attitude towards gender preference and their opinion regarding factors influencing gender preference. Verbal consent of all respondents was obtained and reassurance was given regarding the confidentiality of the information collected.

Data entry and analysis was done using *MS excel 2013*

RESULTS

Most of the women belonged to 20-29 years of age group. Majority of them belonged to Hindu religion followed by Islam. 20% of the women were illiterate and majority of them were unemployed. Most of them belonged to lower middle class and

upper lower class as per BG Prasad classification. Most of the women were from nuclear families. (Table 1)

Table 1. Socio demographic characteristics of ante natal women

Variable	Frequency (%)
Age groups	
<19yrs	14 (7)
20-29yrs	174 (87)
>30yrs	12 (6)
Religion	
Hindu	122 (61)
Islam	72 (36)
Christianity	6 (3)
Caste	
SC	38 (19)
ST	4 (2)
BC	126 (63)
OC	32 (16)
Education	
Illiterate	40 (20)
Primary	34 (17)
Secondary	88 (44)
Intermediate	12 (6)
Degree and above	26 (13)
Occupation	
Employed	28 (14)
Unemployed	172 (86)
Social class	
Class I	12 (6)
Class II	48 (24)
Class III	70 (35)
Class IV	68 (34)
Class V	2 (1)
Family type	
Nuclear	100(50)
Joint	82 (41)
Joint Extended	18 (9)

Table 2. Marriage and obstetric history of study population

Variable	Frequency (%)
Age at marriage	
<10	2 (1)
11-17	36 (18)
>18	162 (81)
Age at first pregnancy	
<20	88 (44)
20-24	88 (44)
25-29	20 (10)
30-34	4 (2)
Present Order of Pregnancy	
Primi (first)	84 (42)
Second	58 (29)
Third	30 (15)
Fourth	14 (7)
Fifth	10 (5)
Sixth	4 (2)
Number of women who suffered abortions	36 (18)
Total number of abortions in past	46 (100%)
Average number of abortions per woman	1.22
Spontaneous abortions	32(69.5%)
Induced abortions	14(30.4%)
Still births and infant deaths in past in study population	16(8%)

Majority of the women were married at the age above 18years. Age at first pregnancy was teenage in almost 44% of the

study population and 44% belonged to 20-24years of age group. Most of the women (42%) were of first order pregnancy whereas 39% were of third and greater than third order pregnancy. 18% of the women in the past experienced abortions (Table 2).

Past Obstetric history was taken from the study population. Outcome of previous pregnancies was taken into consideration and made into chart. The outcome of the pregnancy worsened with increasing order of pregnancies. (Chart 1)
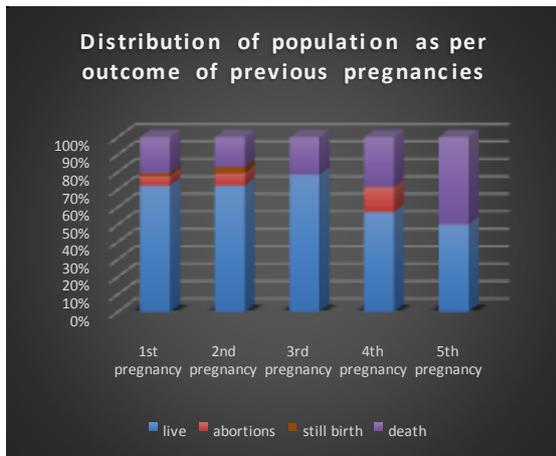

Chart 1. Distribution of population as per outcome of previous pregnancies

Opinion of antenatal women on desirable family size (number of children per family) was taken. Most of the women desired a family size of 2. (Chart 2)
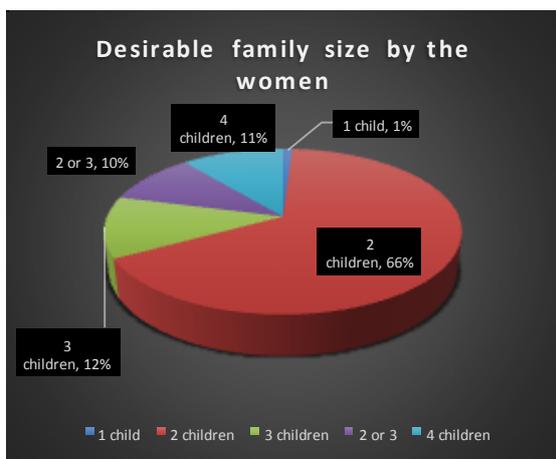

Chart 2.Distribution of women as per their opinion of desirable family size

Opinion of women regarding time of family planning operation was taken. This was done to know if there is any gender preponderance in the study population. If there is no male child only 61% of them would go for family planning, but if there is no female child 81% of them were ready to undergo sterilization. (Table 3)

Table 3. Distribution based on opinion of study population regarding time of family planning

Number of women willing to go for family planning if there is	Percentage (multiple options)
No female child	81%
No male child	61%
Both male and female child	94%

A question was asked, if they knew the sex of the child to be borne,6 of them admitted that they knew the sex of the baby (Table 4)

Table 4. Women who admitted that they approached for sex determination (after confidence was gained on non-revealing of their identity)
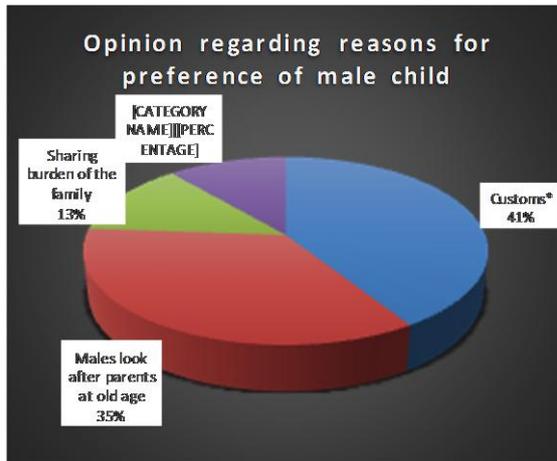
Variable	Frequency
Women who admitted that they approached for sex determination	8(4%)
Sex of the baby known	6
Known as male baby	4
Known as female baby	2
Continued pregnancy after knowing the sex	6

An attempt was made to know the perception of women regarding reducing child sex ratio, and their opinion regarding reasons for reduction in child sex ratio in India. (Table 5)

Table 5. Distribution based on knowledge and perception of women on reducing child sex ratio in Hyderabad.(based on multiple answers)

Questions on reducing child sex ratio	Frequency (%)
Number of women who knew about reducing child sex ratio	98 (49 %)
Women who think that most couples would prefer male children over female children	174 (87 %)
What do you think are the reasons for reduced child sex ratio	
Female feticide	86 (43 %)
Family not caring the female child leading to more girl mortality	33 (17%)

Reasons for preference of male child (Chart 3), Reasons for non-preference of female child (chart 4) and reasons for preferring female child (chart 5) were asked and documented. Multiple answers were given by some women which were combined and made into percentage charts.

DISCUSSION

Most of the women belonged to 20-29 years of age group. Majority of them belonged to Hindu religion followed by Islam. 20% of the women were illiterate in this study. This is in concurrence with NFHS-4 data, which also found 20% of the urban women illiterate. [2]

Though the legal age of marriage in India [3] is 18yearsit was found that 19% of the study population got married before 18years of age. This is slightly higher than NFHS-4 (2015-16) data of Telangana in which it was found that 15.7% women were married before 18years of age. [2] Census 2011 states that 30% of the women were married before 18years of age in India. Though there was declining trend compared to 2011 data, it can be still considered as a major social problem which needs attention. Age at first pregnancy was teenage for 44% of the population, which is the high risk age group. Higher order pregnancies i.e., third and more was found in 29% of the study population which implies lack of awareness regarding implications of large family size. This reiterates the fact that more awareness need to be given to the women and society about the risk of teenage pregnancy and problems related to large family size.

Total numbers of pregnancies in the study population were 420 until the study period. Frequency of abortion was 11%, out of which spontaneous were 7.6% and 3.4% induced abortions. For every 15 pregnancies there occurred 1.14 spontaneous abortions which was exactly coinciding with the study done in George University. [4] The outcome of the pregnancy was good i.e., 70-80% 'live births' in 1st, 2nd and 3rd order pregnancies, whereas in 4th and 5th order the outcome of pregnancy was 'live birth' in only about 50%-60% of cases. The outcome of the pregnancy worsened with increasing order of pregnancies.

Desirable family size by the woman was 2 in 66% of the cases, 33% of the women were more inclined towards 3 or more children in a family. Even though the opinion of family planning after two

Customs*: This included continuation of family lineage, surname and gotras, funeral pyre application by males
Status and property inheritance** : This meant that male children were needed for inheritance of property and status of family in the society

Chart 3. Opinion regarding reasons for male child preference in a family (based on multiple answers)

Chart 4. Opinion regarding reasons for non-preference of female child (multiple answers were combined to obtain percentages)
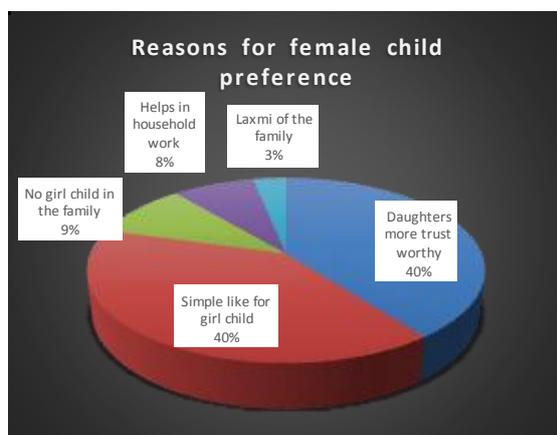

Chart 5. Opinion regarding reasons for female child preference (multiple answers)

children was found to be reasonably good among the study population, the decision making power regarding family planning did not vest with them. Most of the times the decision was dependent on husband and in laws.

81% of the women were ready to undergo family planning if there is no female child in the family, compared to 61% who told they were ready to go for family planning if there was no male child in the family. This implies the strong desire for male child in most of the study population. Interestingly 4% of the women admitted that they went for sex determination tests during the present pregnancy (on condition their identity will not be revealed) which reiterates the need for strict implementation of PCPNDT act. Only 49% of women were aware about the reducing child sex ratio in India, and 87% of them think that most couples would prefer male child over female.

The reasons for gender preference were sought from the ante natal women, the main reason for male child preference was given as customs and cultural practices in the family – which includes continuation of family lineage, gotra and surname of the family, funeral pyre application in case of death of a parent (chart 3). The next major reasons for male preference being - dependency on male child at the time of old age and financial dependence (debt and loan clearance in the family to be shared with male child and not female child). The major reasons for non-preference of female child were burden of dowry and marriage in future (chart 4). The opinion regarding preference for female child were completely different from that of male child – major reasons cited were that daughters more trust worthy than sons to depend in future, and simple like for girl child(chart 5).

CONCLUSION

Women should have the right to decide and control her own reproductive health. Education about desirable family size, declining child sex ratio and its implications should be given to the community regularly. The awareness regarding "The Pre Conception and Pre Natal Diagnostic Techniques Act", "The prohibition of child marriage Act" and "The Dowry Prohibition Act" should be given and measures should be taken for strict implementation of these. But as said in a study [5] 'the pre natal sex selection is merely a symptom of pervasive discrimination against women, suppressing the symptom alone might not be sufficient and a more relevant challenge would be to improve women's cultural, social and economic status'. There is a dearth need of schemes like 'BetiBachao, BetiPadhao' to ensure that girls are borne, loved and nurtured without discrimination. Schemes related to women empowerment such as Sukanya samriddhi yojana might be of use to address declining child sex ratio in India. Kalyana Lakshmi scheme and Shadi Mubarak scheme started by government of Telangana which gives short term result of decreasing marriage burden for poor families, might be of less use in distant future if deep rooted customs in the society discriminating girl child are not well addressed and reformed. There is a need to ensure easy access to reproductive health and reproductive rights to women of all classes. There is a need to adopt more strong policies and strict enforcement of legislation to promote gender balance, gender equality and empowerment of women at all levels.

Limitations:

Sample size taken was limited due to constraints of time and other resources. There is a need to conduct more research to address the issue of gender imbalance.

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