

SOCIAL FACTORS INFLUENCING MULTIPARITY - A MAJOR HINDRANCE TO SAFE MOTHERHOOD IN RURAL AREA

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SUMMARY

Socio-economic factors play a vital role in determination of multiparity. In this study, 6,604 antenatal mothers were screened to find out the multiparous women and their social causes. 1099 (16.64%) of the total ANC patients were found to be multiparous. Lower age at marriage (65.5%), low rate of literacy (illiterate - 48.04%), low per capita income (LIG - 75.92%), high child mortality, affinity for male child and ignorance or reluctance about F.P. measures, contribute the major factor. The crux of the F.P. problems was also complicated by so many deep rooted religious and other customs and beliefs. Many of these factors are preventable to ensure safety of motherhood.

INTRODUCTION

Multiparity is an important factor responsible for many obstetric problems like malpresentation, anaemia in pregnancy, APH, PPH, obstructed labour and rupture uterus which interfere with the safety of motherhood. Only contraceptive technology is no solution to prevent high parity. Population scientists have attributed the major reasons for high fertility to factors

like lower age at marriage, low rate of literacy, low per capita income, affinity for a male child, high infant mortality and slow pace of acceptability of F.P. measures. The purpose of this survey was to find out the factors which are responsible for multiparity in rural areas and thereby to plan the preventive measures to ensure safe motherhood.

MATERIALS AND METHODS

All the pregnant women attending the

Antenatal Clinic of Habra State General Hospital from January 1991 to December 1991 were screened. Among 6604 mothers attending the Clinic, there were 1099 multigravidae (i.e. 3d gravida and above) who had been surveyed as regards the age at marriage, level of literacy, monthly income of the family, bad obstetric history, loss of children, social customs and beliefs, affinity for male child, and knowledge of F.P. measures. These parameters were recorded on a fixed proforma.

OBSERVATIONS AND ANALYSIS

Out of 6604 antenatal mothers, the incidence of primigravida was 49.33%,

second gravida 34.02% and multigravida 16.64% (Table I). Religion-wise 314 women were Muslims, only 6 Christians and the rest 6284 (95.15%) Hindus. The incidence of multigravida was 22.92% among Muslims compared to 16.34% among Hindus (Table II).

Age at Marriage

The mean age at marriage of 1099 multigravid women was 17.8 years. Of them 720 (65.5%) got married below the age of 18 years (mean 16.4 years), 365 (33.2%) between 18 to 21 years (mean 18.8 years) and the rest above the age of 21 years (Table III).

Table I
Showing Parity Pattern (n=6604)

Gravida	Primi	2nd	3rd	4th	5th & above	Total Multi (3rd & above)
Number	3,258	2,247	674	205	220	1099
Percentage	49.33	34.02	10.20	3.10	3.34	16.64

Table II
Showing Correlation of Parity and Religion (n=6604)

Religion	Number	Percentage among total patients	Multigravidae	% of multi
Muslims	314	4.75	72	22.92
Hindus	6284	95.15	1027	16.34
Others	6			

Applying X² test, P < .001

Table III

Age at marriage of the multiparous subjects (n=1099)

Age at marriage (Years)	Total No.	Percentage
Below 18	720	65.51
Between 18-21	365	33.21
Above 21	14	1.27

Educational status

Out of 1099 multigravid women 528 (48.04%) were illiterate (Grade I), 472 (42.94%) had grade II education (literate

but have not passed School Final Examination) and 99 (9%) grade III education (have entered or passed University and higher examination). Table IV shows the correlation between age at marriage and level of education. It was observed that 82.08% of those who got married below 18 years had grade I literacy. The incidence was 72% in those married between 18 to 21 years and only 8.14% above 21 years.

Economic Status

The average monthly income of each family was noted and they were grouped as Low-income-group (LIG) with monthly income below Rs. 2000, Middle-income-

Table IV

Correlation of Grade - I Education (n=1099) and age at marriage

Age at marriage (Years)	No. of multi mothers	No. of mothers with Grade I education	Percentage
Below 18	720	591	82.08
Between 18-21	365	266	72.87
Above 21	14	1	7.14

Applying X^2 test, $P < .001$

Table V

Economic status in women with high fertility (n=1099)

Income per month (Rs.)	Group	Total No.	Percentage
Below 2,000	LIG	324	29.48
Between 2,000 - 4,000	MIG	691	62.87
Above 4,000	HIG	84	7.64

Table VI

Correlation between Economic and Education Status

Group	Total No.	No. of Multi with Grade I Education
LIG	324	246 (75.92%)
MIG	691	279 (40.37%)
HIG	84	3 (3.57%)

group (MIG) with monthly income of Rs. 2,000 to 4,000 and High - income group (HIG) with income of more than Rs. 4,000 per month. The majority (62.87%) belonged to MIG (Table V) followed by LIG - 29.48%. It was significant to note that the incidence of multigravid women was 75.92% in LIG compared to 40.3% in MIG and only 3.5% in HIG group (Table VI).

On analysis of other factors it was noted that a good number of mothers (19.65%) are neither aware of F.P. mea-

sures nor they have ever been motivated by village health personnel. Social beliefs and customs favouring larger families are - children are the gifts of God, they are poor man's wealth, children are assets on which parents can depend for supplementing family income in times of need. Most of these beliefs stem from ignorance and lack of communication. Bad obstetric history (10.55%) and high children mortality (39.9%), also contribute a major factor influencing multiparity (Table VII). A significant number of females (30.5%) run the risk of pregnancy only for a male child and to our utter surprise, this is similar in HIG and LIG group (84.52% and 72.2% respectively) but very negligible in MIG group (4.48%).

DISCUSSION

The place of this survey - Habra State General Hospital, North 24 - Parganas is a referral centre of 7 PHC and 7 SHC catering to a population of about 7 lakhs. Although Muslims constitute 25% of the population, the incidence of their atten-

Table VII

Other factors influencing multiparity

Factors	Number	Percentage
1. Lack of awareness of or improperly motivated for F.P. measures	216	19.65
2. Social customs and beliefs	246	22.38
3. Previous obstetric disaster	116	10.55
4. Loss of Child	439	39.9
5. Preference for male child*	336	30.57

* 84.52% (71/84) in HIG; 72.2% (234/324) in LIG & 4.48% (31/691) in MIG

dance in the Clinic is only 4.75% (Table II) but multiparity is higher in them (22.92%) as against 16.32% among Hindus. The Registrar General, Govt. of India reported similar preponderance of high fertility in Muslims (Year Book - FPW, 1980-81).

Early marriage is going on unabated, more so in rural areas (65.5% below 18 years, Table III) violating the amended child marriage Registration Act, 1978. The study is in concordance with Chaudhuri S.K. (1996). The study also proves that the lower the age at marriage the higher the fertility. The study also has shown a direct correlation between age at marriage and level of education (Table IV). This also reveals a negative association between high parity and educational status. Similar results were found by the Registrar General, Govt. of India. (Year Book - FPW, 1980-81).

The study shows (Table V) that multigravidae are more common in MIG in comparison to other two groups. This fallacy has been explained by the poor attendance in ANC by LIG and HIG group. The study further shows (Table VI), the positive correlation between economic status and literacy stressing that education is the main factor influencing fertility. It was also observed (Table VII) that the crux of the F.P. problem is complicated by too many deep rooted religious and other customs and beliefs

as supported by Park J.E. (1991).

In spite of National Family Welfare Programme functioning over 3 decades, a significant percentage (19.65%) of population are not aware of or improperly motivated for F.P. measures. This poor acceptance of fertility control programme was also noted by earlier observer (Chaudhuri 1982) who noted only 22.8% of the eligible couples being effectively protected by the programme.

CONCLUSION

Fulfilment of a target, like bringing down the high fertility to a certain point in a country like India, which is the 2nd most populous country in the world, is a formidable task. This requires the active participation and dedication of the target group of population and the members of the medical profession, paramedical personnel, voluntary agencies and also administrators and representative of the Govt. starting from Panchayat to Parliamentary level.

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