



Original Article

Socio-demographic features and fertility profile of women attending teaching hospital in an urban set up

Mamtarani ¹, Srivastava Ratan K ²

¹ Tutor, Department of Community Medicine, Government Medical College, Surat

² Associate Professor, Department of Community Medicine, Government Medical College, Surat

Abstract

It was a cross sectional study. A pretested semi-structured questionnaire was used. The information was collected using interview technique. Study period was from June 2006 to October 2006. It was decided to cover more than 500 women attending teaching hospital for their delivery during study period. However, a total of 991 women came to avail the services and 600 women were interviewed after the delivery. Their details of socio-demographic features were enquired in addition to the questions related to their fertility behaviour. The data were analysed with the help of Window based EpiInfo software (version. 3.2).

Key Words: Socio-demography, fertility profile, urban area, child.

Introduction

The health of the mother and child constitutes one of the most serious health problems affecting the community, particularly in the developing countries. To alleviate this problem maternal and child health (MCH) services have seen a spectrum of changes dating from antiquity to the most recent development of reproductive and child health programme ¹.

There have been ongoing debates about the issue of abortion as a response to unwanted pregnancy. These debates have centred around a series of ethical,

religious and other issues concerning the rights of the foetus and the mother in circumstances of unwanted pregnancy ².

Fertility behaviour is influenced by both social context and the decision making of persons. Majority of studies in India on fertility have concentrated on aggregate level fertility changes. Differences in fertility have been attributed to socioeconomic differentials. Recently, the study of birth interval has acquired importance because of its relationship to fertility. The average duration of successive birth interval is related to the fertility; longer the interval, lower is the fertility. Improvements, which are taking place for mother & child health services due to implementation of RCH-II, will certainly influence fertility profile of women in India.

Keeping these views in mind, the current study was carried out to understand the relationship of socio-demographic features with the selected parameters of

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Correspondence :

Dr. Srivastava Ratan K

Department of Community Medicine

Government Medical College,

Surat (Gujarat) 395001, India. Fax : 0261-2241025

Mobile : 09426430739 Email : ratanpsm@gmail.com

fertility profile of women who attended a teaching hospital in Gujarat State for the purpose of delivery of their child in an urban setup.

Materials and Method

This study was carried out from June 2006 to October 2006 for a period of 5 months in the Department of Community Medicine, Government Medical College, situated in an urban area of Surat district, Gujarat. The subjects of the present study were women who delivered babies in the postnatal ward of New Civil Hospital, Surat. Pre-tested semistructured questionnaire was used. The information was collected using interview technique after the delivery. It was decided to cover most of the women attending the hospital during the period of study. These women were interviewed after the delivery in the hospital during postnatal period. Their details of socio-demographic features were enquired in addition to the questions related to their fertility behaviour. The data entry and analysis was done by using Epi_info 3.2 (window based) software.

Results

Out of 991 women who delivered babies, during the study period, 600 women (60.5%) were covered. About half of women (60.7%) were young (<25 years) followed by one-third women (33.8%) who were 25-29 years old. Two-fifth women were illiterate & were from all the age groups. Very few women (5%) of 20 to 29 years age group were educated up to higher secondary school & more. The literacy status of women in general was 57.5% (Table 1)

The families having 4-6 members were 58.7%. Only 15.2 % families had less than four members. Mean size of family was 5.5 ± 2.3 . Families with smaller family size (1-3) frequently belonged to the upper social class (II & III) but reverse was seen with larger family size.

Past history of abortion was reported by 12.7% women. The proportion of abortion increased with the increase in age of women attending New Civil Hospital (Table 3). It was noted that most of women (73.5%) attending New Civil Hospital from urban area belonged to multipara. Proportion of multipara women was less in higher social class.

The birth order of one child was more common among women of higher social class. On the other hand, proportion of child with birth order of more than two had shown increasing trend with lower social class (Table 4).

Three-fifth of women (59.9 %) attending teaching hospital had birth interval of 3 years & more. Most of them (86.8%) were 20-29 years of age. However, two-fifth of women (40.1%) had birth interval of less than 3 years, out of that 62.1% were young in age (20-29 years). Majority of women (71.6%) were literate with birth interval of 3 years & more. Women (58.3%) belonging to the higher social class (II & III) had birth interval of 3 years & more. Religion wise most of the Hindu women (87.9%) had birth interval of 3 years & more. The relationship between birth interval & different types of caste could not show any particular pattern & statistically also it was insignificant ($p=0.88$) (Table 5).

Table 1. Relation of age and educational status of women.

Age of women	Educational status of women									
	Illiterate		Primary*		Secondary**		Higher secondary & More***		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
< 19	20	7.8	23	13.8	12	21.8	Nil	Nil	55	9.2
20 - 24	105	41.2	86	51.5	97	31.4	21	6.8	309	51.5
25 - 29	108	42.3	54	32.3	32	15.8	9	4.4	203	33.8
30 - 34	15	5.9	4	2.4	7	26.9	Nil	Nil	26	4.3
>35	7	2.7	Nil	Nil	Nil	Nil	Nil	Nil	7	1.2
N	255	100.0	167	100.0	148	100.0	30	100.0	600	100
%	(42.5)		(27.8)		(24.7)		(5.0)			

* Up to 7th standard ** 8th to 10th standard *** 11th standard onwards
(Figures in parenthesis are row wise percentages)

Table 2. Distribution of family size according to social class of families and educational status of women.

Social clas	Family size									
	1-3		4 – 6		7 - 9		10 & more		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
II*	27	29.7	51	14.5	13	11.3	7	16.7	98	16.3
III	40	43.9	142	40.3	27	23.5	10	23.8	219	36.5
IV	18	19.8	132	37.5	39	33.9	12	28.6	201	33.5
V	6	6.6	27	7.7	36	31.3	13	30.9	82	13.7
Education of women										
Illiterate	34	37.4	168	42.7	38	33.0	15	35.7	255	42.5
Literate	57	62.6	184	52.3	77	66.9	27	64.3	345	57.5
n	91	100.0	352	100.0	115	100.0	42	100.0	600	100.0
%	(15.2)		(58.7)		(19.2)		(7.0)			

(Figures in parenthesis are row wise percentages)

*2 women of social class I have been included.

Table 3. Relationship of past history of abortion and age of women.

Age of women	Frequency of abortion							
	Nil		1		2		Total	
	No.	%	No.	%	No.	%	No.	%
< 19	50	90.9	4	7.3	1	1.8	55	100
20 – 24	271	87.7	31	10	7	2.3	309	100
25 – 29	174	85.7	25	12.3	4	2.0	203	100
30 – 34	22	84.6	4	15.4	Nil	Nil	26	100
>35	7	100.0	Nil	Nil	Nil	Nil	7	100
N	524	87.3	64	10.7	12	2.0	600	100

Table 4. Distribution of women according to social class and birth order of the current child.

Social class	Birth order											
	1		2		3		4		5		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
II*	56	57.1	27	27.5	13	13.3	1	1.0	1	1.0	98	100
III	52	23.7	107	48.9	43	19.6	12	5.5	5	2.3	219	100
IV	55	27.4	90	44.8	43	21.4	8	3.9	5	2.4	201	100
V	22	26.8	31	37.8	17	20.7	7	8.5	5	6.0	82	100
n	185	30.8	255	42.5	116	19.3	28	4.7	16	2.7	600	100

* 2 women of social class I have been included.

Table 5. Relationship of birth interval (years) and the socio-demographic features.

Socio-demographic characteristic	Birth interval (years)				Statistical test		
	3 & more		Less than 3		X ²	d.f*	P
No.	%	No.	%				
Age of mother							
<19	18	6.8	36	20.3	39.1	3*	0.00
20 - 24	128	48.5	50	28.2			
25 - 29	101	38.3	60	33.9			
30 - 34	16	6.1	26	14.7			
>35	1	0.4	5	2.8			
Education of mother							
Illiterate	75	28.5	120	67.8	66.6	1	0.00
Literate	189	71.6	57	32.2			
Social class							
II**	47	17.8	25	14.1	6.7	3	0.08
III	107	40.5	59	33.3			
IV	74	28.0	70	39.5			
V	36	13.6	23	13.0			
Caste							
General	76	28.8	47	26.5	0.65	3	0.88
SC	86	32.6	64	36.1			
ST	75	28.4	49	27.7			
SEBC	27	10.2	17	9.6			
Religion							
Hindu (n=369)	232	87.9	137	77.4	8.5	1	0.00
Muslim	32	12.1	40	22.6			
n=441 %	264 (59.9)	100.0	177 (40.1)	100.0			

(Figures in parenthesis are row wise percentages)

* Rows were clubbed where frequencies were small.

** 2 women of social class I have been included.

Discussion

Education makes people aware of health and motivates them for the adoption of responsible fertility behaviour. It occurs because people become interested in their own health and welfare. For this area, the education of women is even more important than that of their male counterpart. The overall literacy status of women in this study was 57.5%. While NFHS-2 study for Gujarat (1998-99) reported total literacy rate (5+ populations) as 65.5% of total population of Gujarat³. Most of the women (85.3%) attending New Civil Hospital were from the age-group of 20-29 years. Parmar⁴ reported in his

field based study that 68.5% fathers and 21.2% women were from 21-30 years age group in an urban setup. Parmar's respondents were from the urban slums of Surat city while the current study was hospital based. This could have led to the difference in observation. The current study further reflected that many young women from different socio-economic status from Surat urban area are utilizing the services of New Civil Hospital, Surat. The findings of Saxena⁵ showed that 47.4% women were illiterate. His observations were very much similar to this study. Banerjee¹ has also reported similar observations from an urban health centre in Kolkata.

Illiterate women are known to be highly fertile. This lesson was learned from the experience in the state of Kerala. The high educational level of women has led the state in fertility control.

This study reported that 58.7 % women were with family size of 4-6 and 84.8% families were having more than 4 members in the family. Bansal in his study from Surat urban area expressed almost similar observations⁶. The average household size in this study was 5.5 ± 2.3 . NFHS-2 study for Gujarat (1998-99) reported mean household size of Gujarat as 5.1³. Though the data are from hospital, it shows a relatively larger average household size after a span of 7 years. It seems that there is a need to carry out a field-based study to measure the current status.

In this study 12.7% woman attending hospital reported past history of abortion. Fergusson⁷ reported 14.6% abortions in his recent study. This study showed lower proportion of women giving history of abortion.

Most of the women (73.5%) who delivered in New Civil Hospital belonged to multipara. Satpathy et al.⁸ in their study also observed that 68% women belonged to para 2 & more. For better maternal care, the national programs are encouraging more hospital deliveries, hence those, who have already delivered, prefer hospital delivery of their babies.

Relationship between the birth order of current child and the social class showed that 42.5% had 2nd birth order (Table 4). Very few (2.7%) women belonged to the 5th birth order. Women mainly belonged to higher social class who came to delivery with 1st birth order of the current child & belonged to lower social class for 3rd to 5th birth order. This study is in line with the proved fact that fertility is inversely proportional to the social class of family. Higher the social class of the families, the lower their fertility rate.

The information was further analyzed to understand the relationship of the birth interval of the current child with the previous child with socio-demographic characteristics. It was noted that 59.9 % of women had birth interval of 3 years & majority (86.8%) were 20-29 years of age. It showed the recent trend among women as they are adopting better fertility practices and this trend must further be promoted by the health managers to improve maternal health. This study further highlighted that the literacy status and rising socio-economic class itself makes women aware of their own

health and its importance. The same was observed in this study as more women adopted birth interval of 3 years & more. Higher proportion (87.9%) of Hindu women had birth interval of 3 & more & reverse was noted among Muslim women (22.6%) who had birth interval of less than 3 years. Nath⁹ in his study examined first birth intervals (FBIs), and reported that female occupation and position in the caste system did not have significant effects on first birth intervals (FBIs). Female education was negatively associated with first birth interval.

Hence, with improvement in the social class of people, there is a matching rise in their standard of life, which goes with better education, good nutrition & diet, good quality of housing and better quality of life which finally leads to desire for responsible fertility behaviour leading to a small family norm.

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