

Child Bearing Practices Among Ante Natal Women in Tertiary Care Hospital

Lynette M Fernandes¹, Aseefa Ghouse², Rupa Padwalkar³, Ankita Naik⁴¹Junior Gynaecologist, Directorate of Health Services, Goa²Senior Resident, Department of Obstetrics and Gynaecology, Goa Medical College, Bambolim, Goa³Assistant Professor, Department of Obstetrics and Gynaecology, Goa Medical College, Bambolim, Goa⁴Junior Resident, Department of Obstetrics and Gynaecology, Goa Medical College, Bambolim, Goa

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Corresponding author: Dr. Lynette M Fernandes

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Abstract:

Background: Motherhood is an important event in the life of a woman, and it is significantly dependent on cultural, traditional and social practices. It is also important to note that while good healthcare has a considerable contribution, safe motherhood and childbearing practices are also equally essential to build a healthy society. While there is no shortage on the data available for the medical aspect of maternal healthcare, the social and cultural part of it still needs more study and analysis. To understand the pschye and beliefs of women and what they undergo in their households on a day to basis, could probably be a stepping stone to exploring this rather obscure part of maternal well-being. This study is undertaken to know about these practices.

Methods: This was an observational descriptive hospital-based study. A pre-structured questionnaire was given to study participants, after taking due informed consent. The data was then tabulated and analysed using SPSS software.

Results: Majority of the participants preferred the two child norm (47%). Preference for male child was seen among 60% of participants.95% of participants fed colostrum to new-born. A significant proportion of the study population opted for hospital delivery (94%). Sleeping in practices were seen only among 35% of participants. Only 60% of study participants believed in providing equal educational opportunities for males and females.

Conclusion: Child bearing practices are controlled considerably by traditional beliefs and culture, social norms. Pregnant women tend to follow these traditional practices and sometimes do not adhere to advice given by health professionals. Hence it is of utmost importance to include these practices in patient care, while discouraging unhealthy practices with sensitivity towards their emotions. The physician sees or encounters the pregnant woman only during her antenatal period, during routine check-ups and for a short duration postnatally. The family and their accompanying traditions, beliefs and customs, however, are part of the woman throughout. Hence Tobring a change for the positive, it is important to create awareness within the cultural frame work.

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Introduction

India has a diverse ethnicity, steeped in culture and heritage, consequent to which there are certain customs, beliefs that are followed in every aspect of life from birth to parenthood.

Traditions, cultural beliefs, customs, and information from ancient Indian books have shaped these practices and have been passed down through generations; and thus have greater emotional value attached to it. Lack of sensitivity towards these practices acts as a barrier between health care providers and society [1].

Some of these practices may have adverse effect on women's health. For instance, colostrum was considered harmful for the new-born and was discarded [2]. Some practices may have beneficial

effect, for instance, the practice of being at maternal home during third trimester provides emotional support and ensures adequate rest for mother. It is important for health care providers to comprehend these practices, to promote beneficial ones and to create awareness to discard harmful practices.

Aims and Objectives

To assess the childbearing practices among antenatal women attending the antenatal OPD in Goa Medical College. (GMC).

Materials and Methods

This was a hospital based observational descriptive study, undertaken in the Department of Obstetrics

and Gynaecology, Goa Medical College. From 15 October 2018 to 15 January 2019(3 months), antenatal women who were visiting the OPD as well as those admitted in the wards, were given a pre-structured questionnaire. Informed consent from study participants were taken. Convenient sampling technique was used to select 150 participants. The collected data was then tabulated and subjected to statistical analysis, wherever indicated, using SPSS software. Institutional ethics

committee approval was taken prior to the start of this study.

Results

The socio-demographic characteristics of participants are shown in table 1. Majority of study participants were between 25 to 29 years of age (40.6%); half of them received primary education (50.6%) and half of them belonged to nuclear family (51%).

Table 1: Socio-demographic correlates

Characteristic	Number	Percentage
Age(years)		
20-24	27	18%
25-29	61	40.6%
30-34	52	34.6%
40-44	5	3.3%
45-50	5	3.3%
Education		
Up to 5 th class	21	14%
6 th to 10 th class	76	50.6%
10 th class to 12 th class	16	10.6%
Graduate	37	24.6%
Socio economic class		
Lower class	32	21.3`%
Middle class	102	68%
Upper class	16	10.6%
Type of family		
Nuclear	75	50%
Joint	59	39.3%
3 rd generation	16	10.6%

Table 2 shows selected child bearing practices among the study population. It was observed that a large majority of study participants followed 2 child norm (47%), while 37% preferred 3 children and only 6% were keen to have more than three children. A significant proportion (38%) of study population cited financial/extra income as reason having a greater number of children. Other reasons for having more children among study population were security (31%); Religious (27%); others (12%). As far as gender preference is concerned;

60% of participants wanted male child. Among 150 study participants, when enquired about reason for gender preferences; 56% cited continuation family line, 25 % to achieve moksha, 7.3% as there is no property division and 10.6% had no reason. Only 60% of study participants believed in equal education to both sexes. 78% of study participants practiced staying at maiden home during third trimester. A vast majority of study proportion preferred hospital delivery (94%). 95% of study population fed colostrum to new born babies.

Table 2: Selected Child bearing Practices among study population

Preferred number of children		
1	15	10%
2	71	47%
3	55	37%
>3	9	6%
Reason for preference for more children among some couples		
Income	58	38%
Security	47	31%
Religious	27	18%
Others	18	12%
Preference for male child		
Yes	90	60%
No	60	40%
Reason for Preference for male child		
Continue family line	85	56%

Achieve moksha	38	25%
No property division	11	7.3%
No specific reasons	16	10.6%
Staying at maiden home during third trimester		
Yes	117	78
No	33	22
Preferred Place of delivery		
Hospital delivery	141	94%
Home delivery	3	2%
No preference	6	3%
Feeding of colostrum to baby		
Yes	143	95%
No	7	5%
Belief in equal education for male and female child		
Yes	90	60%
No	60	40%

Discussion

Pregnancy and child birth though biological processes, have experiences shaped by traditional and cultural practices. These practices have stood over time and been passed over generations. While some of these practices may be beneficial, some of them are harmless, however a few practices have a deleterious impact on maternal and child health. Understanding these traditions and addressing them with sensitivity, and to engage the community to amend these harmful practices, as well as guiding them towards safe motherhood requires strenuous effort.[3] The present study aims to understand some of these practices.

The Total Fertility Rate of India is 2 (according to National Family Health Survey 2019 -2021) while TFR was 2.4 per women according to 2011 Census. In the present study it was observed that 47% of study participants followed 2 child norms while 37% preferred 3 children and only 6% were keen to have more than three children. The reasons cited by study participants for a greater number of children were economical (38%), security (31%), religious (18%). Asadi et al. (2016), in a similar study found that 36.7% of study participants followed two child norms.[4] Various studies from past have highlighted reasons for preference for greater number of children. Present study showed similar results.[5]

India being a patriarchal society, male gender preference is deep rooted. Present study also highlighted male gender preference – 60% of study participants desired for a male child to continue family line (56%), achieve moksha (25%). No division of Property (7.3%). Preference for male child has caused a deleterious impact on social life of women and is an important reason for pre-natal sex determination and female infanticide. In the present study only 60% of the respondents believed in providing equal educational opportunities for both sex [6,7]. This study highlights the need for

efforts to bring gender equality and to ensure a better place for our girls in society.

Present study showed a positive attitude towards hospital delivery (94%) which is consistent with NFHS-5-the share of India's institutional deliveries increased to 88.6% in 2019-2021 (National Family Health Survey 5 (NFHS-5) from 40.8 % in 2005-06 (NFHS 3). This positive change in attitude is secondary to efforts taken by health workers, policymakers, better implementation of plans like Janani Suraksha Yojana, Janani Shishu Suraksha Karyakram, Pradhan Mantri Surakshit Matritva Abhiyan, Pradhan Mantri Matru Vandana Yojana.[7,8]

It is well known among the medical fraternity that colostrum which the first produced breast milk is rich in immunoglobulins and antibacterial factors. However some cultures consider it unhealthy and hence it is discarded in many parts of the world.[2,9] However, in the present study 95% of mothers fed colostrum to the new born.

Conclusion

Cultural practices and traditional beliefs shape motherhood and child birth. These practices are age old and has stood over time. We health workers should appreciate these practices with sensitivity and work within community to amend these practices with scientific ones. Positive increase in hospital delivery rates, feeding of colostrum are few changes brought by sustained efforts. The present study highlights need for more initiative towards gender equality to ensure better future for our girls.

Limitations: Only 150 subjects were included in this study. More extensive surveys are required in this area.

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