Working Status Of Women And Their Fertility Pattern In An Urban Community

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Citation

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Abstract

Objectives: To find the prevalence of working women and to compare fertility patterns of working and non-working women in an urban community
Study Design: Community -based cross-sectional study.
Results No significant difference (P>0.10) between mean ages of working (36.54 ⏻ 7.62) and non-working women (37.80 ⏻ 7.87). Age at marriage for working group was significantly higher (P<0.001) than that in non-working group. Non-working women were having more preference for having at least one daughter. Highly significant gaps (P<0.001) between knowledge and practice of contraception in both the groups. Practices of condoms in both the groups were far behind of its knowledge.
Conclusions and Suggestions: Fertility behavior of women is not influenced by their working status except for delayed marriage and increased levels of knowledge of contraception. Women, irrespective of their working status, should be educated and empowered to enable to bridge the existing gaps between knowledge and practices of reproductive parameters.

INTRODUCTION

Welfare of a country directly depends upon welfare of its women as they make a major contribution for the development of the society. In spite of this fact their health concerns could not receive the priority they actually deserve. Reproductive and child health status has always been a matter of great concern for all the countries. In India National Family Health Survey provides reliable picture of reproductive and child health programmes. National Family Health Survey conducted in 2005-06 (NFHS-3) [1] reported crude birth rate (CBR) and total fertility rate (TFR) for India to be 23.1 per 1000 and 2.7 per women respectively. In United Nations data sheet [2] these figures are reported to be 23.7 per 1000 and 3.0 per woman respectively. Assessment of reproductive behavior of women has significant implications on policy and programme related with fertility. Low awareness and utilization of health and family welfare services in comparison with other states and this limited knowledge and under utilization of services are often cited as reasons for poor demographic performance in four large northern states including Uttar Pradesh (UP) [1], not much is known, however, about the factors affecting knowledge and utilization of health and family welfare services in these states. Fertility estimates for UP are of particular interest because it has the largest population and the highest fertility of any Indian state. According to NHFS -3 survey report, this state lags behind in several fertility indicators.

Individual situations and desires influence fertility decisions of men and women. Other family members are also reported to play dominant role in fertility decisions Social and economic factors like women's work status, maternal education., standard of living (SLI) , gender preferences, fear of economic liability of having daughters, attitude towards family planning, and unmet needs of contraception etc. influence fertility related decisions. Fertility related studies are essential for understanding association of factors with various indices of fertility having regional variations. These factors depend upon several characteristics of community.

Women involved in work for the purpose of cash or kind are known as working women. It is usually understood that fertility behavior of women is positively influenced by their working status due to their expectedly better educational background and financial independence. Present study was conducted with the objectives of finding prevalence of working women and to compare fertility behaviors of working and non-working women in an urban community of Uttar Pradesh (UP), India.

MATERIAL AND METHODS

Present cross-sectional study was conducted in urban slum of Allahabad city of UP during the year 2005. Four AW areas were selected by adopting stratified two- stage random sampling design. Married women in the reproductive age willing to participate in the study were included. A sample of 132 respondents was considered for the purpose of planning further in depth study. Information on socio-demographic characteristics like age at marriage, working status, family type, standard of living index (SLI) (as provided in NFHS), birth interval between two successive births, knowledge and practice of contraception etc. and also on anthropometrical measurements (height and weight) was collected by using a pre-tested and pre-designed interview schedule. Body mass index (BMI) was calculated using weight and height as a measure of nutritional status. Statistical tests like Chi-square test, Normal test of proportions, and Student's t-test were applied in data analysis carried out by using SPSS-12 package.

RESULTS AND DISCUSSION

The study included 132 women in the reproductive age with an overall mean age of 37.70 7.97 years (Table-1). There were 26 (19.7%) working and 106 (80.3%) non-working women. Majority of the women in working group were teachers by occupation followed by involvement in business/small trades of their own or of husband. There was no significant difference (P>0.10) between mean ages of working (36.54 7.62) and non-working women (37.80 7.87). Maximum women in both the groups (26.9% working and 34.9% non working) were belonging to 41-45 years age group. Among working group, 17 (65.4%) women, belongs to high SLI category as compared to only 5 (4.7%) of non-working women belonging to this category. Most of the non-working females 74 (69.8%) were belonging to low SLI category. Overall representation of SLI reveals that 76 (57.6%) women were belonging to high and 22 (16.7%) were belonging to middle SLI categories. Proportion of women in working group with high SLI was significantly higher (P<0.001) than that of non-working women. Among working women group, 24 (92.3%) were having at least graduate degree as compared to 54 (50.9 %) in non-working group. No working female was illiterate as compared to 8 (7.5%) non-working females. The overall literacy level reveals that 78 (59.1 %) were having at least graduate degree. Majority of the women 101 (76.5%) were belonging to nuclear families (84.6% among working and 74.5% among non-working). Among all study subjects, 64 (48.5%)

were of normal body- built having BMI 18.5 to 25. There were 5 (4.7%) thin non-working women having BMI below18.5 and no such women in working group.

Mean age at marriage for all respondents was observed to be 20 2.73 years. Only about 12% women were married before attaining 18 years of age. Non-working women were more likely to be married at younger ages as compared to non-working women. About 15% of non-working women were married prior to attaining 18 years of age. Age at marriage for working group was significantly higher (P<0.001) than that in non-working group. This difference may be due to time spent in attainment of higher education by working females before they got married. Proportion of non-working women having three or more children (59.4%) was higher than that of working women (42.3%). However, there was no significant association (P>0.10) difference working status of women and number of children ever born. Surveyed women in the two groups were also not differing significantly (P>0.10) with regards to mean number of children ever born. Mean number of children ever born is not comparable to total fertility rate (TFR), as they were yet to experience fertility. Mean birth interval between two successive births was found to be 2.49 years Proportions of women having birth interval 0f 13-24 months were observed to be 23.1% and 13.1% for working and non-working groups respectively. Mean birth intervals for the two groups were not found to differ significantly (P>0.10). Only about 15% births occur within 24 months.

Women in the two groups were also compared with regards to their fertility preferences through desire for their last pregnancy and contraceptive knowledge and practice (Table-2). Majority of women in both the groups desired their last pregnancy and only 5.3% respondents (3.8% among working and 5.5% non- working) reported that they were not having desire for their last pregnancy. There was no significant difference (P>0.10) between proportions of women having desire of last pregnancy in the two groups. About 83% women expressed their desires for having at least one son and 78% wished to have at least one daughter. NFHS-3 findings [1] also reports strong gender preferences and 80.7% currently married women and 74.4% men desired to have at least one son in its report. Women in the working group were having more male preferences (88.5%) as compared to non-working women (82.1 %). However, proportions of women having desire for son were also not found to differ significantly (P>0.10) in the two groups. Among all women, 29(22%) were having no desire for girl

child. Significantly higher (P<0.05) proportion of non-working women expressed desire for having at least one daughter as compared to those in the working group.

Knowledge of contraception was very high (97.0%) among respondents, which is in agreement of NFHS-3 data [1]. Overall use of contraception in the present study was found to be only 35.7% (42.4% among working and 34.0% among non-working). The association between contraceptive use was found to be significantly associated (P<0.05) with the working status of women. Highly significant gaps (P<0.001) were observed between knowledge and practice of contraception in both the groups. Awareness of condoms was found among among 78 (92.4%) of non-working women as compared to 22 (84.6%) among working women but the difference between these two proportions was found non significant (P.0.10). Knowledge of OCP as well as Cu-T was found to be significantly higher (P<0.001) among working women. Practices of condoms in both the groups (7.7% among working and 15.1% among non-working) were far behind of its knowledge. Similar large gaps also existed for other contraceptives. Only 3 (11.5%), working and 5 (4.7%) non-working women used permanent methods of contraception. Use of spacing methods was comparatively more among working women as compared to non-working women. NFHS-3 [1] data also reported lack of utilization of family welfare facilities and particularly lack of contraceptive practices. According to this report, contraceptive prevalence rate among currently married women is only 56% in spite of high awareness levels among both women and men and strong desire to restrict their family size.

In a recent study conducted in East Delhi [4] about 60% ever users of contraceptive were found with awareness level of 75%. This finding indicates that large proportion of women does not use any contraceptive method in spite of the fact that they either like to stop or space child bearing. Low acceptance of contraceptive use in spite of higher level of knowledge in the present study contradicts the findings of a recent study [5] in a different population. According to a latest study [6], 20.54% married women in reproductive age had unmet needs of contraception. While another study [7] reported 49.86% contraceptive prevalence among ever-married women in rural area of Dehradun district. Reasons of not using contraceptives were not investigated in the present survey. Underutilization of Contraceptives cannot be attributed to lack of knowledge alone but to some other factors not studied. Under-utilization of family planning

services may also be due to fear of side effects, gender preference, and perceived inaccessibility. Large gap existing between awareness and practice of contraception irrespective of working status and better standard of living expected in working group reflects some socio-cultural barriers and unmet needs of c0ntraceptives. Some reasons may be deep rooted like resistance either by husband or elderly members of the family.

Figure 1

Table 1: women by working status and socio-demographic characteristics

Characteristic	Working (N=26)	Non-working (N=106)	Total (N=132)
Age			
18 – 25	3 (11.5)	5 (4.7)	8 (6.1)
26 – 30	5 (19.2)	24 (22.6)	29 (22.0)
31 – 35	4 (15.4)	20 (18.9)	24 (18.2)
36 – 40	7 (26.9)	20 (18.9)	27 (28.5)
41 – 45	7 (26.9)	37 (34.9)	44 (33.4)
Mean ± SD	36.54±7.62	37.79±0.87	37.70±7.97 (P>0.10)
SLI			
Low	2 (7.7)	74 (69.8)	76 (5.8)
Middle	7 (26.9)	27 (25.5)	34 (25.8)
High	17 (65.4)	5 (4.7)	22 (16.7)
Educational Status			
Illiterate	-	8 (7.5)	8 (6.1)
Primary	-	2 (1.9)	2 (1.5)
Middle	-	8 (7.5)	8 (6.1)
High School	2 (7.7)	12 (11.3)	14 (10.6)
Intermediate	-	22 (20.8)	22 (16.7)
Graduate	11 (42.3)	44 (41.5)	55 (41.7)
Post Graduate	13 (50.0)	10 (9.4)	23 (17.4)
Type of Family			
Nuclear	22 (84.6)	79 (74.5)	101 (76.5)
Joint	4 (15.4)	27 (25.5)	31 (23.5)
Body Mass Index			
Below 18.5	0	5 (4.7)	5 (3.8)
18.5 – 25	12 (46.2)	52 (49.1)	64 (48.5)
25 and above	14 (53.8)	49 (46.2)	63 (47.7)
Age at Marriage			
<17	0	16 (15.1)	16 (12.1)
18 – 21	11 (42.3)	63 (59.4)	74 (56.1)
21 – 25	13 (50.0)	25 (23.6)	38 (28.7)
>26	2 (7.7)	2 (1.9)	4 (3.1)
Mean ± SD	22.12±2.44	19.78±2.61	20.24±2.73 (P<0.001)
No. of Children			
0 ≤2	15 (57.7)	43 (40.6)	58 (44.0)
≥3	11 (42.3)	63 (59.4)	74 (56.0)
Mean ± SD	2.35±2.85	2.82±1.46	2.75±1.43 (P>0.10)
Birth Space			
1 – 2	6 (23.1)	14 (13.2)	20 (15.2)
2 – 3	5 (19.2)	38 (35.8)	43 (32.6)
3 – 4	9 (34.6)	30 (28.3)	39 (29.5)
>4	6 (23.1)	24 (22.6)	30 (22.7)
Mean ± SD	2.44±1.74	2.51±1.49	2.49±1.53 (P>0.10)

Figure 2

Table 2: contraceptive behavior of women by working and non-working women

Parameter	Working (N=26)	Non-working (N=106)	Total (N=132)	P-Value
Desire for last pregnancy				
No	01 (3.8)	06 (5.7)	07 (5.3)	
Yes	25 (96.2)	100 (94.3)	125 (94.7)	P>0.20
Desire for son				
No	03 (11.5)	19 (17.9)	22 (16.7)	
Yes	23 (88.5)	87 (82.1)	110 (83.3)	P>0.10
Desire for daughter				
No	8 (30.8)	21 (19.8)	29 (22.0)	
Yes	18 (69.2)	85 (80.2)	103 (78.0)	P<0.05
Knowledge of contraception				
None	1 (3.8)	3 (2.8)	4 (3.0)	P>0.20
Condom	22 (84.6)	78 (92.4)	120 (90.9)	P>0.20
OCP	23 (88.4)	62 (58.4)	85 (64.3)	P<0.001
Cu-T	22 (84.6)	21 (19.8)	93 (70.4)	P<0.001
Other methods	5 (29.1)	32 (30.1)	37 (27.9)	P>0.20
Overall knowledge of contraceptive	25 (96.2)	103 (97.8)	128 (97.0)	P>0.20

The study concludes that fertility behavior of women is not influenced by their working status except for higher age at first cohabitation with husbands due to delayed marriage and increased levels of knowledge of contraception particularly of spacing methods. Higher levels of knowledge of working women regarding contraception could not yield desired outputs in terms of contraceptive practices and change in fertility preferences. There was wide gap existing between awareness and practices of contraception It is suggested that women, irrespective of their working status, should be educated and empowered to enable them to take fertility related decisions to bridge the existing gaps between knowledge and practices. Utilization of family welfare services can be accelerated through some specific health education strategies in order to avoid socio-cultural barriers and misconceptions responsible for the existing gaps. Target groups should also include adolescent girls and elderly women for desired outcomes in the long run. . More detailed studies representing all types of maternal employment are required to design region specific strategies acceptable in the local context.

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