



Factors of bearing many children -A Study

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Abstract

The child bearing women have other additional social and gender roles to be performed both outside and within the family. This quality of role and responsibility specific to women creates a burden which is also specific to women. Child bearing is disadvantage to women not only because it is a specific task to them but also due to its adverse effect on their health as well. The result of this particular study indicates of prevalence of unplanned birth and the resulted problem among the respondents women in particular and in the rural area in general. This can be observed from the birth behaviour of women in the sample for there are many pregnancies per women resulted from the desire for large number with short birth intervals. Different socio economic and cultural factor can be attributed for the failure of women regulates their birth rate. The evidence presented in this study indicated that female education can positively affect the life of women through different ways. Early marriages also plays its part in promoting the number of pregnancies and child bears since it permits women to start bearing at their young age. Having many children at a short interval or at unfavorable marital ages, endanger to the health of mothers. The importance of women labour force perception to minimize the rate of her involvement in reproductive is found that those women who are purely has wives with and any sphere of activity outside their home show higher birth performance than currently working higher mother.

Key Words: Child bearing, child mortality, family planning, early marriages and contraception

INTRODUCTION

The combination of different socio-economic and cultural factor also make child bearing risk process on the lives of mothers. The reason for this study is that women lie is venerable due to different healthy problem as well as pregnancy related problem. So, this study will take in to account factor bearing many children and its cause and consequence on mother' health. Africa including Ethiopia continued high fertility levels along with declining mortality rate have resulted in a wide gap

between birth rates and subsequently include low socio-economic development, deeply ingrained cultural values for large family size and low level of contraception. Child bearing at the young ages consequences a greater risk to maternal mortality and child mortality to the mothers and children respectively. It also inclines to restrict educational and economic opportunity forward on. Another child bearing tendency reflects the extent of contraceptive practice in a country. Childbearing in Ethiopia begins at early age. At the current rate of the



childbearing an Ethiopian women would have more than half of her life time (3.1) by age 30 and nearly 3/4 of the total children she well ever have (4.3) by age 35. 60 percent of women 15-49 age have already become moths or currently pregnant with their child. 7 percent of women begun child bearing at age 16 the number increase to 16 percent among women age 18 and 4 percent among women age 19.

Child bearing in most culture of Ethiopia is considered as blessing to family particularly in rural areas. Under such condition the adverse impact of bearing large number of children without using family planning. As a result the health and lives of many women would be seriously affected by child bearing without using family planning. The problem affects not only the demographic of national population but also in influences the health and socio-economic status of women. This study will examine or assess the factor for bearing many children as well as the causes and consequences of bearing children on the health and socio-economic life of women in the study area.

OBJECTIVES

- To examine the causes and consequences of bearing many children
- To explore the attitude of women in contraceptive usage
- Identify the negative impact of bearing many children on the health and socio-economic life of women.

METHODOLOGY

The approach of the study would be divided into two broad categories. This qualitative and quantitative approach. The qualitative approach includes describing the events without the use of numbers, but in quantitative approach it would contain or includes describing and analyzing the data.

Tools and methods

By using this method, distributing the questionnaire paper for the whole respondents that are selected. And researcher has to selected women's who are using family planning method and who are not used the method, since women's are the vulnerable group for the problem.

Source of data collection

In this study the researcher would use both primary and secondary sources to explore the valuable information from the respondents. From primary sources such as interview, questionnaire and from secondary sources like books, magazine and publishing materials also included where they are need for generating the necessary information.

SOCIO-ECONOMIC CHARACTERISTICS OF THE RESPONDENTS

The data which had been collected through questionnaire and interview is presented in a way that they can give meaning to the readers.



Table-1: Distribution of Respondents by their Age

Age group	Number of Respondents	Percentage (%)
20-25	06	17.00
26-30	13	36.00
31-35	08	22.00
36-40	05	14.00
Above 40	04	14.00
Total	36	100.00

The above table shows that, 36 percent respondents were between ages 26 – 30, then followed by 22 percent and 17 percent who were the age between 31 – 35 and 20 – 25 respectively. And the remaining 14 percent and 11 percent respondent were found between the age of 36-40 and above 40 respectively. This table shows that higher percent of the respondents 36 percent were found between the ages of 26-30.

Table-2: Distribution of Respondent by their Marital Status

Marital Status	Number of Respondents	Percentage (%)
Married	22	61.1
Single	04	11.1
Widowed	03	08.3
Divorced	07	19.4
Total	36	100

The above table indicates that, more than half (61.1) of the respondents are married, 19.4 percent were divorced and 11.1 percent and 8.3 percent of respondents are single and widowed respectively. The shows that more than half of the respondents were married women.

Table-3: Distribution of Respondent by their Religion

Religion	Number of Respondents	Percentage (%)
Orthodox	17	47.00
Muslim	06	17.00
Protestant	08	22.00
Traditional religion	05	14.00
Total	36	100.0

The above table shows, about 47 percent of the respondents were followers of the Ethiopian orthodox Christianity followed by protestant religious followers 22 percent Muslim 17 percent and 14 percent traditional religious followers. So the above statistical figure leads us to the generalities that the study area in terms of religion is dominated by Christian follow.



Table-4: Distribution of the Respondents according to their level of Education

Level of Education	Number of Respondents	Percentage (%)
Read and write	13	36.01
Primary and school	09	25.00
Secondary	07	19.04
Cannot read and write	04	11.01
Diploma and above	03	08.03
Total	36	100.00

Regarding the education status of respondents, 36.1 percent can read and write, 25 percent were primary school 19.4 percent are secondary school, 11.1 percent cannot read and write and 8.3 percent were diploma and above.

Table-5: Distribution of respondents according to their Occupation

Occupation	Number of Respondents	Percentage (%)
Government workers	02	06.00
Domestic or house workers	31	86.00
Self-employed	03	08.00
NGOs workers	-	-
Total	36	100.00

As indicated by the above table, almost all the respondent were responded as they are domestic or house made workers which is account for about 86 percent, followed by self –employed 8 percent and 6 percent are government workers. The data shows that higher percent of the respondents in the study area is dominated by women who are working in the house as domestic workers.

Table-6: Distribution of respondents according to their number of Children

Number of Children	Number of Respondents	Percentage (%)
0	03	08.03
1-2	13	36.1
3-4	15	41.6
>5	05	13.8
Total	36	100.0

The above table shows, greater percentage of respondents 41.6 percent have children between 3-4 and followed by 36.1 percent and 13.8 percent respondents who have children 1-2 and above 5 children respectively and the remaining 8.3 respondents are those who have no children.

**Table-7: Distribution of respondents according to based on sex preference**

Sex preference	Number of Respondents	Percentage (%)
Male	23	64.00
Female	13	36.00
Total	36	100.00
What would you do if you fail to have a preferred sex?		
I will try many chance by another pregnancy	34	94.00
I would stop child birth	02	06.00
Total	36	100.00

Regarding the sex preference, the above table shows that 64 percent of the respondents prefer male and 36 percent respondents want to have or prefer female. As well as most of the respondent, that means 94 percent of the respondents will try another chance if they did not get the preferred sex and only 6 percent of the respondents are stop child birth if they fail to get the preferred sex. Form the above table we can conclude that sex preference is the major contributor of high birth rate of one country and the world as a general.

Sex preference is one of the reasons for having more children. In most tradition people were prefer to have male children because having male in most tradition was considered as the sign of getting respecting in the community. For example, traditionally when someone get children, people first ask the sex of born children and if the children in male they give the sign of respecting for family of the child and as well as they give some encouragements.

Table-8: Distribution of respondents based on their usage of contraceptive

Do you have used contraceptive method	Number of Respondents	Percentage (%)
Yes	15	42.00
No	21	58.00
Total	36	100.00
For what purpose does you used contraceptive?		
For purpose of birth spacing	10	67.00
To avoid STD	03	20.00
To stop birth at all	02	13.00
Total	15	100.00

As shown in the above table 58 percent of the respondent did not use contraceptive and only the remaining 42 percent of the respondent's uses contraceptive. So here it is possible to say higher percent of the respondents did not use contraceptive. As well as more than half 67 percent of the respondents were used contraceptive for the purpose of birth spacing and the remaining 20 percent and 13 of



the respondents uses the method for the purpose of avoiding sexually transmitted disease and to stop child birth at all respectively.

Table-9: Distribution of respondents based on reason they don't use method

Reason for not using method	Number of Respondents	Percentage (%)
Fear of side effect	18	50.00
Lack of knowledge	04	11.00
Lack of access	06	17.00
Lack of consent of their husband	08	22.00
Total	36	100.00

As indicted in the above table half of the total respondents 50 percent were not use method because of side effect of the method and followed by 22 percent and 17 percent respondents who did not use the contraceptive method because of lack of consent of their husband and lack of access to the method respectively and the remaining 11 percent of the respondents did not use the contraceptive method because of the lack of knowledge about the method.

Table-10: Distribution of respondents based on information about family planning

From where you get information about FP	Number of Respondents	Percentage (%)
Health workers	19	53.00
Radio	15	42.00
TVs	02	05.00
Total	36	100.00

As depicted in the above table most of the respondents 53 percent gets the information about family planning from health workers and the rest 42 percent and 5 percent get from television and radios respectively. This data shows more than have of the respondents get the information health workers.

Table-11: Distribution of respondents based on the cause of bearing many childrens

Cause of bearing many child's	Number of Respondents	Percentage (%)
Religion	10	28.00
Culture	22	61.00
No idea	04	11.00
Total	36	100.00

As shown in the above table more than half of the respondent 61 percent respondents that culture as the cause of bearing many children followed by religion 28 percent and the remaining 11 percent of the respondents have no idea about the causes.

**Table-12: Distribution of respondents based on consequence of having many children**

Consequence of having many children	Number of Respondents	Percentage (%)
Economic	15	41.06
Health	10	27.07
Social	08	22.02
No idea	03	08.03
Total	36	100.00

As we understand from the above table almost half of the respondents 41.06 respondents economy as the negative consequence followed by 27.07 percent and 22.02 percent who respondents who respondents as health and social consequence and the remaining 8.03 percent who did not know its negative consequence.

Summary and Conclusion

The fact that child bearing is the natural role of women does not mean that it has no effect on the general health of mothers. Besides child bearing women have other additional a social and gender roles to be performed both outside and within the family. This quality of role and responsibility specific to women creates a burden which is also specific to women. Child bearing is disadvantage to women not only because it is a specific task to them but also due to its adverse effect on their health as well. The result of this particular study indicates of prevalence of unplanned birth and the resulted problem among the respondents women in particular and in the rural area in general. This can be observed from the birth behaviour of women in the sample for there are many pregnancies per women resulted from the desire for large number with short birth intervals.

Different socio economic and cultural factor can be attributed for the failure of women regulates their birth rate. The evidence presented in this study indicated that female education can positively affect the life of women through different ways. Early marriages also plays its part in promoting the number of pregnancies and child bears since it permits women to start bearing at their young age. Having many children at a short interval or at unfavorable marital ages, endanger to the health of mothers. Since it often results in complication of pregnancy and child birth as well as increase in the incidence of abortion which in most cases threatens the lives of women.

The importance of women labour force perception to minimize the rate of her involvement in reproductive is found that those women who are purely has wives with and any sphere of activity outside their home show higher birth performance than currently working higher mother. Here it is seems that lack of participation in activities outside their home forced whose it fix their role as mothers there by involve in high birth rate which in turn blocks their opportunity for employment.

RECOMMENDATIONS

The problems of bearing many children on the women in adverse effect



particularly on the general health of mothers are so serious those urgent solutions by imposing the necessary and possible solutions.

➤ Formulate the policy and takes measures on the part of the government to prevent practices of early marriage in society.

➤ The religious institution should understand the importance of family planning and it should teach the society to regulate and change the attitudes of their birth behaviour.

➤ Family planning education should be included in the curriculum and should be given in schools as a major subject.

➤ The government and the society at large should create conducive environment to provide women with income generating opportunities which could help them economically independent and this could reduce the desirability of large number of children as economic support.

➤ Women's themselves should arrange socially and culturally to be allowed to arrange their marriage without the influence of somebody else.

➤ Religious leaders should encourage their followers on the needs for family planning choice as related to their holy book.

➤ Family planning service providers should educate the couples on the effective's family planning choice.

➤ Every couple should agree and involved when making decision on the making decision on the choice of family palling.

➤ Government should build reproductive health centers, where family planning education would be given to couples on the choice of family for both educated and non-educated couples.

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