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Why a third child? A study for evaluation of factors and determinants responsible for third child in a rural medical college hospital in U.P., India

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Abstract
Introduction: The decision of conceiving a baby is always an important step in life of a couple. During our interview with rural pregnant patients with 2 living issues, we found that rural couples try to bear first child as early as possible due to the social pressure or are branded as infertile, to a large extent this child is also a product of desire to procreate. While the idea to conceive the first child is often a straightforward process in the concerned population, the conception of the third child is almost always a multi-faceted, complex and interlinked decision made between couples. This paper studies various factors involved in decision making prior the conception of third child.
Aim and Objective: To evaluate the factors resulting into desire for a third child by pregnant patients with 2 living issues, in a rural Government Medical College & Hospital in U.P.
Methodology: It's an observational study conducted in Outpatient Dept. of Obstetrics and Gynaecology in Government Medical College & Hospital, Kannauj in U.P. by means of predesigned pretested questionnaire allocated to the pregnant patients with 2 living issues, with proper consent.
Results: Interview was conducted on a total of 392 pregnant patients with 2 living issues. Out of them the major influential factors were in-law's pressure cited by 76.79% females, demand for more siblings was mentioned by 73.21%, affordable child care mentioned by 33.16%. 29.33% females wanted to teach their children values of sharing and caring by having third child, 25% females had two previous female children hence wanted third one in hope of a male child, 22.96% females wanted to take advantage of community support system, more earning members in future was dream of 24.25% females, unfortunate death of elder child was explained by 10.20% females, while pressure from any other person/peer pressure, knowledge from doctor, social media, neighbourhood community pressure was cited by 40.31%, 5.61%, 14.29%, 13.27% females respectively. Wife/Husband's choice was cited by 5.36% females only.

Keywords: Third child, rural, determinants, India

Introduction
Today India's population stands around 1,400.2 million people (2020) [1]. Currently India's population is only second to china. Due to booming population there have been concerns for increase in poverty, unemployment, illiteracy as well as weak health & sanitation facilities. Today total fertility rate [TFR] in India is 2.0 birth per women and in Uttar Pradesh it is 2.4 birth per women (2019-21), in India TFR in urban population is 1.6 and in rural population is 2.1 [2].
Recent maternal mortality rate (MMR) in India is 99/100,000 live birth in 2020 of which leading causes are obstetric haemorrhage, pregnancy related infection and hypertensive disorders of pregnancy [3] (NIH National Library of Medicine *ncbi.nlm.nih.gov*). Increased maternal deaths are mainly related to eclampsia, accidental haemorrhage, acute renal failure, pulmonary oedema, disseminated intravascular coagulopathy and HELLP syndrome. In developed countries maternal mortality has been controlled substantially while in developing countries it still remains high even today [4]. The third child majorly changes the dynamics of a rural family and present problems such as parenting issues, lack of access to adequate food leading to malnutrition, financial burden causing illiteracy, inadequacy of proper resources. In addition, there are associated perinatal problems including congenital malformations, preterm birth and low birth weight. Despite this the rural population is driven for a third child, primarily because of rural women's belief that bearing more children will help earn love and admiration from their husbands as well as siblings will have more fun growing up.

They think their house will stay guarded and their children will share responsibility and household chores once they grow up. Another mindset that after raising two children ability to easily raise a third one, contribute to the conception of third child.

In India maternal mortality ratio (2016-18) is 113 per 100,000 live birth and in Uttar Pradesh is 197 per 100,000 live birth [5]. Despite this there has been increase in demand for the third child by eligible couples. Demand for more children have substantial effect on the family both socially and economically. In urban Uttar Pradesh (TFR 1.9) the trend is to ideally have two children, in fact recently, to refrain from conceiving a second time which is starkly different from rural Uttar Pradesh (TFR 2.5) where childbearing desire is significantly greater and having at least three children is common [6]. During the course of our research we found that the number of children in the family usually exceeded the ideal number of children that couple originally wanted. This paper studies the causes and factors that drives rural couples to opt for a third child.

Materials and Methods

- **Type of study:** Questionnaire based observational study assisted by panel interview.
- **Place of study:** The study was undertaken in the pregnant patients with 2 living issues in age group 20 to 40 years in the OPD of Obstetrics & Gynaecology, Government Medical College, Tirwa, District - Kannauj U.P.
- **Duration of Study:** Six months (May - October 2021)
- **Study population:** 392 pregnant patients with 2 living issues were selected from OPD of Obstetrics & Gynaecology department.
- **Study tool:** A predesigned, pretested questionnaire assisted by panel interview.
- **Methodology:** After formulating required questionnaire and determining the course of discussion pregnant patients with 2 living issues were sought from outpatient department. Aim of study was explained to them & required consent was taken. Questionnaire was briefly explained to them. The predesigned & structured questionnaire included social, personal and economic factors. Adequate steps were taken prior the data collection to prevent any bias. Data was collected from a large homogenous group of people. To minimize the risk of selection bias the data was collected across the reproductive age group from 20-40 years from various communities. The rural localities who are affluent and those who are poverty-stricken were given equal weightage. First impressions, predilections, personality of candidate, and preconceived notions as well as stereotypes unconsciously come into play when the interviewer and volunteering candidate meet in person for the first time. So each of the interview was conducted by the same panel and candidates were advised to take their time and not answer impulsively. During the interview the females were explained the questionnaire in detail and were given adequate amount of time to understand, recall and then relay their response correctly. This study was done over a timespan of six months (May – October 2021).

Statistical Considerations

In this section the collected data is analysed and presented in an easy to understand format.

Table 1: According to the response data collected in questionnaire in GMC Kannauj

Social factors	Personal factors	Economic factors
Neighbourhood 52 (13.27%)	More siblings 287 (73.21%)	Affordable child care 130 (33.16%)
Social Media 56 (14.29%)	For teaching, sharing and caring 115 (29.33%)	Community support 90 (22.96%)
Counselling from doctor, late for abortion 22 (5.61%)	Death of elder child 40 (10.20%)	More earning member 95 (24.23%)
Any other person 158 (40.31%)	Wife/Husband choice 21 (5.36%)	
	In-laws choice 301 (76.79%)	
	Contraception failure 86 (21.94%)	
	All girl child 98 (25%)	

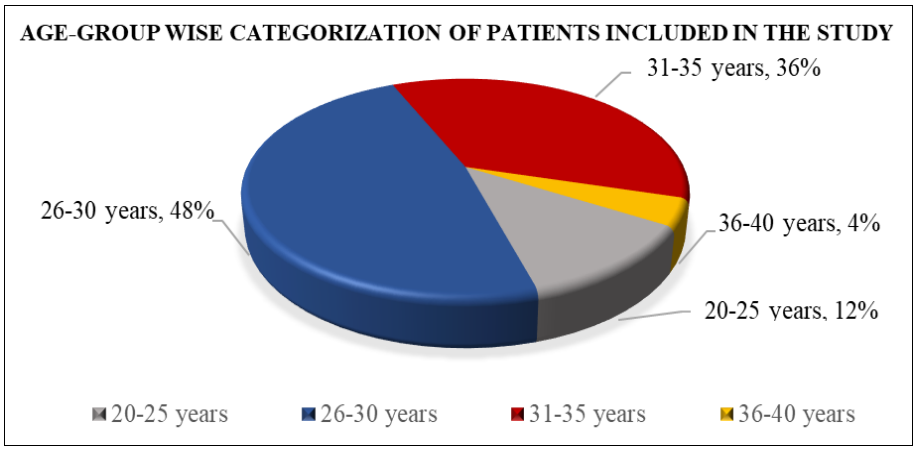


Fig 1: Out of total 392 females 12% were in age group 20-25 years, 48% in age group 26-30 years, 36% in age group 31-35 years, 4% in age group 36-40 years

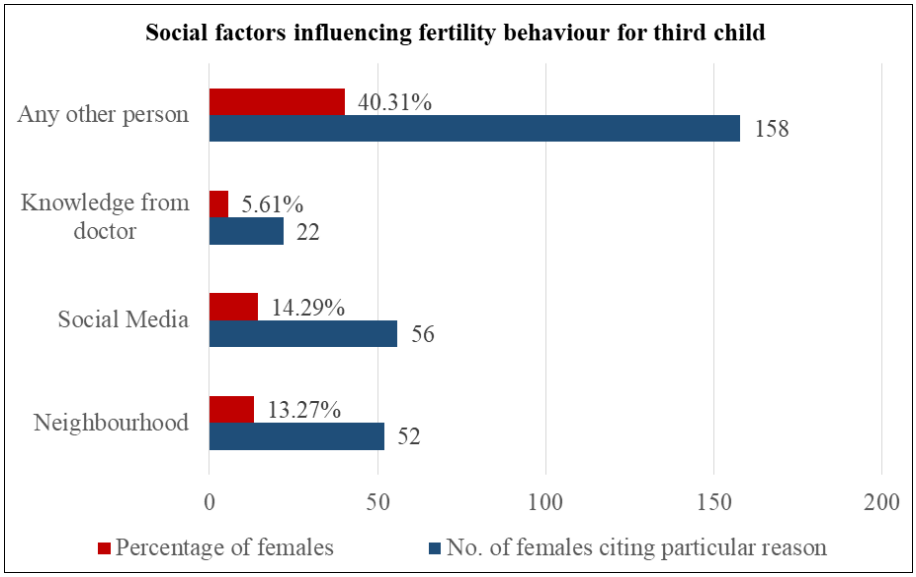


Fig 2: It shows among social factors, neighbourhood and social media moderately influence volunteer's desire for third child at 13.27% & 14.29% respectively while only 5.61% consulted with doctors, here we see social pressure from any other person incl. peer pressure served as a major determinant in decision making for third child at 40.31%

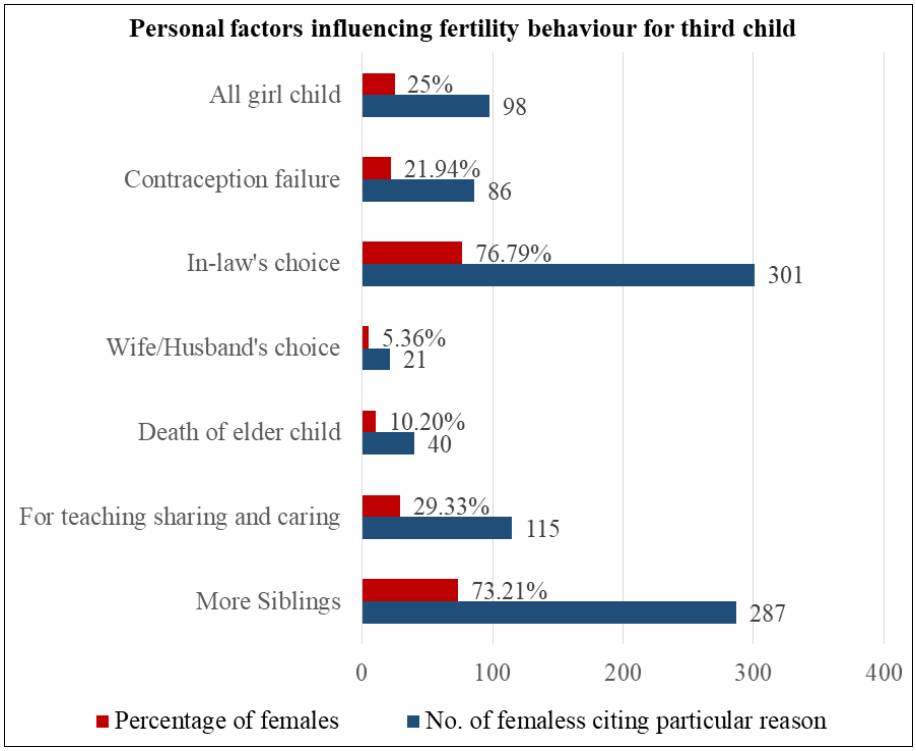


Fig 3: Out of Personal factors major determinants are demand for more siblings and In-law's choice with 73.21% and 76.79% females opting for them respectively. Factors such as all girl child, contraception failure and for teaching sharing and caring were cited by 25%, 21.94% and 29.33% respectively while wife/husband's choice and death of elder child were mentioned by 5.36% &10.20% respectively

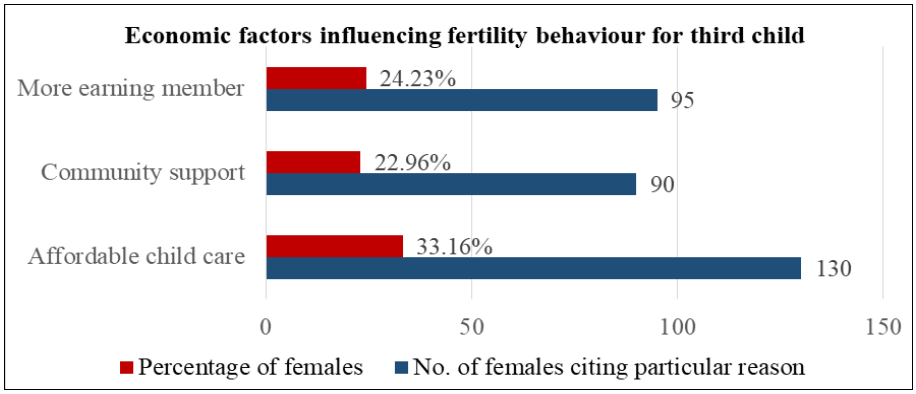


Fig 4: Economic factors were very influencial in decision making for third child 24.23% females wanted more earning members in their family in future, 22.96% needed help from community support and 33.16% were influenced from affordable child care

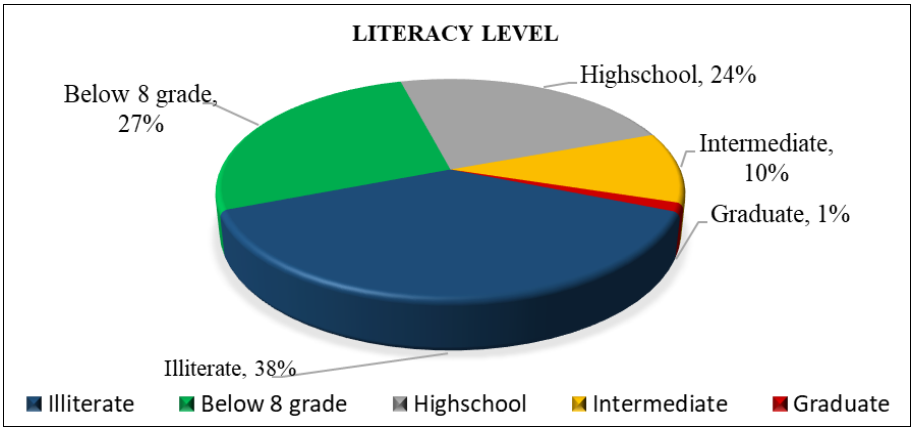
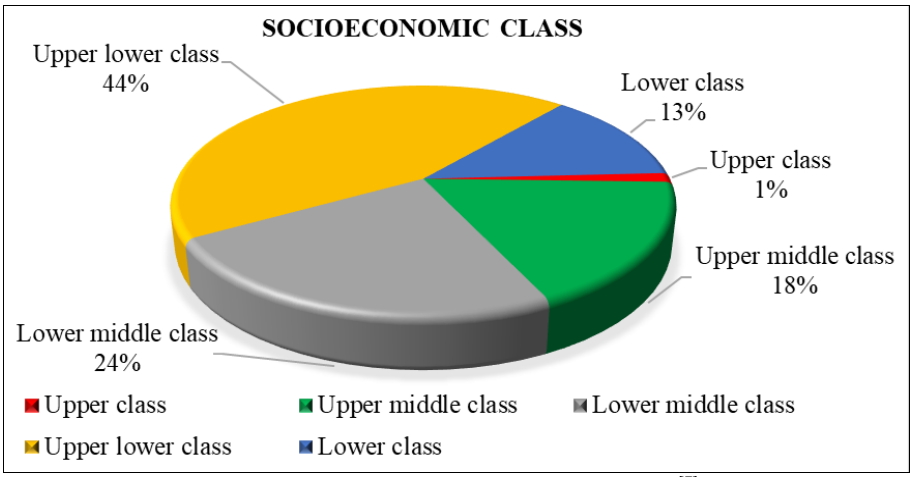


Fig 5: It illustrates the literacy level of volunteering females, 38% were illiterate, 27% studied till at least 8th standard, 24% had studied till high school, 10% were intermediate and 1% were graduates



Calculated according to Modified Kuppuswamyscale by Saleem *et al.* [7]

Fig 6: It illustrates the volunteering females according to socioeconomic class; 13% females belonged to lower class, 44% to upper lower class, 24% were from lower middle class, 18% came from upper middle class and 1% were upper class

Discussion

Out of total 392 females 12% were in age group 20-25 years, 48% in age group 26-30 years, 36% in age group 31-35 years, 4% in age group 36-40 years. Coming to literacy level 38% were illiterate, 27% studied till at least 8th grade, 24% studied till high school, 10% were intermediate and only 1% were graduate. 13% females came from families belonging to lower class, 44% came from upper lower class, 24% from lower middle class, 18% from upper middle class and 1% came from upper class.

In our study the major factors influencing fertility behaviour in rural females came out to be in-law's demand for third child, earlier children pressuring their parents for more siblings, pressure from any other person/peer pressure, availing community support, affordable child care, and expectation of more earning members in family in future.

Third child regulates the economics of the family in a completely new way. Assistance from government policies such as affordable child care and community support make way for

rural females to conceive third child. These choices stood at 33.16% and 22.96% respectively. These females hadn't thought of the long term economic impact that third child will have on their family and wanted to get government aid. Then desire for more earning members in the family, in future was admitted by 24.23% females. These females thought their child will help earn livelihood to support the family. It is important to note that economic factors stood on top in lower class and upper lower class females.

Unlike economic factors, social factors affected the population comparatively more evenly. 13.27% of females reported they were facing pressure from the neighbouring society they live in and their husbands needed to prove masculinity by having more children than their neighbours. Social media influenced females were primarily, with educational level of intermediate or less. These females accounted for 14.29% of the study group. They were inspired by advice from social media influencers & 'baby videos' on the internet and wanted one of their own to show-off the internet community as well. Getting advice from doctors to get pregnant was disclosed by 5.61% females, these were suffering from conditions such as endometriosis, or their earlier child was suffering from any grave medical condition or if the unplanned child was beyond the MTP period. 40.31% females reported peer pressure or pressure from any other non-related person affecting their decision.

Personal factors were very diverse and major determinants across demographic condition in decision making for third child. In this category 76.79% females claimed decision for third child would rest with their in-laws. A staggering 73.21% females reported their children felt lonely and wanted to have more siblings to play with. 29.33% females wanted to instill the values of sharing and caring among their children with introduction of a new baby. Contraception failure was reported by 21.94% females probably due to improper use of contraceptives. Where a study in Gambia conducted by Idoko, Patrick *et al*. stated that 11% of the females in their study experienced contraception failure [8]. 25% females reported they have all girl children and were hoping for male one, 5.36% females stated it was their decision.

In our study we found that economic factors were more common in lower class and upper lower class females while social factors were more common in lower class, upper lower class and lower middle class while personal factors affected all the socioeconomic groups, but was exclusive to upper class females.

Conclusion

It is to be noted that in spite of information on family planning made available to masses through print media, radio, television and internet the third child still remains prevalent in present day rural society. Today family planning services need to dispel the myths and beliefs that are deep rooted in the rural society. Factors such as pressure from friends/relatives, neighbourhood pressure, in-law's pressure must be addressed in a more effective way that is better suited to rural environment. Campaigns must be held in villages by ASHA and MPHW that strategically target men and key opinion leaders in the families about cons of a big family. In villages ASHA visits must be regulated and verified for half of the women were never counselled by ASHA for contraception and child spacing. Females should also be consulted for PPIUCD after institutional delivery. Community fertility norms and associated myths must be tackled systematically. ASHA should be asked to impart sexual education to rural girls and MPHW should do the same for boys. Since we found that factors such as social media, community support and desire for more earning members were very common in results of illiterate females and probably stems due to short sightedness and we find quality education as the only solution thus quality education in rural areas should be made compulsory till high school.

Thus we conclude by saying we need to rethink and reformulate our strategy, to propel the family planning messages across villages in a manner to actually convey the meaning behind it, to the key opinion leader of the family and dispel the myth and taboos prevailing in the rural areas and impart quality education to combat the problem of overpopulation in the long run.

Conflict of Interest

None of the authors involved had any conflict of interest what so ever.

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