

## Grandmultiparity: Mothers' Own Reasons For The Index Pregnancy

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### Abstract

**Context:** Despite widespread availability of modern contraception, grandmultiparous women still constitute a significant proportion of our obstetric population. Although the socio-economic characteristics of these patients are well known, we need to know why they decide to get pregnant again despite the dangers involved. Such knowledge may help us find a lasting solution to this problem.

**Objective:** This study aims at finding out from grandmultiparous women their reasons for the index pregnancy.

**Design:** Cross-sectional study

**Setting:** Department of Obstetrics and Gynaecology, State Specialist Hospital Ondo, Ondo State, Nigeria.

**Subjects:** All grandmultiparous women that booked between January 1999 and September 1999.

**Methods:** The mothers were asked to fill a questionnaire on the first day of visit. Items of information requested include the reasons for the current pregnancy, knowledge of family planning and demographic characteristics.

**Main Outcome Measure:** Mother's reason for the current pregnancy.

**Results:** Among the women, 94.1% were aware of family planning with a usage rate of 7.8 percent. The reasons given for the current pregnancy were: desire for large family (25.9%); loss of previous children (24.1%), mistake (16.7%); desire for male child (14.8%); desire to have a child for a new husband (11.1%) and failed contraception (7.4%).

**Conclusion:** The major reasons grandmultipara conceive again are desire for large families and loss of previous offspring. To reduce the incidence of grandmultiparity in our society efforts must be geared towards raising the social status of our women through universal formal education and reducing the currently high childhood mortality.

**Key Words:** Grandmultiparity; Childhood Mortality; Family Planning. [Trop J Obstet Gynaecol, 2001, 18: 31-33]

### Introduction

Most authors regard as a grandmultipara, women who have had 5 or more deliveries at or past 28 weeks of gestation<sup>1</sup>. Despite modern obstetric care facilities these patients remain at significant risk of maternal and perinatal mortality and morbidity<sup>2</sup>. Grandmultiparity has almost disappeared from the western world owing to effective family planning services and the economic implication of raising large families. Unfortunately in Nigeria, grandmultiparous women still constitute a significant proportion of our obstetric population with prevalence as high as 17.5 percent in some areas of the country<sup>3</sup>.

The ultimate solution to these high-risk pregnancies lies in the prevention of high parity rather than the treatment of its complications in a country with inadequate reproductive health facilities. An effective prevention programme requires a good knowledge of why these women get pregnant again. Most of the available literatures on grandmultiparity examine the characteristics of these patients in terms of socio-economic class and also the risk involved in high parity without addressing the more important issue of why the women keep getting pregnant over and over again. This study aims at finding out from the women concerned why they are pregnant yet again. Knowledge of the cause will help us find a lasting solution to this dangerous obstetric condition.

### Materials And Methods

A structured questionnaire was administered to all the grandmultiparous women that booked in our antenatal clinic at the State Specialist Hospital Ondo, Nigeria, between January 1999 and September 1999. The questionnaire requested information on their age, educational status, parity, number of living children, the reasons for the current pregnancy, knowledge and use of family planning methods and marital status. Patients were requested to fill the questionnaire on the first day of visit. Questions were interpreted into the local language for women who were not literate.

### Results

During the study period, 1,050 women were booked for antenatal care in our clinic, out of who 54 were grandmultiparous, giving an incidence of 5.1 percent. Majority of the women were between Para 5 and 7 (88.9 percent) with only 3 patients each who were Para 8 and 9 respectively. Table 1 shows the parity distribution of the patients.

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The mean age was 37.4 years [range 27-45years). Among the patients, 81.5 percent either had no formal education or were educated only to primary school level. Only 10 patients [18.5 percent] had secondary school education. There was no university or polytechnic graduate among them. Among the women, 51 (94.1 percent) were aware of modern family planning methods but only 4 of them (7.8 percent) used any form of contraception prior to the current pregnancy. Nearly 75 percent said they were not interested in contraception, as they still desired to have more children. Nine patients (17.6 percent) were afraid to use modern contraceptives and, hence, used alternative methods of unproven efficacy.

Table 2 shows the reasons given by the women for the current pregnancy. These fall into 6 main categories:

**More Children:** These were women who were pregnant because they love to have a large family.

**Childhood Death:** Those who were pregnant because of the loss of previous children and hence wished to re-attain their desired family size.

**Mistake:** These were women who really did not desire the current pregnancy but did not use effective contraception because of fear of side effects, religious inhibition or husbands' disapproval. Such patients commonly used withdrawal method or traditional methods such as the wearing of charms and amulets.

**Gender:** Patients who were pregnant again because of their wish for a particular gender among their children, mainly male; no woman gave the desire for a female child as a reason for the index pregnancy.

**Remarriage:** These are women who are pregnant again because of their wish to have children for a new husband.

**Failed Contraception:** Women whose pregnancy resulted from failed modern contraceptive methods. There were 4 such patients. One used the pill, one used medroxyprogesterone acetate depot injection, and the other two used intrauterine contraceptive devices

As shown in the Table 2 the relative importance of the reasons given vary according to the number of living children.

**Table 1**

**Parity Distribution of Grandmultipara at Ondo Specialist Hospital, Ondo, Nigeria**

Parity	Number	Percentage
5	23	42.6
6	16	29.6
7	9	16.7
8	3	5.6
9	3	5.6

**Table 2**

**Mothers' Reasons for the Current Pregnancy**

Reason	No of Children Alive		Total n (%)
	≥5 N=33 n (%)	<5 N=21 n (%)	
<b>More Children</b>	13 (39.4)	1 (4.8)	14 (25.9)
<b>Children's Death</b>	1 (3.0)	12 (57.1)	13 (24.1)
<b>Mistake</b>	8 (24.2)	1 (4.8)	9 (16.7)
<b>Gender</b>	5 (15.2)	3 (14.3)	8 (14.8)
<b>Remarry</b>	3 (9.1)	3 (14.3)	6 (11.1)
<b>Failed Contraception</b>	3 (9.1)	1 (4.8)	4 (7.4)

**Discussion**

This study showed clearly that the two major reasons for the persistence of grandmultiparity in our society are our cultural desire for large families and childhood death. Both these reasons are consequences of the low socio-economic class of the patients, particularly the high illiteracy rate. Studies have shown that educated women bear fewer children and achieve better child survival than their illiterate counterparts<sup>4</sup>. With education, adverse cultural habits are dropped.

International donor agencies have concentrated attention on promotion of family planning services as a means of controlling the high fertility rate in developing countries. This study shows that although a good percentage of our women are aware of family planning, the uptake rate is very low. Most other authors have confirmed the low uptake rate in our society<sup>5</sup>. Hence mere provision of family planning methods has not produced the desired effect in fertility control. For full benefit, family planning promotion must go hand in hand with provision of basic formal education and measures aimed at reducing the currently high childhood mortality in our society.

Other important reasons for grandmultiparity in our society are the desire for a male child and divorce. Male offspring have a particularly strong cultural role in our society because of the laws and traditions of inheritance that favour males and the wish to have somebody to continue the family name.

Hence adjustment of the relevant laws and public education to raise the status of women may be an important step in reducing the number of women who would not stop procreating until they have a male child. Family support programmes may also assist in producing a more stable family life and hence reduce the divorce rate.

Grandmultiparity is a socio-economic problem compounded by mass illiteracy. Hence the ultimate prevention of high parity lies in reducing the high illiteracy rate in our society and taking steps to reduce the currently high childhood mortality. Provision of free and qualitative education up to secondary school level, as obtains in most western societies will help raise the status of our women and also eliminate some of the unfavourable cultural practices. If this is combined with well organised maternal and child health programmes, with emphasis on care of the pregnant woman and promotion of programmes likely to have positive impact on child survival, grandmultiparity will become a thing of the past in our society.

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