SOME INTERMEDIATE OF FERTILITY IN EGYPT

By

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INTRODUCTION

Problems of over population are still threatening many of the developing countries. These problems are increasing along the years and are in need for rapid interference. Egypt is one of these countries. Latest census in Egypt 1978 is exceeding 40 millions out of this number more than 56% are inhibiting the rural areas with all high motives for fertility.

Many intermediate variables are playing role in this high fertility and they differ according to the area whether rural or urban. Some of these factors are age at marriage, socio-economic standard, marriage and divorce rate, number or living children in the family especially male, expected future family size, had outcome of pregnancies in its lethal forms. Sexual habits as related to marriage especially after labour taboos controlling that, lactation and its reguarity and continuation and also availability of safe acceptable effective contraceptive measures. (1,4,5)

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OBJECTIVE OF THE STUDY

This study is conducted to identify some of these intermediate variables of fertility among low socioeconomic groups in Egyptian community, in order to use it in future planning for controlling fertility.

METHODOLOGY

Interviewing of 220 women frequenting MCH centers serving low socioeconomic classes is done. Women with children between the age 0-3 years were chosen of rendom. The aim of that is to get data from them which will not be biased by memory especially related to lactation, resumption of menstruation in the post partum period and sexual habits in this period as these conditions were found to effect ovulation and consequently effect fertility. Data about women age, age of children, post obstetric history, lactation, menstrual pattern, sexual habits and practicing of contraception were collected and analysed to find its role in fertility.

RESULTS AND DISCUSSION.

AGE OF MOTHERS & CHILDREN.

Age of mothers agve us an idea that mothers continue to bear children in this class till after 35 years, but teenages were not presented and even those in the group 15-20 years were minimal 5% . But when age at marriage is considere 85.8% were married before 20 years which means

that age of marriage in the past was younger than now (table I).

Table (1). Age of mothers and age of children examined

Age of mothers	No.	%	Age at marriage	No.	%	Children	No.	%
15-	0	0	123	123	5519	1 yr.	132	60.
15	11	5		16	29.9	1-	55	25.
20-	73	33.2	36	36	16.2	2-	22	10-
25-	57X	29.5	0	0		3-	11	5.
30-	37	16.2	0	0			-	-
35-	42	19.1	0	0		Total	220	100.
Total	220	100	220	220	100			

OBSTETRIC HISTORY.

It was clear from the previous obstetric history that wastage in its lethal form abortion, stillbirths and early infant deaths was very marked. Sublethal wastage was not investigated as memory problem may biase this information. The fact that average total births in the family was 4,29 and live births 3.3, with a loss accounted for one foetus and children mean that one of the very important motive for high fertility is infant and foetal loss. (table 2).

(2)

Table 2. Obstetric History

	Total	Live births	Early Death	S.D.	Abortion Natural	Abortion Induc.
	10	31	62	5	22	10
	40	51χ	22	3	7	3
	40	50	16	0	0	3
	30	37	3	0	0	3
	30	22	0	0	3	0
	26	17	0	0	0	0
	44	11	0	0	0	0
Total	944	730	154	11	36	37
Mean	4.29	3.3	0.7	0.05	0.16	0.16
%	100	75.95	16.02	1.14	3.74	3.85

LACTATION

In low socioeconomic group in Egypt lactation is still highly prevailing but what was noticed in this suburban group is early administration of external foods especially sugary fluid where the majority, more than 70% mentioned that this happen very early in life. Dependency on that and marked irregularity in feeding might be an important factor in reducing time of lactation(table 3).(3,4)

Table 3. Lactation ractice After Last Child

Lactation		No.	%
Absent		10	4.5
Present:	Regular	50	22.7
	Irregular	160	72.8
	Total	220	100

MENSTRUATION.

Resumption of menstruation is known to effect ovulation. In this group it is noticed that menstruation began in 31.8% at 6-12 weeks post partum and 48.2% after that. The majority mentioned that menstruation began at time of weaning which begin from 6 months up to 18 months. Two important observations were noticed and that some of these women using the pills and that may play role in early meaning. (6,7)

Also food was administered early especially sugary and starchy food and this may be precipitating factor in early weaning but important in causing malnutrition(table 4) among children.

Table 4 . Resumption of Menstruation

Period(after labor)	No.	%	(months)
at 6-12 weeks	70	31.8	1.56
at time of weaning	106	48.2	16.6
6-18 months			
Absent			
Pregnant	7	3.2	
not pregnant	37	16.8	
Total	220	1000	

SEXUAL HABITS

In some communities abstinence was precipitating factor in delayment of pregnancy where in India it might extend up to 2 years. ( ). In this group no abstinence was noticed at as out taboos are not with that. But strangely enough a large 71.8%, has sexual contact before 40 days although from the religious point of view this is important. The rest had this after 40 days with frequency from one time / week to 3 times per week and irregular in 6.5%. (3,6)

This reflect the importance of post partum programme to protect the women early after labour as pregnancy might occur in this period even without menstruation. Also in choosing the contraceptive measure we should be careful not to suppress or inhibit lactation which is vital for infants.(table 5).

Table 5. Sexual Habits in Post Partum Period

Beginning	No.	%
Before 6 weeks	158	71.8
After 1 week	33	15.0
2 weeks	10	4.5
3 weeks or more	5	2.2
Irregular	14	6.5
	220	100

PRACTICING OF CONTRACEPTION.

The commonest two measures used were pills and loops which occur in 34.1 % and 5.9 % respectively. Non users accounted for 58.2 %. In pills before one year age of child and this play important role in suppression of lactation.

In two women tubal ligation by new laparoscopic technique was found and this is important and a measure which should be encouraged especially for high parity as it is safe and sure method. The majority of women were non spacers where the latest interpregnancy interval was below one year. Seven women 7.2 % were pregnant (table 6).

Table 6. Practicing of contraception in the Post Partum Period

Parcticing	NO.	%
Practicing None	128	58.2
Pills		
Below one year	15	6.8
Above one year	60	27.3
Loops	13	5.9
Others	44	1.8
Total	220	100

SUMMARY AND CONCLUSION.

This study was conducted by interrogating 220 women in poor suburban areas to collect from them data which are known to affect fertility. Data about age, parity, fabourable and unfavourable outcome of pregnancy, lactation habit and its continuation and regualrity, menstrual pattern which follow labour and is known to affect ovulation, sexual habits in the first few months which follow delivery and practicing of contraception are collected.

Results pointed out to the factors which are nearly the same in urban low socioeconomic classes and rural areas which act as important motives for high fertility.

For the age of marriage more than 60 % of the group were married at age of 15 years, with a mean age 17.9 years.

Average total births for the group was 4.3 births r ranging from 1-13, and that for live birth, was 3.3 children. This indicated high loss rates accounted for 1.0 foetus or child per family and ranging from 1-7.

For lactation practice in the group it was highly predominant among the group and irregular in the majority of cases, accounted for 20 times/day in some conditions; but all said that it was enough for the child till 12 months. This might reflect its effect on delayment of ovulation and at the same time its bad effect on the nutritional status of baby.

Mean interpregnancy interval was shorter than 2 years which pointed out to the fact that once lactation decreased or stopped probability of pregnancy increased and that is why we are in great need for successful family planning post partum programme.

Menstrual pattern was as expected, as menstruation began at the 40th. day and then in 16.8% of cases at stopped till the end of the first year, i.e. end of lactation or its decrease. In 31.8% it continues after 40th. day.

Sexual habits investigations proved that the majority of them resume their normal lives before the 40th. day although from the religions point of view this is

prohibited among Moslims. This happens without using contraceptive measures with the thoughts that lactation prevents pregnancy. This increase the probability of pregnancy. Marked difference were noticed between habits after labour and abortion.

These results pointed out some important variables in fertility which increase population problem in developing areas and the great need for successful family planning programme with measures which do not interfere with lactation practice among low socioeconomic groups.

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