Still Births Among Indian Women: In search of an explanation beyond socio-economic Characteristics

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In the literature, stillbirth is primarily considered as an adverse pregnancy outcome often linked with pregnancies and its associated features. Explanation of the phenomenon is mostly offered in terms of clinical or circumstantial factors and there are limited research efforts to discern other exogenous correlates that have systematic correspondence with these clinical determinants. The most common risk factor associated with still births in developing countries are in terms of lack of antenatal care, lack of skilled birth attendants at delivery, low socio-economic status and poor dietary intake of women, prior experience of still births (or multiple births) and higher maternal age at child birth. These risk factors are typical of developing countries and are commonly associated with stillbirths worldwide. Lack of antenatal care poses a greater risk for stillbirth and this perhaps contributes to the concentration of stillbirths in the less developed regions. Not only antenatal care but its quality, quantity along with skilled attendance at delivery substantially contributes to the reduction in stillbirths. These protective factors can help recognize pregnancy complications and can plausibly avoid any adverse pregnancy outcome.

While safe maternity is associated with the above-discussed factors, stillbirths do have a characteristic bearing with maternal attributes like age, education, residence and socio-economic status. There is always a greater likelihood of adverse pregnancy outcomes among women disadvantaged in these attributes. For instance, it is less likely that an illiterate and uninformed woman from a poor household and backward community will have relatively more risks in pregnancy then compared to women who are educated and well-equipped in terms of financial and other social resources. In fact, a host of such vulnerabilities are implicit to clinical and circumstantial conditions that are associated with adverse pregnancy outcomes. Notwithstanding the socioeconomic profile, it is important to develop ideal circumstances that facilitate translation of positive characteristics into behavioral outcomes. These circumstances can be discussed in the form of household response to issues of maternity, in particular, and gender, in general. Given, the diverse socio-cultural settings, it is difficult that familial response to maternity, which involves care and protection, is universally positive. There can be considerable cases where expectant mothers are at the receiving end of gruesome treatment at the hands of both in-laws and their husbands. Perhaps due to limited evidence, exposure to these vulnerabilities does not appear in the discussion on still births while the physical and emotional well-being of the expectant mothers are equally important in influencing the pregnancy outcome like that of positive maternal attributes.

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It is against this background that, this exercise makes a preliminary exploration at verifying the association between gender-specific issues and stillbirths in India.

This paper describes the examination of the possible pathways through which gender would manifest in women's experiences of stillbirths particularly in terms of answering the following questions.

Can stillbirth be considered as an event that affects women regardless of their socioeconomic status? And

How is gender relevant to an examination of stillbirths in low and middle-income countries?

Data:

This study uses the National Family Health Survey-3 (NFHS-3) data whose structure and format for information collection is similar to Demographic and Health Surveys (DHS).

Some preliminary results:

In the absence of any other variable to represent this aspect of women's security during pregnancy, we consider experience of violence by women as one aspect of insecurity during pregnancy that has nontrivial implications for pregnancy outcomes. Analysis reveals that the pattern of terminated pregnancies against the experience of violence by Indian women does increase the termination in general and still births in particular. Among women with live births around 37 percent had experienced any less severe physical violence, 12 percent had experience severe physical violence and 11 percent women had experienced sexual violence. Clearly the experience of physical violence by women during the past one year and their experience of still births are strongly associated. That women experience physical and sexual violence within their relationships does seem to have an impact on their pregnancy outcomes. Even if the experience of sexual and physical violence is associated with still births, it is possible that such experiences are concentrated among poor women. On the other hand, women who are victims of violence would be more stressed; are less likely to have any autonomy to seek health care and would be stigmatised if they did present themselves at the health system. The reported experience of STDs, genital sores and genital discharge (white discharge is a common symptom for Bacterial Vaginosis) for different pregnancy outcomes reveals that women with terminated pregnancies have considerably higher level of these genital infections. For instance, among women with live births, around 10 percent of them have reported to have any genital discharge in the past 12 months however, the same proportion is reasonably higher for women with terminated pregnancies (12 percent for terminations as still births and 15 percent for terminations other than still births).

A modest multivariate analysis is undertaken here to understand the plausible correlates of women's pregnancy outcomes (adverse and good) with respect to experiences of violence, experience of genital infections and anemia. The results presented here controls for some of the key coexisting attributes and report the odds of experience of termination as against live births and stillbirths as against other terminations. The summary results indicate the role of violence in inducing pregnancy termination to an extent of 1.33 times when considered against live births. Further the same exercise contrasting still births against terminations indicates that experience of violence increases 1.42 times the likelihood of a still birth.