



Knowledge and Practice Regarding Child Birth Spacing Among Women in Selected Community Area Dehradun, Uttarakhand

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ABSTRACT

One of the many decisions made in the house hold which has consequences on family wellbeing, is the timing and spacing of children .The World Health Organization recommends waiting for at least two to three years between births to reduce infant and child mortality and improve maternal health. Aim of the study was to assess the knowledge regarding child birth spacing among women and to assess the practices regarding child birth spacing among women. A Cross sectional survey design was used in study. Population comprises of all women having one or more child residing in majrigrant area, Dehradun, Uttarakhand. A total of 214 samples who fulfilled the inclusion criteria were selected by consecutive sampling technique. The data was collected by using self structured knowledge questionnaire and self reported practice checklist. The mean score and SD was 7.10 ± 2.19 . Mean percentage for knowledge score was 59.16%. There was a significant association between age of women with their knowledge score. The study concluded that women had adequate knowledge regarding child birth spacing but there was still lack of practices. Thus, health education programs are required to enhance the knowledge regarding child birth spacing.

Keyword: Knowledge, Practice, Birth Spacing, Women.

INTRODUCTION

India is the second highest populated country in the world and the current population of India is 1.32 billion. India will reach 1.53 billion by next 30 years and will become highest populated country world wide as per UN survey.¹

India is one of the pioneer country in the world and Indian government is now more focused on above mentioned mortality rates and is trying their hands in newer National Programmes, Policies and schemes. The sustainable development goals are also focusing on them in order to bring the required changes, programmes such as NRHM and Urban Health Mission are being introduced. The main focus of these programmes on the totality of maternal and child health. It is emphasized now a days for the utilization of contraception methods. The need for contraceptive practices lies is to control population explosion, to avoid unwanted births, to regulate intervals between pregnancies, to control the time at which births occur in relation to age of the parent. ASHA workers and USHA workers are being trained to implement and motivate couples for the appropriate methods of contraception.² The WHO suggests if there is two to three years gap present between births than it will reduce infant and child mortality and improve maternal health.³

When Birth Spacing is properly planned the baby get his complete share of love, care including nutrition needs. Newborns and their mothers are very important part of the this society as it lays the base for good nation. For attain this it is compulsory to improve the knowledge and practices regarding child birth spacing.⁴ Family planning services can bring many benefit to women, their families and the society. From many years of family planning program, there has been slow pace in reducing the infant mortality rate, maternal mortality and morbidity rate, and increased rate of unwanted pregnancies.⁵

Pregnancies those take place in less time period have bad results for the mother and her infant. Health

education regarding child birth spacing should be given to all mothers and their family members during third trimester, after the delivery and during postpartum period.⁶ Family planning as a strategy for stabilization in the population. During the year 2007 to 2008, only about 54 % of the married women aged between 15 years–49 years and their husbands were using a contraceptive method to regulate their family.⁷

There is very important role of women in India in contributing and preparing good citizen for the nation. Women’s health is very crucial component not only during reproductive years but throughout of her life. Only a healthy women give birth to healthy child without any complications. Good reproductive health of women helps her to reproduce. For the betterment of mother as well as baby the gap or space between two pregnancies is needed .if there is good time period between the two babies so there is increase chance of better outcomes for infant and his mother.⁸

MATERIAL AND METHOD:

Quantitative research approach was used to assess knowledge and practices regarding child birth spacing . Experimental research design- survey design(cross sectional method) was used and the samples was selected by consecutive sampling technique.

Socio demographic data were collected by using interview technique from study participants. Self

structured knowledge questionnaire was used to assess the knowledge of women and self reported practice checklist was used to assess the practices of women regarding child birth spacing.

Section A: Demographic Profile: It Consist of personal information of the respondent Including: Age, Education, Occupation, Religion, No. of living children, Duration of married life, Use of contraceptive methods.

Section B: Structured Knowledge Questionnaire: Self structured knowledge questions which were further categorized under Child Birth Spacing, Contraceptive Methods and benefits of Child Birth Spacing. It included 12 knowledge questions.

Section C: Self Reported Practice Checklist: It is related to child birth spacing. It includes 14 statements. In this, respondents are select the most appropriate option according to them. Checklist was Dichotomous. The respondents answered in Yes or No. No scoring was given to any statement.

RESULT

The results are organized according to the objectives under the study.

Table no. 1. Frequency and percentage distribution of demographic profile of participants
N=214

Sr. no.	Personal profile	frequency	Percentage (%)
1.	Age of women		
	a) 18-22	45	21.2
	b) 23-27	114	53.2
	c) 28-32	50	23.3
	d) 33-37	05	2.3
2.	Age during marriage in years		
	a) 16-21	89	41.5
	b) 22-27	121	56.5
	c) 28-33	04	2
3.	Duration of married life in years		
	a) 1-3	138	64.48
	b) 4-6	62	29
	c) 7-10	14	6.52
4.	Age of husband in years		
	a) 22-27	57	26.6
	b) 28-33	122	57.1
	c) 34-40	35	16.3

5.	Educational status of women		
	a) No formal education	0	0
	b) Primary education	59	27.6
	c) Secondary education	126	58.9
6.	d) Graduate and above	29	13.6
	Educational status of husband		
	a) No formal education	4	1.9
	b) Primary education	25	11.7
7.	c) Secondary education	143	66.8
	d) Graduation and above	42	19.6
	Occupation of women		
	a) Housewife	203	94.9
8.	b) Govt. employee	0	0
	c) Pvt. employee	8	3.7
	d) Business	3	1.4
	Occupation of husband		
9.	a) Unemployed	4	1.9
	b) Govt. employee	11	5.1
	c) Pvt. Employee	130	60.7
	d) Business	69	32.2
10.	Family income/ month		
	a) 5000-17000	149	69.6
	b) 17001-29000	57	26.6
	c) 29001-40000	08	3.8
11.	Religion		
	a) Hindu	212	99.1
	b) Muslim	02	.9
12.	Number of children		
	a) 1	153	71.5
	b) 2	61	28.5
13.	Age of last child born		
	a) 1-3 years	206	96.3
	b) 4-6years	08	3.7
14.	Type of family		
	a) Nuclear	119	55.6
	b) Joint	95	44.4
15.	Information regarding contraceptive methods		
	a) Yes	35	16.4
	b) No	179	83.6
16.	Contraceptive methods used by women		
	a) Copper-T	29	13.6
	b) Contraceptive pills	102	47.7
	c) Natural method	44	20.6
	d) None of above	39	18.2

Data shows that more than half of the women (53.2%) were in age group between 23-27 years. In age during married life more than half of the women 56.5% belongs to age group 22-27 years. Most of women 64.4% married life duration was 1-3 years. Regarding age of husband in years more than half (57.1%) belongs to age group of 28-33 years. In education

status 86.5% of women were had secondary education. In education status of husband most of (80.4%) comes under secondary education. In view of religion most of mothers 99.1% were Hindu. Majority of women have only a child 153 (71.5%) and 28.55% had 2 children. In view of age of last child born most of children comes under age group of 1-3

years 206(96.3%) and 3.7 comes under age group of 4-6 years. In view to use of contraceptive method by women less than half of women used contraceptive pills 102 (47.7%). 20.6% followed natural method. 13.6% of them used copper-T. and 18.2% women do not use any contraceptive method.

Table No. 2: Description of level of knowledge score of women regarding child birth spacing
N= 214

Total score	Range of score	Mean ± SD	Mean %
12	1-12	7.10± 2.19	59.16

Table no. 2 shows description of knowledge score regarding child birth spacing. Total knowledge score was 12. The lowest range of score was 1 and the highest range of score was 12. The mean score and SD was 7.10±2.19. Mean percentage for knowledge score was 59.16%

Table 3: Level of knowledge score of women regarding child birth spacing

N =214

S. No.	Gained knowledge score	frequency	Percentage
1	Inadequate knowledge(1-4)	23	10.8%
2	Moderately adequate knowledge(5-8)	133	62.2%
3	Adequate knowledge (9-12)	58	27%

Table no.3 shows description of level of knowledge score of women regarding child birth spacing. The score is divided in three parts inadequate knowledge (1-4), moderate knowledge (5-8) and adequate knowledge (9-12). Majority of women had moderate knowledge score. Women had having moderate knowledge score was 133(62.2%).

Table no. 4 frequency and percentage distribution of practice checklist regarding child birth spacing
N=214

Sr. no	Statement	Yes		No	
		F	%	F	%
1.	Do you use contraceptive methods before or during each intercourse?	132	61.7	82	38.3
2.	Have you ever used emergency contraceptive method (72hrs) pill to avoid pregnancy after having unprotected sex?	149	69.6	65	30.4
3.	Was your previous pregnancy planned?	173	80.8	41	19.2
4.	Do you breast feed your baby to avoid chances of getting pregnant?	167	78	47	22
5.	Do your husband also uses contraceptive method such as condom?	185	86.5	29	13.5
6.	Is your financial condition permits you to have more babies?	6	2.8	208	97.2
7.	Do your husband knows that you are using any kind of contraception method?	145	67.8	69	32.2
8.	Do your husband choose contraceptive method for you?	108	50.5	106	49.5
9.	Do you consult ASHA worker regarding pregnancy or contraception method?	163	76.2	51	23.8
10.	Do your husband forces you to avoid pregnancy?	5	2.4	209	97.6
11.	Are you avoiding next pregnancy because of pregnancy related health issues?	6	2.8	208	97.2
12.	Do your family members forces you to avoid pregnancy?	7	3.3	207	96.7
13.	Do your husband forces you not to use any contraceptive method?	14	6.5	200	93.5
14.	Have you abort any child just because you or your husband does not want to have the baby?	15	7	199	93

The data existing in **table no.4** shows that greater part of women 61.7% used contraceptive methods before and during each intercourse. 69.6% women used emergency contraceptive pills after having unprotected sexual intercourse. Most of 80.8% women previous pregnancy was planned and 78% women breastfeed their child to avoid chances of next pregnancy. 86.5% of husband used condom during

sexual intercourse. Majority of women 97.2% financial condition does not allow them to have more children. 67.8% husband knew that their wives used contraceptive methods. 50.5% husband choose contraceptive methods for their wives. Majority of women consulted ASHA workers regarding pregnancy and contraceptive methods. 96.7% husband do not force their wives to avoid pregnancy. 97.2%

women do not avoid next pregnancy because of health issues. Majority of women family members do not force them to avoid pregnancy. 93.5% husbands allowed their wives to use contraceptive methods but

6.5% do not allowed them to use. Majority of women do not abort their baby (93%)

Table 5: Description of Association of knowledge score with selected demographic variables

S. No	Demographic variables	frequency	Below median (7)	At and above median(7)	Chi sq.
	Age of women in years				
1.	a) 19-28	159	77	82	10.31*
	b) 29-37	55	13	42	

N=214

$df_1=3.84$ at $p<0.05$ level of significance

Chi Square shows that the demographic variables, occupation, No. of children, type of family, family income, information regarding contraceptives were not having any association with knowledge score at the level $p<0.05$.but there is association between age of women with knowledge score at df 1.

DISCUSSION

A total 214 married women were selected through convenient sampling technique. Data was collected by structured knowledge questionnaire and self reported practice checklist. Questionnaire was structured regarding knowledge and practice statements. Results revealed that Knowledge scores regarding child birth spacing the total knowledge score was 12. The lowest range of score was 1 and the highest range of score was 12. The mean score and SD was 7.10 ± 2.19 . whereas the median was 7. Mean percentage for knowledge score was 59.16. The study finding was congruent with the study conducted by **T. P. Jayanthi, B. Abishek (20017)** Almost 90% of the woman knew that a birth interval of two to three years or more is required. The findings shows that most of the mothers (17%) had inadequate knowledge, (40%) had adequate knowledge, and (43%) had moderate knowledge.

Present study revealed that majority of women 61.7% used contraceptive methods before and during each intercourse. 67.8% husband knew that their wives used contraceptive methods. 50.5% husband choose contraceptive methods for their wives. The study finding was congruent with the study conducted by **Ghulam Mustafa, Syed Khurram Azmat, Waqas Hameed (2015)**. study revealed that In line with findings of the PDHS 2012-13, Spouse (husband) as factor in deciding to take a family planning way and it is also likewise important with regard to the number of children a couple will have. dual decision making

(both spouses) is rarely seen with regard to the number of children. Chi Square shows that the demographic variables, occupation, , No. of children, type of family, family income, information regarding contraceptives were not having any association with knowledge score at the level $p<0.05$.but there is association between age of women with knowledge score at df 1.

CONCLUSION

The present study assessed the knowledge and practices regarding child birth spacing among women had having one or more child in selected community area. Results revealed that Majority of women had moderate knowledge regarding child birth spacing. Most of women practiced child birth spacing methods but some women do not practice any method due to influence of their family members. Hence the investigator concluded that women had adequate knowledge regarding child birth spacing but there was still lack of practices. Thus, health education programs are required to enhance the knowledge regarding child birth spacing.

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