

ELEMENTS AFFECTING FERTILITY, FAMILY PLANNING AND CHILD SPACING: A RESEARCH STUDY CONDUCTED IN SUBURBAN REGIONS OF HYDERABAD, INDIA

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ABSTRACT

The Aim and Objective of this study is to enlighten the factors that affect Birth Spacing/Fertility among sexually active, married women living in sub urban regions of India. Birth spacing can be defined as the time from one child birth to the next pregnancy. WHO recommends a waiting of at least 24 months between two successive pregnancies, which is necessary to ensure a better maternal and child health. As per our study 44% women were already practicing birth spacing, while 66% women strongly agreed toward the necessity of birth spacing. This study brings out the grey areas for development towards women and child health.

KEYWORDS: Birth Spacing, Family Planning, Contraception.

INTRODUCTION

Maternal and child mortality is one of a major health issue. As per an estimate the global annual maternal and child deaths stand at 535,900 and 9.2 million respectively and of those about 99% maternal and child deaths occur in the developing world.^[1, 2]

Pregnancy planning and Child spacing has a wide array of benefits on maternal and child health.^[3-5] It has been proven in researches that about 25% to 40% of maternal deaths can be prevented by family planning by just preventing unplanned and unwanted pregnancies.^[6,7] It has been demonstrated in many studies for many years that children are more likely to be healthy and survive when spaced at least 2 years apart, also they were not malnourished, premature and of low birth weight.^[3,5,7]

Birth spacing refers to the time from one child birth to the next pregnancy recommended by World Health Organization (WHO) waiting at least two years between each pregnancy to reduce the child and infant mortality and also maternal health. It can also be referred as pregnancy spacing or inter pregnancy interval.^[8]

World Health Organization (WHO) recommends a spacing of at least 2-3 years between two consecutive births to reduce the risk of infant, child mortality, maternal morbidity.^[9]

Importance of birth spacing, healthy timing and spacing of pregnancy is an intervention to help women and

families delay or space their pregnancies, to achieve the healthiest outcomes for women and newborns.^[10] The March of Dimes recommends a minimum of 18 months before becoming pregnant again following an uncomplicated vaginal delivery of a full term infant,^[11] while the WHO recommends 24 months.^[10,11]

There are five factors that affect fertility in women^[12]

- I. Biological factors – Age, Sex, Fecundity, Menarche, Menopause
- II. Physiological factors – Sterility, Temporary Sterility (during Pregnancy)
- III. Social factors – Religion, Caste, Race, Family system, Education status of a woman
- IV. Economic factors – Urbanization, Occupation of family, Overall social status
- V. Family Planning – Use of Contraception methods

Birth spacing can be attained by practicing contraceptive measures. Contraception is defined as the intentional prevention of conception through the use of various devices, sexual practices, chemicals, drugs or surgical procedures. Contraceptive use has a lot of benefits ranging from prevention of unwanted pregnancies to ensuring birth spacing, reducing child and maternal mortality and morbidity, improving the reproductive health outcome.^[13] Various methods of contraception include Intra Uterine Devices (IUD) such as Copper – T, Oral Contraceptive Pills (OCPs), Condoms, and permanent methods such as Vasectomy and Tubectomy.

Further, there are traditional methods such as Withdrawal method and Calendar based methods.^[14,15]

MATERIALS AND METHODS

The Aim and Objective of this study is to enlighten the factors that affect Birth Spacing/Fertility among sexually active, married women living in sub urban regions of India. The study also aims to provide knowledge on the important aspects of Child Spacing.

This study was approved by the institutional ethics committee and has been conducted at the department of Obstetrics and Gynecology, Shadan Tertiary Care and Teaching Hospital, Hyderabad. The study was conducted in 100 in-patient and out-patient subjects for a period of six months (July, 2018 to January, 2019).

RESULTS

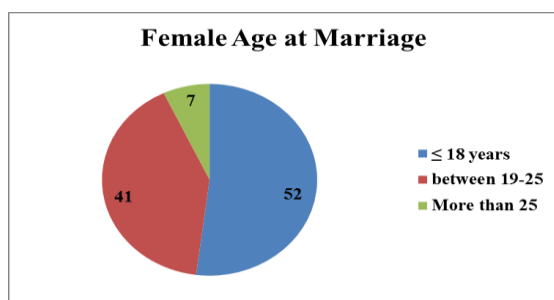


Figure 1: Differentiation based on Female Age at Marriage.

Figure-1 shows that; 52% of female were married before the age of 18 years and 41% were married between the ages 19-25 years.

Table 1: Differentiation based on Educational Qualification.

Education Qualification	Percentage
Post-Graduation	11%
Graduation	10%
Secondary Schooling	4%
Primary Schooling	68%
No Schooling	7%

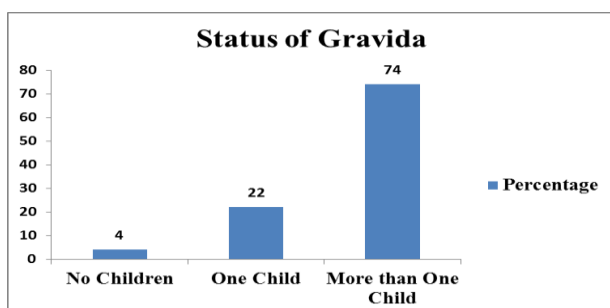


Figure 2: Differentiation based on Status of Gravida (No. of Births).

Table 2: Differentiation based on Sex of Child.

Sex of child	Percentage
Only Female	25
Only Male	36
Both Gender	39

Table-2 shows that 25% of parents had only female child, while 36% had only males, and 39% had children of both gender.

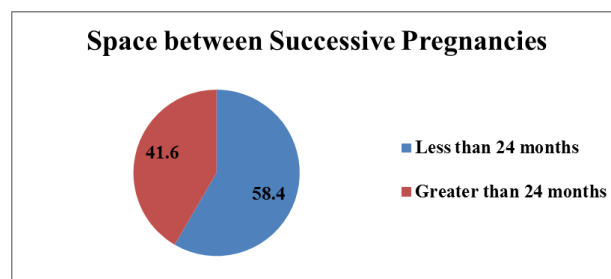


Figure 3: Differentiation based on Space between Successive Pregnancies.

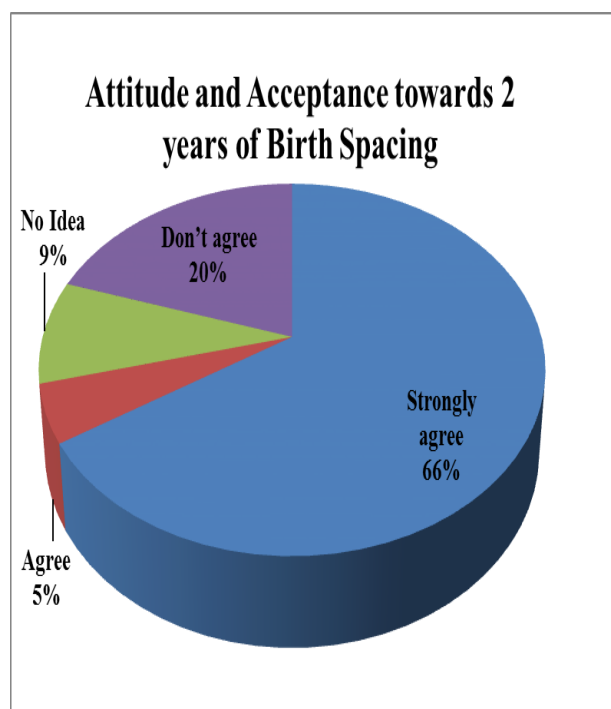


Figure 4: Differentiation based on Attitude and Acceptance towards 2 years of Birth Spacing.

Table 3: Differentiation based on Practice of Spacing.

Practice of Spacing	Percentage
Yes	40
No	60

Table-3 shows that 40% couples were already practicing birth spacing and 60% are not practicing birth spacing.

Table 4: Differentiation based on Method of Contraception used for Birth Spacing.

Birth spacing used	Percentage
Condoms	16
Pills	14
Copper T	10
Not practicing birth spacing	60

Table-4 shows that 16% couples use condoms for birth spacing, 14% use pills, 10% use Copper T for birth spacing and 60% did not practice birth spacing.

Table 5: Differentiation based on Reason for Not Practicing Birth Spacing.

Reason for Not Practicing Birth Spacing	Percentage
Want a child	9
Husband	11
In Law Pressure	4
No idea of birth spacing means	14
No response/Don't want to disclose	63

DISCUSSION

As per Our study 52% women were below the age of 18 years during marriage and 41% were in the age group of 19-25 years. A study conducted by M. Aleni et al reported 52.7% women in the age group of 25-34 years.

In our study 7% women did not attend school, 68% attended primary school, and 4% attended secondary school. As per the study conducted by M. Aleni et al reported 19.3% women did not attend school, while 62.8% and 17.9% attended primary education and secondary education respectively.

We found that 40% women were already practicing birth spacing of greater than 24 months between successive pregnancies. While, 66% of our study population strongly agree that 2 years of birth spacing is essential. A study conducted by reported that 27% births occurred within less than 24 months, while another study by M. Aleni et al reported 52.4% had a birth spacing less than 24 months.

Among the total study population; 16% used condoms as a means of birth spacing, 14% used pills and 10% used Copper T. M. Aleni et al reported that only 17.2% of the women used contraceptives before the next pregnancy. Another study conducted by G. A. Tessema reported that lack of contraceptive use has been documented in literature as one of the strongest predictors of short birth intervals.

63% of our study population did not disclose the reason for not following birth spacing, while 14% stated that they have no idea about the means of birth spacing, 11% stated that husband wanted a child and 4% stated that there was a pressure to conceive from in-laws.

CONCLUSION

Birth spacing can be defined as the time from one child birth to the next pregnancy. WHO recommends a waiting of at least 24 months between two successive pregnancies, which is necessary to ensure a better maternal and child health. As per our study 44% women were already practicing birth spacing, while 66% women strongly agreed with regard to the necessity of birth spacing. As higher as 63% women did not disclose the reason for not practicing birth spacing, this behavior tends towards the possible association of social stigma. Further, 14% women had no idea about how birth spacing is practiced; this is contrary to the great technological and psychosocial development the world has witnessed so far. Hence, our study brings out the grey areas for development towards women and child health and emphasis for conducting community awareness programs especially in the rural and sub urban regions of the developing world.

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