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Birth Spacing Among Rural Population of West Godavari District, Andhra Pradesh

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INTRODUCTION

During the past 50 years, a problem of continuing interest in the field of demographic research has been understanding the reasons why, in one society, some couples use contraception to space births and limit family size, and others do not. During the course of time, varied issues related to family and health were added to the concept of family planning. Thus family planning is not synonymous to birth control; it is more than mere birth control. A WHO Experts Committee has stated that family planning also includes in its purview, the spacing of births for the well being of children as well as parents (WHO, 1970). The imperative need for spacing between births, apart from limitation of family size, is increasingly felt. The analysis of World Fertility Survey data pertaining to 26 developing countries from Asia, Africa and Latin America has highlighted the fact that the main causative factor underlying high infant and child mortality in these counties is short spacing of birth (Hobcraft et al., 1983, 1984). This has resulted in a review of our policy on contraceptive promotion and an enhanced thrust is now placed on the rapid promotion of non-terminal methods such as intra-uterine devices (IUD) and pills for birth spacing, considering the terminal methods are accepted, by and large. It is to be noted that the use of these non-terminal temporary methods gained momentum in recent years. In this context, it is aimed to report on the practice of birth spacing, and socio-economic and demographic determinants of spacing among rural population of West Godavari district, Andhra Pradesh, India.

METHODOLOGY

The information for the present study was obtained from 214 households, drawn from three villages in Palakol and Palakoderu *mandals* (developmental blocks) of West Godavari district, Andhra Pradesh. The information pertaining to demographic and socio-economic characteristics of households, and about birth spacing was collected from both wife and husband, through in-depth interviews with structured questionnaire. The term birth space is used in two contexts, (1) maintaining the space between marriage and first child, and (2) maintaining space between two consecutive births. The respondents were asked that whether they intended to adopt birth spacing, and the methods followed for spacing were recorded. The data were entered into a personal computer by using dBase III Plus and analysis was done through Statistical Package for Social Sciences (SPSS) for Windows, V. 8.0.

RESULTS AND DISCUSSION

The results of data on birth spacing show that, 28 out of 214 couples (13.1%) adopted birth spacing by different methods. Table 1 presents the distribution of respondents with regards to adoption of various methods for birth spacing. The use of condoms is recorded as predominant birth spacing method, followed by use of oral pills. The use of IUDs is only among a few. The family welfare programmes in India are over-stressed, until recently, on permanent methods of contraception, namely male and female steri-lisation. Although a widespread IUD programme was in the offing as early as 1965-66, reports of side effects, damaging rumours and inadequate follow-up services soon created a backlash to the programme. Adequate groundwork was not done prior to the massive introduction of these methods. Acceptance and more so sustained use of non-terminal method have been delayed in India for a long time and it has been propagated only in recent years (Amma et al., 1989). Because of many problems related to the large-scale implementation of non-terminal methods, the terminal methods were excessively popu-larised in India. It is to be mentioned here that the reason for high infant and child mortality is short birth spacing (Hobcraft et al., 1983, 1984; Srivastava, 1990). It is also estimated that the reduction in infant and child mortality is possible by increasing birth spac-

Table 1: Distribution of households according to practice of various methods for birth spacing

Method	*No.*	*%*
Condoms	15	53.57
Oral pills	6	21.43
Intrauterine devices (IUDs)	1	3.57
Condoms and Oral pills	5	17.86
Condoms and IUDs	1	3.57
Total	28	100.00

ing (Sweson, 1977; Trussel and Pebley, 1984; Maine and McNamara, 1985; Srivatsava, 1990; Nath et al., 1994). Some studies on impact of birth spacing on fertility concluded that the birth spacing could be reduced substantially by encouraging couples to space births (Das, 1990; Rajaretnam, 1990). Hence, the imperative need for spacing between births, apart from limitation of family size, is increasingly felt. This has resulted in a review of our policy on contraceptive promotion and an enhances thrust is now placed on the rapid promotion of non-terminated methods such as IUD and the pill for spacing births, considering that terminal methods are accepted, by and large, by fairly older couples with larger family size. It is encouraging to note that the IUD and pill programmes are gaining momentum in recent years.

The results of analysis on association of practice of birth spacing with various socio-economic and demographic characteristics of the respondents were given in table 2. The results reveal that, relatively lower proportion of scheduled caste (socially disadvantaged community)/ respondents is adopted birth spacing methods than non-scheduled caste respondents. The primary occupation of the households had significant association with the practice of birth spacing. The households that have employment as primary occupation are more among spacing acceptors. There is a raising trend of proportion of space adopters along with their annual income levels. Similar association is also recorded with respect to educational status of the mother. There is an increasing trend of proportion of birth space adopters along with the increasing age at marriage of mother. Similarly, more number of space adopters were found in those having 2-3 surviving children than those with more than three surviving children. Birth spacing is also affected by the child loss. The results indicate that relatively higher proportion of respondents having no child loss have adopted various spacing methods than respondents with one or more child deaths.

Thus the background characteristics of the households highly influence the pattern of birth spacing. It is evident, from a study in Uttar Pradesh, that women from varying socio-economic status groups do have different birth interval lengths and women from low, low-middle and middle socio-economic status tend to have shorter birth intervals than women from high socio-economic groups (Singh et al., 1993). Religion/caste is also an important cultural factor which determines not only age at marriage and fertility but also birth spacing. For example, Muslim women in Kerala were observed to have shorter intervals after the first birth and higher probabilities of progressing to the next birth (Singh et al., 1993). It is also believed that education may affect the birth spacing practice because education facilitates the acquisition of knowledge of family planning. Earlier studies suggest that education is positively associated with birth interval (Guilkey et al., 1988; Rodriguez et al., 1984; Rajaram et al., 1994). The spacing pattern is influenced similarly by age at marriage and age at first conception, particularly the space after first birth (Rajaram et al., 1994). The survival status of the previous children has a direct influence on the adoption of birth spacing. Also there are behavioural and physiological effects, which link the death of a child to shorter birth space. The death of the child increases the motivation to have another child as a replacement; physiologically, a child death leads to a shorter birth interval operating through a shortened amenorrheic period (Singh et al., 1993; Ohenaba-Sakyi and Heaton, 1993).

Thus, in the present rural population of West Godavari district of Andhra Pradesh, the birth spacing is practised among a considerable proportion and it is determined by various socio-economic and demographic characteristics of the people. This present study mandals in West Godavari district are relatively advanced with well-developed irrigation, transport and other facilities. The people are aware of the needs and benefits of birth spacing, as it is an important aspect of family building process at the early stages of marital life. Also, they are aware of health benefits to mother and children due to birth spacing. Hence, there is a need to integrate and promote non-terminal contraceptive methods along with mother and child health care programmes. Also, it is to be identified the factors influence birth spacing practices depending upon the cultural context of the populations

Table 2: Distribution of households according to practice of birth spacing by socio-economic and demographic characteristics

Variable	*Adopted spacing*	*Not adopted spacing*	*Chi-square value for difference*
Caste			
Scheduled caste	24 (85.7)	169 (90.9)	0.44
Non Scheduled caste	4 (14.3)	17 (9.1)	p>0.05
Primary Occupation			
Agriculture labour	11 (39.3)	137 (73.7)	
Small farmer	3 (10.7)	28 (15.1)	26.98
Employee	10 (35.7)	16 (8.6)	p<0.001
Others	4 (14.3)	5 (2.7)	
Annual Income of the Household			
Below Rs. 6000	1 (3.6)	40 (21.5)	
Rs. 6001–Rs. 8000	5 (17.9)	62 (33.3)	30.49
Rs. 8001–Rs. 10000	3 (10.7)	35 (18.8)	p<0.001
Rs. 10001–Rs. 20000	8 (28.6)	36 (19.4)	
Above Rs. 20000	11 (39.3)	13 (7.0)	
Education of Mother			
Illiterate	1 (3.6)	67 (36.0)	
Primary education	6 (21.4)	55 (29.6)	31.85
Secondary education	10 (35.7)	51 (27.4)	p<0.001
Higher Secondary education	11 (39.3)	13 (7.0)	
Age of Mother at Marriage			
Less than 16 years	8 (28.6)	93 (50.0)	
16 – 20 years	15 (53.6)	85 (45.70	10.05
21 – 25 years	5 (17.9)	7 (3.8)	p<0.01
Above 25 years	–	1 (0.5)	
Number of Surviving Children			
No child	1 (3.6)	10 (5.4)	
1 – 2 children	14 (50.0)	66 (35.5)	4.04
3 – 4 children	12 (42.9)	81 (43.6)	p<0.05
≥ 5 children	1 (3.6)	29 (15.6)	
Number of Children Died			
No child loss	26 (92.9)	154 (82.8)	
1 – 2 children	2 (7.13)	29 (15.6)	1.35
≥ 3 children	—	3 (1.6)	p>0.05
Total	28 (100.0)	186 (100.0)	

Note: Figures in the parentheses indicate percentages.

to encourage birth spacing through temporary family planning methods, prolonged breast feeding and induced abortions.

KEY WORDS Family Planning. Birth Spacing. Rural. Andhra Pradesh.

ABSTRACT This paper reports on the practice of birth spacing, and socio-economic and demographic factors associated with birth spacing among rural population of West Godavari district, Andhra Pradesh, India. The data for the study were obtained from 214 households, through in-depth interviews. The results show that 13% of couples adopted different methods to space births, and out of these methods, use of condom is predominant followed by oral pills. Some socio-economic and demographic characteristics of the households such as occupation, income, mother's educational status and mother's age at marriage associated significantly with the practice of birth spacing. The paper discusses the problems in introducing non-terminal methods of family planning and other associated factors that influence the acceptance of these methods.

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