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RESEARCH ARTICLE

ATTITUDES OF SAUDI WOMEN OF HAIL REGION TOWARDS MULTI-PARITY

***Nuzhat Parveen**

College of Medicine, University of Hail, Saudi Arabia

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Corresponding author

ABSTRACT

Objective: To determine the number of children, association of various socio-demographic and birth interval related factors with multi-parity in Saudi women. **Methods:** This descriptive cross sectional study was conducted in Hail university and Maternity and childcare Hospital, Hail Saudi Arabia. One hundred and eighteen (118) married females having age 20 to 45 years, who presented in outdoor patients department of the hospital, were included. Married females having no child were excluded from analysis. A questionnaire containing information regarding marital information, child age and perceptions about multi-parity was filled by the participants. Chi-square t-test was used to determine the association of knowledge regarding the appropriate birth intervals with number of children taking p-value ≤ 0.05 as significant. **Results:** Mean age of females at the time of marriage was 22.21 ± 4.42 years and mean age at the time of birth of first child was 23.92 ± 4.47 years. There were 59.3% females who obtained college level education and 20.3% had high school education whereas only 2.5% were having master level education. Habit of breast feeding was found in about half 49.1% females. Most of the females (53.4%) gave birth to 5-6 children, 22.9% were having equal to or more than 7 children. There was no association of educational status, breast feeding, mode of last delivery and knowledge regarding benefits of breast feeding on number of children. **Conclusion:** Number of Children born to per Saudi Women is 5-6 on average. There is no effect of Socio-demographics variables and knowledge regarding benefits of birth intervals on number of children born to per Saudi women.

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INTRODUCTION

Parity is the terminology used to describe the number of births (live or still births) after 24 weeks from the last menstrual period. 1n 1934 Bethel Solomons revealed that pregnancies prove to be complicated as the number of pregnancies increase and the term grand multi parity was introduced as dangerous (Solomons, 1934). Multi and grand multi parity can result in increased risk of hypertension, diabetes, placental abnormalities, such as placenta previa (Itedal, 2015) and abruption, malpresentations (Mgaya *et al*., 2013), postpartum hemorrhage (PPH) and increased maternal morbidity and mortality. Likewise inter pregnancy interval has a strong impact on maternal and child health. Pregnancies that are too early and too close can result in iron deficiency anemia in mothers, need of blood transfusions, premature rupture of membranes (PROM), labour dystocia, increased risk of operative deliveries and lesser success of vaginal birth after caesarean section (VBAC) and fetal complications like, preterm births, low birth weight, and Small for gestational age fetuses and sometimes still births (Kaur, 2012). Labour dystocia, operative delivery and perpurial sepsis also put the women at greater risk of PPH. In a report published by world Health Organization (WHO) it is purposed that pregnancies should be spaced at least 2 years apart (best is to have 3 to 4 years interval) as it results in better survival of the children, previous and the one forth coming (http://pdf.usaid.gov/pdf_docs/Pnadh039.pdf)). Premature cessation of breast feeding and providing more attention to the new born can result in malnutrition and contributes towards perinatal and infant mortality (Report of a WHO Technical Consultation on Birth Spacing Geneva, Switzerland, 13–15 June 2005). In Saudi Arabia, large family size is desired in respect of religious and cultural reservations. Estimates of 2016 mention total fertility rate for KSA as 2.11 (https:// www.cia.gov/library/publications/the-world-factbook/ fields/ 2127. html). Optimal maternal and child health needs adequate child spacing and to limit the families. Provision of free and uninterrupted access to contraceptives, good antenatal care, skilled medical personnel and facilities for safe delivery can reduce the prevalence of multi-parity. Our study will highlight the maternal parity prospects and wishes. It will be helpful in reminding local and hopefully nationwide policy makers to

encourage greater use of family planning measures to prevent frequent, early, closely spaced as well as too late and too many pregnancies. We expect that this will provide baseline information for further researches in these areas.

METHODS

This descriptive cross sectional study was conducted in Hail Maternity Hospital Saudi Arabia. One hundred and eighteen (118) married females having age 20 to 45 years, who presented in outdoor patients department of the hospital were included. Married females having no child were excluded from analysis. Written consent was taken from all females after describing them about the confidentiality of data and main study end-points. Institutional review board approval was also taken before starting the data collection. A questionnaire containing information regarding marital information, child age and perceptions about multi-parity was filled by all females. All the information was compiled using SPSS v23. Chi-square t-test was used to determine the association of knowledge regarding the appropriate birth intervals with number of children taking p-value $\leq$0.05 as significant.

RESULTS

Out of 118 females, 39.0% females were in 41-45 years age range, 35.6% in 36-40 years and 12.7% were in 31-35 years age range. Mean age of females at the time of marriage was 22.21$\pm$4.42 years and mean age at the time of birth of first child was 23.92$\pm$4.47 years. There were 59.3% females who were having college level education and 20.3% were having high school education whereas only 2.5% were having master level education. Habit of breast feeding was found in about half 49.1% females. Most of the females (53.4%) were having 5-6 children, 22.9% were having equal to or more than 7 children. There were only 13.6% females who were having 3-4 children and only 10.2% were having 1-2 children. Mode of delivery at last child birth was vaginal in 77.1% females while cesarean section was done in 22.9% females (Table 1).

Table 1. Baseline Characteristics of Females

Variable	Value
Age Distribution	
20-25 Years	4 (3.4%)
26-30 Years	11 (9.3%)
31-35 Years	15 (12.7%)
36-40 Years	42 (35.6%)
41-45 Years	46 (39.0%)
Age at the time of Marriage	22.21$\pm$4.42
Age at first Child	23.92$\pm$4.47
Educational Status	
Primary	16 (13.6%)
Secondary	5 (4.2%)
High School	24 (20.3%)
College	70 (59.3%)
Master	3 (2.5%)
Breast Feeding Habit (%)	58 (49.1%)
Number of Children	
1-2	12 (10.2%)
3-4	16 (13.6%)
5-6	63 (53.4%)
$\geq$7	27 (22.9%)
Mode of Last Delivery	
Vaginal	91 (77.1%)
Cesarean Section	27 (22.9%)

There was no association of educational status of females and breasting feeding habit on number of children. There were 91.7% females having 1-2 children, who know that there should be an adequate interval 2-4 years between the two pregnancies, 87.5% females having 3-4 children, 88.9% females having 5-6 children and 92.6% females having $\geq$6 children know about adequate birth interval correctly. Similarly, the knowledge of females regarding effect of child spacing on nutritional status of child and mother was also good. However, knowledge of females regarding effect of birth spacing on intellectual level of children was poor in all mothers regardless of the number of children they were having (p-value 0.36). 50.0% females having 1-2 children were having knowledge about contraceptives, 81.3% having 3-4 children, 68.3% having 5-6 children and 63.0% females having $\geq$7 children were having knowledge about contraceptives (p-value 0.35).

DISCUSSION

In this study, we determined the factors associated with multi-parity in Saudi women. As there are higher number of children born per Saudi women as compared to the other nations so we tried to determined which factors are associated with multi-parity in these women. Many studies have been conducted on the birth intervals and the factors affecting the appropriate birth intervals but still no study have been conducted on the number of children born to per women and the factors responsible for higher number of children. In our study, most of the studied women were middle aged with parity experiences (39.0% were in age group 41-45 years followed by 35.6% in age group 36-40 years). In our study, 53.4% women were having 5-6 children. This number of children is much higher as compare to Europe, USA and many Asian countries (Hamilton, 2013; Kassam *et al*., 2015; Martin *et al*., 2013; Hirschman, 1990). In our study, most of the women know that adequate birth interval should be between the 2-4 years, however we did not found any relationship of knowledge regarding adequate birth interval with the number of children. In our study, 59.3% women were found to be at college level education but still many of them were having higher number of children and there was no effect of educational status with the number of children born to per Saudi women.

In our study, most of the women know that adequate birth interval is necessary for proper nutritional requirements of females despite this all these females having higher number of children. In our study, knowledge of women regarding effect of adequate birth interval on intellectual level of children was very poor and the level of knowledge was same in all women despite the number of children they were having. A study previously conducted in Saudi Arabia have found that a significant effect birth intervals on intellectual levels of children and these authors suggested that children born after adequate birth intervals perform better in schools as compared to the children who are born without adequate birth intervals.[12] knowledge of women who were having 3-4 children appeared to be good (81.3%) regarding contraceptives availability and its usage, 68.3% women having 5-6 children had knowledge about contraceptives and only 50.0% of women having 1-2 children had knowledge about contraceptives, this difference was not statistically significant (p-value 0.35).As a result we couldn't identify the factors (age, education, awareness of benefits of adequate birth space, knowledge of benefits of

Table 2. Association of Number of Children with Educational Status and Knowledge about benefits of Birth Intervals

	Number of Children				P-value
	1-2	3-4	5-6	≥ 7	
Educational Status					
Primary	0 (0.0%)	0 (0.0%)	9 (14.3%)	7 (25.9%)	0.31
Secondary	1 (8.3%)	0 (0.0%)	3 (4.8%)	1 (3.7%)	
High School	2 (16.7%)	3 (18.8%)	12 (19.0%)	7 (25.9%)	
College	8 (66.7%)	13 (81.2%)	37 (58.7%)	12 (19.0%)	
Master	1 (8.3%)	0 (0.0%)	2 (3.2%)	0 (0.0%)	
Breast Feeding					
Yes	8 (66.7%)	7 (43.8%)	28 (44.4%)	15 (55.6%)	0.45
No	4 (33.3%)	9 (56.3%)	35 (55.6%)	12 (44.4%)	
Mode of Last Delivery					
Vaginal	7 (58.3%)	13 (81.3%)	50 (79.4%)	21 (77.8%)	0.43
Cesarean Section	5 (41.7%)	3 (18.8%)	13 (20.6%)	6 (22.2%)	
What Should be the Adequate Birth Interval					
1-2 Years	1 (8.3%)	0 (0.0%)	5 (7.9%)	1 (3.7%)	0.54
2-4 Years	11 (91.7%)	14 (87.5%)	56 (88.9%)	25 (92.6%)	
> 4 Years	0 (0.0%)	2 (12.5%)	2 (3.2%)	1 (3.7%)	
Do you think adequate child spacing is good for nutritional status of the mother and child?					
Yes	12 (100%)	15 (93.8%)	62 (98.4%)	25 (92.6%)	0.42
No	0 (0.0%)	1 (6.3%)	1 (1.6%)	2 (7.4%)	
Does adequate child spacing affects intellectual level of the children?					
Yes	4 (22.3%)	4 (25.0%)	23 (36.5%)	5 (18.5%	0.36
No	8 (66.7%)	12 (75.0%	40 (63.5%)	22 (81.5%)	
Do you have knowledge of the contraceptives available?					
Yes	6 (50.0%)	13 (81.3%)	43 (68.3%)	17 (63.0%)	0.35
No	6 (50.0%)	3 (18.7%)	20 (31.7%)	10 (27.0%)	

completing breastfeeding period, familiarity to contraceptive availability) which are responsible or can alter multiparity in our setup. Al-Almaie[13] also failed to identify any factors associated with adequate birth spacing in Saudi Women. In conclusion, we did not identify any factor responsible for higher number of children in Saudi women. Knowledge of women regarding adequate birth intervals and benefits of adequate birth intervals is good. Large scale study is needed to be conducted in Saudi women to identify the factors responsible for high parity.

Conclusion

Number of Children born to per Saudi Women is 5-6 on average. There is no effect of Socio-demographics variables and knowledge regarding benefits of birth intervals on number of children born to per Saudi women.

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