

# WHAT WE HEAR AND WHAT WE DO: An analysis of the perceptual influence of child spacing campaigns on the knowledge, attitude and practices of rural women in South-East Nigeria

<sup>1</sup>Amah, Christopher Kingsley, <sup>2</sup>Ekwe, Okwudiri C, <sup>3</sup>Andrew C Apeh <sup>4</sup>Ezeugwu, Mercy I,

<sup>5</sup> Orekyeh, Emeka, S.S

<sup>1</sup> Doctoral Student, Department of Mass Communication, University of Nigeria, Nsukka

\*<sup>2</sup>Lecturer, Department of Mass Communication, Samuel Adegboyega University, Ogwa Edo State, Nigeria

<sup>3</sup>Lecturer, Department of Mass Communication, Enugu State University of Science and Technology, (ESUT), Agbani, Enugu State.

<sup>4</sup>Doctoral Student, Department of Mass Communication, University of Nigeria, Nsukka

<sup>5</sup> Doctoral Student, Department of Mass Communication, University of Nigeria, Nsukka

## Abstract

This study examines the influence of child spacing campaigns on the knowledge, attitude and practices of South-East rural women. Using behavioural change theory as the framework, the study adopted survey method as its research design. A total of 384 respondents drawn from the South-East responded to the copies of the questionnaire designed from six research questions raised in the study. After a thorough analysis, it was found that while the mass media campaigns on child spacing have created serious awareness about child spacing in South-East rural communities, the practice is still very low. Some of the problems found to be associated with this low practice include lack of adequate community health facilitators, lack of information on improved child spacing techniques, urban oriented messages, lack of integration of the rural people in messages/communication meant for their consumption, etc. Based on these findings, it was recommended that, health workers, media researchers, communicators, social workers, guidance counselors and those in the helping profession should take cognizance of those variables that have been found to influence birth spacing practices among couples with the view to correcting them for an informed and healthy society.

**Keywords:** Child spacing • Campaign • Attitude • Practices • Rural women

## Introduction

Child spacing is a term often used as part of family planning. It means figuring out when you want to have your first baby, and then knowing how long you should wait to have your next. However, in the critical evaluation, women cannot play this role alone without men. This is why a study of this nature cannot be complete without evaluating the supportive role of men in this practice. This is so considering the critical place of the African culture which places premium on the superiority of men. Consequently, there is a serious need to include men in any communication campaign aimed at convincing women to adopt healthy child spacing methods.

A linkage between the domain of communication and health has long been established. The National Cancer Institute (1989); Piorow et al. (1997); Jackson and Duffy (1990) vividly established the role of communication in all aspect of mankind, specially health- wise to improve personal and public health. This rest on the belief that communication when effectively applied can create awareness and cause some behavioural changes through persuasions. However, varied viewpoints have surrounded the role of mass media in health promotion. Alkin and Wallack (1995, p.40) identified that there are those who believe that if only we could get the right message to the right people in the right way at the right time even the most intractable public health problem would yield.

However, the goal clearly focuses on child spacing for survival of children, and their right to live. For a country like Nigeria, the mortality rate of children is very high when considered against two of the very basic indicators that are used in measurement- infant mortality rate, expressed as the proportion of children who die before their first birthday and under-five mortality rate, expressed as the proportion of children who die before they reach five years of age (Ndolo, 2011, p.55). UNICEF, (2002, p.80) reported a higher incidence of low birth weight

and prematurity among babies conceived within six months of previous birth, compared to those conceived 18 to 23 months following the last baby. The research further advocates that it makes good sense of woman to let her body recover and replenish lost nutrients after having a baby. In concordance with the above assertion, Conde-Agudelo, (2006,p.297-308) in a study involving more than 11million women, found that the physical health of a baby is much better if his mother waits a minimum of 18 months after the previous baby before she conceives.

In Nigeria, family planning programmes have advocated two years intervals between births for child health and survival. There are several benefits that contribute to these outcomes: a longer time period between births allow a mother more time to recover from pregnancy and delivery, the next pregnancy and birth is more likely to be at full gestation and growth; there is less competition among children for breast feeding, food, nutrition, the mother's time, and other resources (National Research Council, 1989). More recently, there are various opinions as it concerns the spacing period/birth intervals. Some schools of thought assert that there could be additional gain to child health by increasing the spacing between births to a minimum of three years (Da Van20, 2004; Rutstein, 2002; Conde – Agwdelo and Belizan, 2000).

Every year, over 54 million women suffer from complications during pregnancy and child birth. Of those, about 1.5 million die; 99 percent of these deaths occur in the developing countries. It is obvious that the above is not unrelated with the effects of pregnancy spacing on maternal morbidity & mortality (World Health Organization, 1993; and United Nations Children's Fund, 1996). They further clarified that while very short intervals may be associated with some types of morbidities, very long intervals may be associated with poorer outcomes also.

Luukkainen (2004), in the Antenatal care and Maternal Mortality in Nigeria found that out of every 120 Million births, 54, 000 deaths are recorded. Raphael (2008) corroborates the fore going statistics as he asserts that Nigeria's maternal mortality rate is the second highest in the world, after India with 1,100 maternal deaths per 100,000 live births. The country is home to 2 percent of the global population, but 10 percent of all maternal deaths take place there.

Obviously, the health benefits of family planning associated with child spacing and the use of specific methods can play a major role in protecting the lives of infants, children, women and the families as a whole on the nation Nigeria when anchored by a good, focused, and effective media campaigns which make sure that the right information gets to the right people at the right time.

However, most studies on birth spacing practices focused on short and longer birth intervals, or the actual and preferred birth intervals. It is therefore, not to the knowledge of the researcher that studies on the influence of child spacing campaigns on knowledge, attitude and practice among rural women in the in South –East Nigeria have been done. It is against this background that, this study becomes relevant in filling such missing gaps in our knowledge in the issue of child spacing in Nigeria and South-East rural communities in particular.

### **Statement of the Problem**

Eze, (2013, p.176) reported declining incidence of child spacing in Africa which tends to shorten the length of birth interval, irrespective of numerous media campaign by various non-governmental organizations and health sectors. The problem now is that if child spacing and its effects are not well attended to, it may affect the health of the mother and children beyond control in the African continent. This is because research has shown that children born too soon after the previous birth are at the risk of dying at an early age (WHO, 1996). This simply amounts to putting the health of the child and the mother at an unnecessary risk.

Giving the new campaigns by UNICEF and WHO on child spacing, one wonders if there is any change in the knowledge, attitude and practices of rural women. This is why this research was carried out to determine the influence of child spacing campaigns on knowledge, attitude and practices among rural women and the supportive role of men folk to the women in such practices in South-East Nigeria.

### **Research Questions**

1. What is the awareness and knowledgeable level of South-East rural women about child spacing?
2. To what extent has child spacing campaigns led to attitudinal change on the side of South-East rural women?
3. To what extent has child spacing campaigns influence the practices of South-East rural women?

4. To what extent do men support their wives in keeping to child spacing practice?

### Hypothesis

**H1.** Child spacing campaigns have brought about very high degree of knowledge and awareness about child spacing among South-East rural women.

**H2.** Child spacing campaigns have changed the attitude of South-East rural women towards child spacing practice.

### Literature Review

In Nigeria, child spacing or the timing of every birth, including the first and last, can improve the likelihood of survival and of good physical and emotional health for the entire families at all stages of life. All available research indicate that reproduction has been persistently high in the last three decades and still remains so at present (Fraser and Weisberg 1981; Odaman 2005). If the nation's population is left to grow uncontrolled, the national resources will sooner or later be outstripped by the increasing demand of the growing population. However, irrespective of the number of children one cares to reproduce, let them be well spaced (USAID, 2013, p.124).

The public viewed family planning as a disguised attempt at birth control, which ran counter to traditional cultural values which stress the value of children to society. It is probably this state of things that made Kishindo (1995, p21) to argue that the success of family planning will largely depend on the active involvement of men since it is men as husbands and brothers who ultimately control women's fertility. Therefore, Kishindo suggested that family planning programmes through broadcast or print media or other means should target both men and women.

In the quest to stem the tide of unbridled population growth, the government of the Federal Republic of Nigeria in 2002 came out with a population policy paper on family planning and fertility regulation. According to the policy paper, the value of family planning and child spacing on the stability and wellbeing of families shall be promoted and family services shall be incorporated in maternal and child health care. This is to help reduce maternal and infant morbidity and mortality as well as reduce rapid population growth in the shortest possible time. This will invariably lead to the attainment of good quality life and high standard of living in the country. It is perhaps because of the foregoing that made world leaders in 1974, accepted family planning as a human right of individuals and couples. Article 14 (F) of the World Population Plan of Action states that:

All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so; the responsibility of couples and individuals in the exercise of the right takes into account the needs of their living and future children, and their responsibility towards the community

Bellow is the international best practices on child spacing;

METHOD	DESCRIPTION	HOW TO APPLY IT
Combined oral contraceptive [COCs] or the pills.	Contains two hormones, oestrogen and progesterone.	Prevents the release of egg from the ovaries. [ovulation]
Progestogen only pills [pops or the minipills]	Contains only progestogen not estrogen	Thickens cervical mucus to block sperm and egg from meeting and prevents ovulation.
Implants	Small flexible rods or capsules placed under the skin of the upper arms containing progestogen hormones	Same mechanism as POPs
Progestogen only injectables	Injected into the muscles every 2 or 3 months depending on products.	Same mechanism as POPs
Monthly injectables or combined injectables contraceptives [CIC]	Injected monthly into the muscles contains estrogen and progestogen	Same mechanism as COCs
Intrauterine device[IUD]	Copper containing copper sniffs of wire inserted into the uterus	Copper components damages sperm and prevent it from meeting the egg.
Intrauterine device[IUD] levonorgestrel	AT- shaped plastic device inserted into the uterus that steadily releases small amount of levonorgestrel each day	Suppresses the lining of uterus endometrogen
Male condoms	Sheaths or coverings that fit under a man's erected penis	Forms barrier to prevent sperm and egg from meeting.
Female condom	Sheaths or linings that fits loosely into a woman's virgina made of tin, transparent, soft plastic film.	Forms a barrier to prevent sperm and egg from meeting.
Male sterilization [vasectomy]	Permanent contraception to block or cut the vase deferens tubes that carry sperm from the testicles.	Keeps sperm out of ejaculated semen.
Female sterilization[tubulisation]	Permanent sterilization to block or cut the fallopian tube.	Eggs are blocked from meeting the sperm.
Lactesional amemorhea method. [LAM]	A temporal contraceptive for new mothers whose monthly bleeding has not returned requires exclusive breast feeding day and night of an infant less than six months old.	Prevents the release of egg from the ovaries.[ovulation]
Emergency contraception[levonorgestrel 1.5mg]	Progestogen- only pills taken to prevent pregnancy up to four days after unprotected sex.	Prevents ovulation.
<b>TRADITIONAL METHODS</b>		
Withdrawal[coitus interruptus]	Man withdraws his penis from his partner's virgina and ejaculates outside the virgina, keeping semen away from her external genitalia.	Tries to keep sperm out of women's body preventing fertilization.
Fertility awareness methods [natural family planning or periodic abstinence]	Calendar-based method; monitoring fertile days in menstrual circle; symptom based methods: monitoring cervical mucus and body temperature.	The couple prevents pregnancy by avoiding unprotected virginal sex during most fertile days, usually by abstinence or condoms.

[World Health Organization, 2014]

## **Theoretical Framework**

The two theories –Behavioural and Multi- step flow Theories were used to anchor this study.

### **The Behavioural Theory**

The theory was developed by Ivan Pavlov and B. F. Skinner in the year 1957. This theory promotes the idea that exposure to mass media messages modifies people’s behavior, and shape opinions.

Assumptions/Principles of the Theory

1. Changes in behaviour are the result of an individual’s response to events (stimuli) that occur in the environment.
2. The internal states could influence behaviour as external stimuli.
3. We develop responses to certain stimuli that are not naturally occurring.
4. People mould their behaviour after that of the dramatis personae.

### **Relevance**

Since theory is of the opinion that external factors such as mass media messages influence and shape people’s opinion and attitude, it is possible that the attitude of rural people could be changed as a result of exposure to child spacing campaigns.

### **Multi-step Flow Theory**

This theory postulates that media messages pass through many steps to get to some members of the audience. It was first propounded by three researchers; Hazel Gaudet, Paul Lazarsfeld, and Bernard Berelson after observing the American presidential election of 1940, [Nwogu, 2013]. The theory does not specify any amount of opinion leaders who come in -between the messages and the audience. The precise number of steps may depend on the nature of the message, the availability of mass media channels, intention of the source/importance of the message, and the level of exposure of the audience to the mass media (Okoro, 2013).

These two theories became the best match for this research because; the inefficiencies of the behavioural theory were taken care of by the “multi –step flow theory. In other words, where the mass media messages do not influence the people directly, opinion leaders would help drive the matter home.

## **Research Design**

The research design used for this study is survey research method. Survey design is generally applied in the study of significant education problems, government programmes and policies, inventions, etc. Survey method was chosen because of the vast population under study. It became the only instrument that can reach the people under study within the stipulated time.

### **Population of the Study**

In this study, the population size is the entire men and women in South-East. The population is the Five states that make up the South-East zone; Enugu, Anambra, Imo, Abia and Ebonyi states. According to information from the National Population Commission, the population of the South-East is 16,395, 555 people [Fifteen million Three Hundred and Ninety Five Thousand Five Hundred and Fifty Five.] The breakdown is as follows; Abia-2845380, [male-1430298, female 1415082] Anambra; 4177828, [male-2117984, female-2059844] Ebonyi; 2176563, [male 1064156, female1112791] Enugu; 3267837, [male-1596042 female- 1671795] and Imo; 3927563, [male-1976471, female- 1951092] this figure form the population of this study.

### **Sample size**

The sample size used in this study is 384.This is scientifically drawn from the population of 16,395,555 of the entire south-East residents from the five states that make up the geographical zone, using online Australian scientific calculator, 384 is the sample size.

## **Sampling Technique**

The researcher used multi-stage sampling technique as the sampling technique for this study. This technique according to Chukwuma (2002, p.111) requires the use of several sampling technique or/and stages in a particular method for ensuring proper representation, especially when the population is large and complex.

### **Stage 1**

The states under study are the 5 states of the South- East; Abia Enugu, Imo Anambra, and Ebonyi states .The researcher used simple random technique to select three states. The states selected are; Anambra, Ebonyi, and Enugu states.

### **Stage 2**

Since these states have three senatorial zones each, Enugu: Enugu North, Enugu West, and Enugu East senatorial zones. Ebonyi: Ebonyi North, Ebonyi South, and Ebonyi Central Senatorial zones. Anambra: Anambra South, Anambra North, and Anambra Central senatorial zones, the researcher systematically selected one local

government each from the senatorial zones using simple random technique method. These local governments are; Uzo-uwani [Enugu North], Isi-Uzo [Enugu East], Oji-river [Enugu West] Under Ebonyi State the researcher selected the following; Ishielu Local Government [Ebonyi North], Afikpo Local Government [Ebonyi South], Ikwo Local Government [Ebonyi Central]. In Anambra state the researcher selected the following local governments; Awka North [Anambra North], Aguata [Anambra South], and Dunukofia [Anambra Central]. This means that in all, the researcher has 9 local governments of 1575919 to study. Using Bourley's proportional statistical sampling formula each local government will get these copies of the questionnaire;

$$\text{Formula: } N = \frac{nn}{n} \times \frac{N}{1}$$

Where nn = Stratum sample size

n = total sample size

N = community under study

Therefore each local government got some copies of the questionnaire based on their population strength.

UZO-UWANI =31, ISIUZO =36, AWGU =48, ISHIELU = 37 AFIKPO NORTH= 38, IKWO =52, AWKA NORTH=27, AGUATA =90, DUNUKOFIA =23

### Stage 3

In each of these local governments, one community each was selected using simple random technique. The communities selected are; Nimbo in Uzo-uwani; Ikem in Isi-Uzo; Nenwe in Awgu. Under Abonyi, the following communities were selected; Amaezu in Ishielu; Abakpa in Ebonyi North; Afikpo in Afikpo North; and Ndufu Achara in Ikwo Local Government. In Anambra the following communities were selected; Amanse in Awka North local Government; Isuofia in Aguata Local Government; and Umunachi in Dunukofia Local Government Area.

### Stage 4

Finally the copies of the questionnaire meant for each local government were distributed in the community selected from that local government in a space of one house after five houses.

### Measuring Instrument

In this study, the instrument used is questionnaire. A questionnaire is useful getting the feelings, beliefs, experiences, or activities of respondents.

### Method of Data Analysis

Data obtained from this study were analyzed and presented in tabular forms and percentages. Presentation of data and analysis of data go hand in hand. The data were first presented and then analyzed.

### DATA PRESENTATION

The findings from both female and male folk were analyzed together. This was done research question by research question.

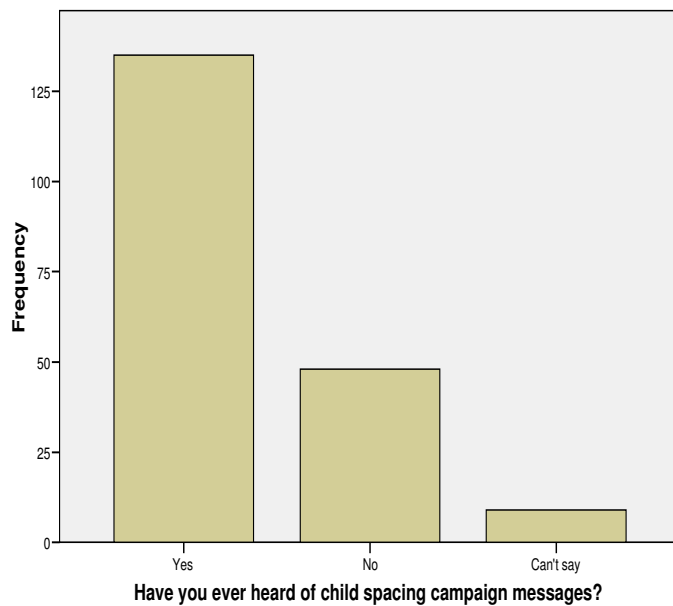
### Research question 1[one]

The findings from the research question one are seen on tables below.

**Have you ever heard of child spacing campaign messages?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	135	70.3	70.3	70.3
No	48	25.0	25.0	95.3
Can't say	9	4.7	4.7	100.0
Total	192	100.0	100.0	

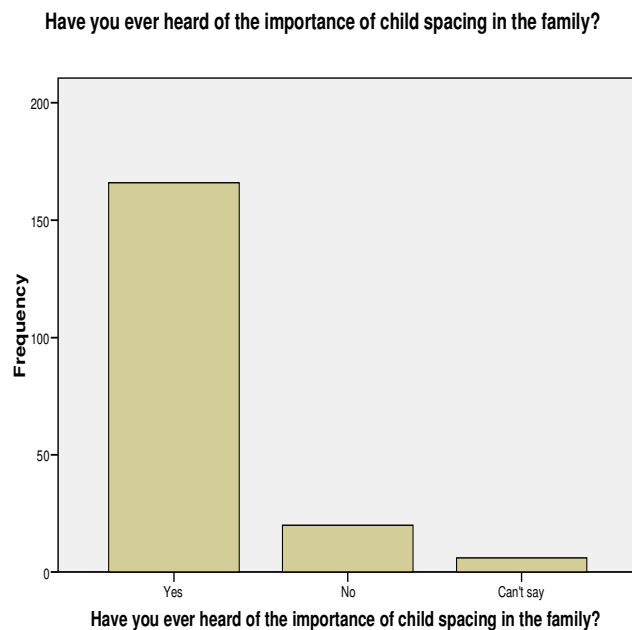
**Have you ever heard of child spacing campaign messages?**



The findings from the above research question are not only positive but overwhelming. This can best be understood from the two tables below. 70.3% of the respondents have heard about media campaigns on child spacing, while 25% of the respondents have not heard about child spacing, leaving 4.7 to can't say.

**Have you ever heard of the importance of child spacing in the family?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	166	86.5	86.5	86.5
	No	20	10.4	10.4	96.9
	Can't say	6	3.1	3.1	100.0
	Total	192	100.0	100.0	



The above table shows that 86.5 % of the male folk have heard about the importance of child spacing, 10.4% have not heard, while 3.1 could not say.

**Research Question 2 [Two]**

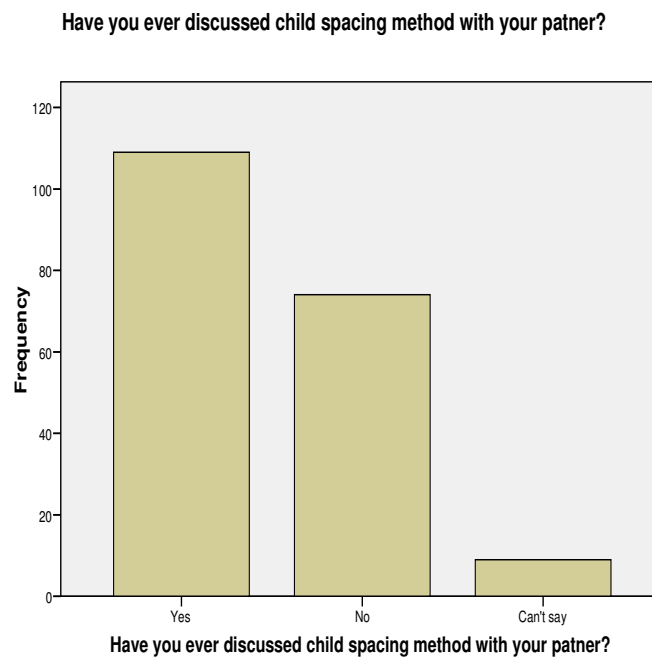
The second research question was designed to find out attitudinal changes brought about by media campaigns on child spacing.

The findings from this research are seen on tables below for female and male folk respectively.

**Have you ever discussed child spacing method with your patner?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	109	56.8	56.8	56.8
No	74	38.5	38.5	95.3
Can't say	9	4.7	4.7	100.0
Total	192	100.0	100.0	



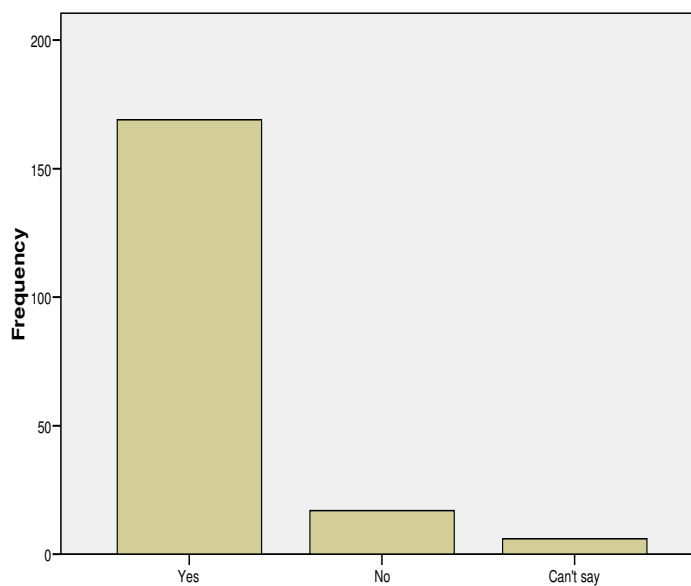


The above table shows that while media campaigns have induced attitudinal change among 56.8 % of the respondents,the attitudes of 38.5 respondents remained the same way they were, and 4.7% of the respondents were undetermined.

**Have you ever discussed child spacing method with your wife?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	169	88.0	88.0	88.0
	No	17	8.9	8.9	96.9
	Can't say	6	3.1	3.1	100.0
	Total	192	100.0	100.0	

**Have you ever discussed child spacing method with your wife?**



**Have you ever discussed child spacing method with your wife?**

The above table show that 88% of the respondents have discussed child spacing with their wives, but 8.9 respondents have not; 3.1 was undetermined.

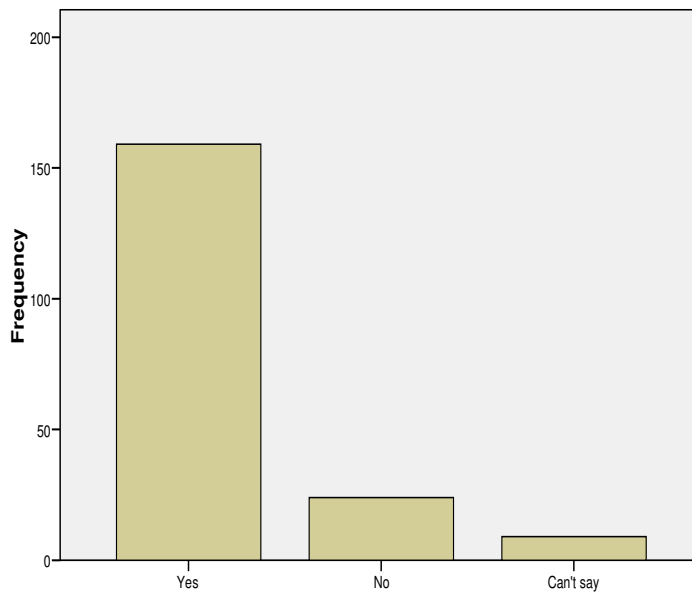
**Research Question 3 [three]**

The third research question centres on the influence of child spacing campaigns on the South-East rural women. The findings from this research question are best seen on tables below for female and male folks respectively.

**Have you been influenced by child spacing campaigns from the media?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	159	82.8	82.8	82.8
No	24	12.5	12.5	95.3
Can't say	9	4.7	4.7	100.0
Total	192	100.0	100.0	

**Have you been influenced by child spacing campaigns from the media?**



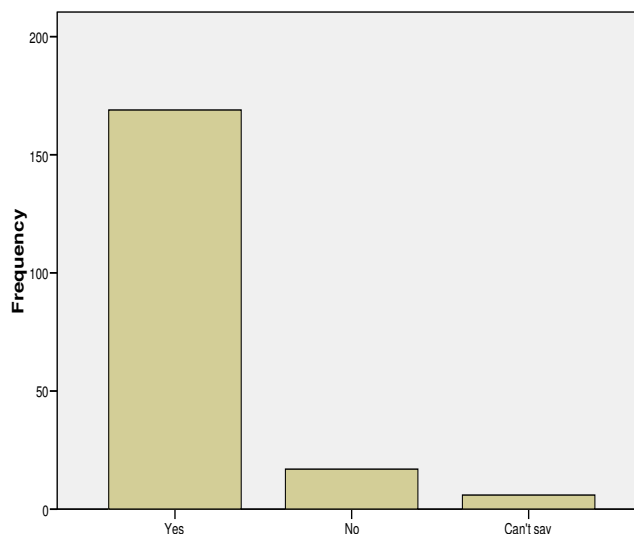
6.

The above table show that while 82% of the respondents are influenced by child spacing campaign, 24% of the respondents are not influenced leaving the rest for can't say.

**Have you ever discussed child spacing method with your wife?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	169	88.0	88.0	88.0
	No	17	8.9	8.9	96.9
	Can't say	6	3.1	3.1	100.0
	Total	192	100.0	100.0	

Have you ever discussed child spacing method with your wife?



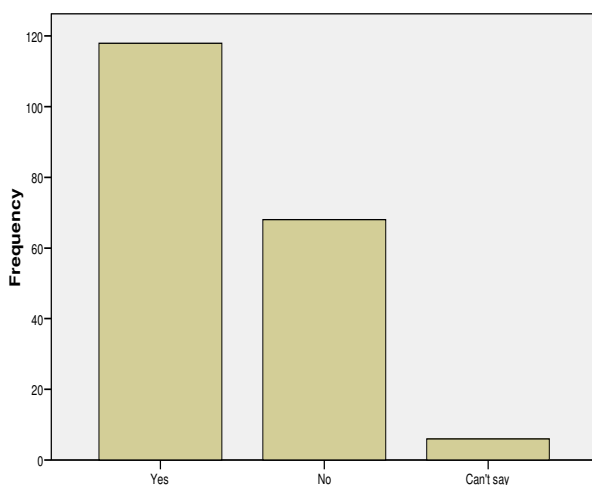
Have you ever discussed child spacing method with your wife?

On the above table, while 88% of the respondents discussed child spacing practices with their wives, 8.9% do not, and 3.1 % were undetermined.

#### Research Question four [4]

The Fourth research question was designed to determine the supportive role of men to their women in adoption of child spacing practice in South-East rural communities. The table below answers the question.

Have you ever supported your wife in any child spacing technique she suggested?



Have you ever supported your wife in any child spacing technique she suggested?

In the above table 65% of the respondents promised to support their wives in any child spacing technique they suggested while 35% answered 'No' to that question 3.7% of the respondents were undetermined.

## Testing of Hypothesis

### Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	257.322 <sup>a</sup>	6	.000
Likelihood Ratio	146.773	6	.000
Linear-by-Linear Association	103.245	1	.000
N of Valid Cases	192		

a. 5 cells (41.7%) have expected count less than 5. The minimum expected count is .42.

The above test shows a significant relationship between child spacing campaigns on South-East rural women, and their knowledge on the advantages and disadvantages of child spacing.

### Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	323.314 <sup>a</sup>	6	.000
Likelihood Ratio	224.911	6	.000
Linear-by-Linear Association	133.628	1	.000
N of Valid Cases	192		

a. 4 cells (33.3%) have expected count less than 5. The minimum expected count is .42.

The above test shows a link between the knowledge orchestrated by media campaign on child spacing, and attitudinal change among south-East rural women.

### Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	128.831 <sup>a</sup>	4	.000
Likelihood Ratio	163.989	4	.000
Linear-by-Linear Association	52.001	1	.000
N of Valid Cases	192		

a. 4 cells (44.4%) have expected count less than 5. The minimum expected count is .47.

The last test shows that the attitudinal changes brought about by media campaign led to practice of child spacing among South-East rural women.

## Discussion of findings

### Research Question1

The findings from the above research question show that South-East rural women are knowledgeable about child spacing practice to the tune of 88%. This finding is also in line with the postulation of Nwuneli, (1984), which stated that “for any meaningful change to take place at the rural areas a decentralized communication should be adopted”. This view was also supported by (Moemeka 1981, 1989)” meanwhile the communication campaign on birth- to -pregnancy intervals has really made the couples in the South-East rural communities to be aware and knowledgeable about the act [child spacing].

### **Research question 2**

The second research question was designed to find out attitudinal changes brought about by media campaign on child spacing.

This attitudinal change can be seen where the couples have started discussing child spacing freely on how best to improve on child spacing practice. This is in line with the postulation of Walter Lippmann who said that the mass media put picture in our mind Lippmann, (1922).

### **Research Question 3**

The third research question centres on the influence of child spacing campaign on the South-East rural women. Responses from female folk shows that South-East rural women were influenced by child spacing campaign but the influence is not very high as seen on table 7. On the side of men, a very high percentage of them were influenced by this media campaign as seen on table 13 to the tune of 88%. This is why they were free discussing it with their wives. The hypothesis supported this stand as well. The result is in line with behavioural theory which formed the bed rock of this work.

### **Research Question 4**

The Fourth research question was designed to determine the supportive role of men to their women in adoption of child spacing practice.

It was found here that men are supportive to their wives in child spacing practice. However, it is worthy of note that on table 16, the answer to the question “I will provide the finance for any child spacing method my wife and I decide to adopt” was dominated by ‘disagree and strongly disagree’ to the tune of 31 and 28 percent respectively in a row of five [5] there by contradicting their responses on table 17 of the questionnaire.

### **Summary Conclusion and Recommendation**

The main aim of this study was to find out the influence of child spacing campaigns on knowledge, attitude and practices among South-East rural women. In this study, it was found that health programmers, especially on maternal and family planning programmes, need to do more to impact this knowledge and to provide services to assist women in attaining the optimal birth interval. While the trend data on actual and preferred birth intervals show that more women are avoiding deleterious short intervals than in the past, many women still have shorter intervals than they would have liked, and some women increasingly prefer intervals that are even longer than optimal. Efforts to inform women about the health consequences of both too short and too long a birth interval should be redoubled and family planning efforts should be increased, especially in South-East rural communities where 70% of the residents are uneducated by Western standard .

However, previous researches show that no element of child spacing practice can ever see the light of the day without the supportive role of men, Ezeh (2008, p.121). But most unfortunately, a greater percentage of men in this part of the country do not have basic knowledge concerning child spacing, as found in this research, yet they were meant to play supportive roles. It might be that they were not used to the channels of these media campaign or that the contents were not rurally oriented.

Finally, the research has shown that the child spacing campaigns have increased the awareness and knowledge of the South-East rural women, and also brought about attitudinal changes, but the practice is low.

### **Recommendations**

Based on the findings of the study, it was recommended that, health facilitators, social workers, media planners, guidance counselors, NGOs, and those in the helping profession should take note of those variables that were found to be against birth spacing practices among couples. Such as lack of adequate community health facilitators, lack of information on improved child spacing techniques, urban oriented messages, lack of integration of the rural people in messages/communication meant for their consumption, etc with the view to correcting them for an informed and healthy society for sustainable national development.

Good-quality longitudinal studies that take more potential confounding factors into account are needed to clarify the observed associations between birth-to-pregnancy intervals and maternal, infant and child outcomes.

Clarify the potentially confounding effect of short intervals following a child death, both because of shortened breastfeeding and because parents may seek to replace the dead child.

Analyses of relationships between birth spacing and maternal morbidity would be useful to add to the few existing studies. For instance, examination of the effects of multiple short birth-to pregnancy intervals would be useful, as would be more detailed data on the effects of very long intervals.

More studies on the effects of post-abortion pregnancy intervals are needed in different regions. A distinction between induced and spontaneous abortion, and between safe and unsafe induced abortion, would be particularly helpful in future studies.

However, an analytic communication research on the above issues will definitely better the life of the people.

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