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Original Research Article

Knowledge and practice of the ideal birth interval amongst parturients attending primary health centre Aluu, Rivers State, Nigeria

Terhemen Kasso[1]*, Emmanuella Ijeoma Ezebuiro[2]

[1]Department of Obstetrics and Gynecology, University of Port Harcourt and University of Port Harcourt Teaching Hospital, Port Harcourt, Nigeria
[2]Department of Obstetrics and Gynaecology, University of Port Harcourt Teaching Hospital, Port Harcourt, Nigeria

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***Correspondence:**
Dr. Terhemen Kasso,
E-mail: terhemen.kasso@uniport.edu.ng

ABSTRACT

Background: Birth interval is a period for the mother to heal completely from the events of pregnancy. Short birth interval (<24 months) is associated with grave consequences on maternal and child health and the impact is more on families with poor socioeconomic status. Aim was to assess the knowledge and practice of ideal birth interval amongst parturients at primary health centre- Aluu.
Methods: This was a descriptive cross-sectional study to assess the knowledge and practice of ideal birth interval and its health benefits among parturients attending primary health centre, Aluu in September, 2021. The data was collected using structured self-administered questionnaires, analysed with SPSS version 23.0 and presented in tables and charts.
Results: Knowledge of ideal birth interval among the respondents was 68.3%. Regarding its benefits, 34.2% of the respondents knew that it replenishes lost nutrients, 20.2% knew it prevents anaemia, 24.7% knew it improves pregnancy outcome while 67.7% knew that it helps in financial planning. Only 42.86% of the respondents practised ideal birth interval, 47.6% had discussed it with their health worker and 89.1% said it should be included in the routine antenatal teachings. Many (41.8%) of the respondents did not use any form of contraception.
Conclusions: There was poor knowledge of the health benefits of ideal birth interval and less than half of the respondents practiced ideal birth interval and contraceptive use. Therefore, there is need for more education by health care workers on ideal birth interval and its benefits and the use of modern contraceptive methods during routine antenatal teachings.

Keywords: Ideal birth interval, Knowledge, Parturients, Practice

INTRODUCTION

The World Health Organization (WHO) defines birth interval as the time period from live birth to a successive pregnancy and it is recommended to be at least 24 months (2 years).[1] This is different from Inter Pregnancy Interval (IPI)- which is the interval between birth and conception, and it is recommended to be at least 15 months.[1] Evidence suggests that both short and long birth intervals are associated with poor maternal and fetal health outcomes. Birth interval is said to be short when less than 2 years and long when it occurs more than 5 years.[2] Ideal birth timing which is expected to be between 2-5 years, helps women to recover from macro- and micronutrient depletion that occurs during pregnancy and lactation, thereby improving outcome of subsequent pregnancies and child health. This also has a bearing on the socioeconomic status of the family.[3] Adherence to birth interval of at least 3 years will globally avert over 1.6 million deaths of under-five children annually.[4]

The global incidence of short birth interval is estimated at 25%, while in Nigeria, it is 23%.[4,5] In Rivers state, prevalence of short inter birth interval is 65.9%.[6] This is a measure of poor practice of ideal birth interval amongst parturients.

Short birth interval is associated with poor child health like preterm birth, low birth weight, congenital malformations and early neonatal death.[3,7] Long birth interval on its own has dangers associated with it like labour dystocia, increased risk of preeclampsia.[4]

Some studies have been done to know the factors affecting the practice of ideal birth interval among women, and some factors listed as birth interval determinants include; lack of contraceptive use, number of living children, search for male child, previous history of infertility, maternal age, perinatal death in the previous confinement, short period or lack of exclusive breast feeding, short duration of postpartum amenorrhea.[2,6,8]

The knowledge of women on birth interval has been poorly assessed, especially in the developing world like ours where health knowledge is limited. Health education is an essential tool in disease prevention and aversion of harmful practices. In recent times, it has been noticed that there is an increase in the practice of short birth interval in our environment with a relative increase in the rate of maternal and neonatal morbidity associated with this practice. In such issues with grave consequences like increase in maternal and infant mortality, measures have to be taken to improve the knowledge of the ideal beath interval, its practice and the health and social benefits.

Assessing the knowledge of the women on this topic will help identify the root cause to this poor practice and measures can be instituted to correct it for better pregnancy outcome.

Poor knowledge is directly related to poor practice. A lot of our women die from complications of short birth interval like anaemia and malnutrition. Non-adherence to optimal birth interval could be one of the drivers to increasing maternal mortality ratio (MMR) since it is associated with causes of maternal mortality. In central North Carolina, Wilson et al in their study revealed that no health care provider had discussed the dangers associated with short inter-pregnancy interval with the parturient, thus poor knowledge on the ideal birth interval and its health benefits.[9,10]

Contraceptive use is of great benefit in the practice of ideal birth interval and regular attendance at a family planning clinic and type of contraception used have a significant correlation with birth interval.[8] This is as result of persistent positive reinforcement about the gains derivable from contraception and the women being able to share experiences with each other. Lack of contraceptive use has been associated with short inter-pregnancy interval, and failed method of contraception is also a contributor to short birth interval, which could result from improper education on how to use contraceptive agents so as to reduce failure rates.[6,8,11]

Relatively, little is known about the knowledge and practice of ideal birth interval among parturients at primary health centres in Rivers state. This study was therefore aimed at determining the knowledge and practice of ideal birth interval among parturients at a primary health centre in Aluu, Rivers state with the intention of enlightening the women on its benefits and associated risk of maternal and neonatal morbidity and mortality with short birth interval. A good knowledge of ideal birth interval in such an environment can contribute to improvement in the reproductive health practices and family planning programs.

Aim and objectives

To assess the knowledge and practice of ideal birth interval and its benefits, including impact of health education and contraceptive use amongst parturients attending the Primary Health Centre (PHC), Aluu in Rivers state, Nigeria.

METHODS

Study area

The study was conducted in antenatal clinic of Mgbodo-Aluu primary health centre, Aluu community in Obio-Akpor local government area of Rivers state.

Study design

It was a descriptive cross-sectional study, conducted to assess the knowledge and practice of ideal birth interval and its health benefits among parturients attending the primary health centre- Aluu in the month of September, 2021.

Study population

The study was conducted among the parturients attending antenatal clinic at the primary health care centre, Aluu. All the multiparous women met at the clinic during the period of the study were included after obtaining verbal informed consent. The primigravidae were excluded.

Sample size calculation

The sample size was calculated using the Cochran's formula:

$$N = \frac{Z^2pq}{d^2}$$

where; N = Desired sample size in a population greater than 1000

Z = Standard deviation usually set at 1.96 corresponding to the 95% confidence interval

p = Proportion of the target population estimated to have a particular characteristic

q = 1-p, d = Degree of precision used (0.05)

p- the prevalence of normal birth interval in a similar study done at University of Port Harcourt Teaching Hospital, Rivers State, which was 34.6%.[12]

Therefore, the sample size was

$$= \frac{(1.96)^2 \times 0.35 \times (1 - 0.35)}{(0.05)^2}$$

$$= \frac{3.8416 \times 0.35 \times (1 - 0.35)}{0.0025}$$

$$= \frac{0.873964}{0.0025}$$

=349.59

A 10% non-response rate was added thus, 10% of 350

= 10/100×350 =35

Therefore, total was 350 + 35 =385 respondents.

Data collection

Data was collected in the antenatal hall using structured self-administered questionnaires. Completed questionnaires were scrutinized immediately after completion and corrections made by the respondents.

Data analysis

The data were analysed with SPSS version 23.0. The results were presented in tables and charts using frequencies and percentages. Chi-square was used for inferential statistics and all tests were considered statistically significant at $p<0.05$.

Ethical consideration

Consent was obtained from the director of the health centre. The purpose of the study was explained to each respondent and consent obtained. The names of the participants were not requested and no form of identification was requested on the questionnaire to maintain confidentiality.

RESULTS

Three hundred and eighty-five (385) questionnaires were administered, retrieved and analysed, giving a response rate of 100%.

Socio-demographic characteristics of respondents

Majority of the respondents were between 25-29 years (44.4%), 96.6% were married, 95.3% were Christians, 46.2% were Igbo while 47.0% were of other ethnic groups in Nigeria, mostly Ikwerre tribe in Rivers state. More than half (56.1%) of the respondents had tertiary level of education and 41.0% of the respondents were skilled professionals. Two hundred and ninety-three (293) respondents had parity of 3 and below and 80.8% had less than 4 living children (Tables 1 and 2).

Table 1: Sociodemographic variables.

Characteristics	Number	Percent
Age		
<19	6	1.6
20-24	100	26.0
25-29	171	44.4
>30	108	28.0
Marital status		
Married	373	96.9
Single	12	3.1
Ethnic group		
Igbo	178	46.2
Hausa	6	1.6
Yoruba	20	5.2
Others	181	47.0
Religion		
Christian	367	95.3
Islam	6	1.6
Others	12	3.1
Educational status		
No formal education	3	0.8
Primary	0	0.0
Secondary	166	43.1
Tertiary	216	56.1
Occupation		
Unemployed	101	26.2
Unskilled	41	10.6
Skilled	158	41.0
Professional	85	22.1
Total	385	100.0

Table 2: Parity distribution of respondents.

		Number	Percent
Parity	<3	293	76.1
	≥6	2	0.5
	3-5	90	23.4
No. of living children	<3	311	80.8
	≥6	2	0.5
	3-5	72	18.7

Knowledge of birth interval

Majority of the respondents, 263 had previous knowledge of ideal birth interval and 62.4% of them heard it from a health worker. Most of them (46.0%) said ideal birth interval is between 1-2 years. Only 34.2% knew that it helps to replenish nutrients, 20.2% knew it prevents anaemia, 24.7% knew it reduces risk of complications in pregnancy, 23.2% knew it aids breast feeding while 67.7% knew it helps in financial planning (Tables 3 and 4).

Table 3: Knowledge of ideal birth interval.

	Number	Percent
Previous knowledge of birth interval		
Yes	263	68.3
No	122	31.7
Source of information		
Social media	35	13.3
Friend	38	14.4
Health worker	164	62.4
Media	26	9.9
Ideal birth interval		
<1 year	24	9.1
1-2 years	121	46.0
2-5 years	118	44.9

Table 4: Knowledge of benefits of ideal birth interval.

Health benefits	Number	Percent
Replenishes nutrients		
No	173	65.8
Yes	90	34.2
Prevents anaemia		
No	210	79.8
Yes	53	20.2
Improves pregnancy outcome		
No	202	76.8
Yes	61	23.2
Reduces risk of disease		
No	198	75.3
Yes	65	24.7
Social benefits		
Adequate breastfeeding		
No	202	76.8
Yes	61	23.2
Financial planning		
No	85	32.3
Yes	178	67.7
Total	263	100.0

Practice of ideal birth interval

One hundred and sixty-five, 165 (42.86%) of the respondents practiced birth interval of 1-2 years while one hundred and forty-nine, 149 (38.70%) respondents practiced ideal birth interval of 2-5 years. Half of the short birth intervals were due to unplanned pregnancy, 20.78% were due to the sex of the baby and 12.71% were due to failed contraception as shown in Figures 1 and 2.

Role of health worker

Less than half (47.8%) of the respondents had discussed birth interval with their health worker while 52.2% had not. Most of the respondents (53.2%) agreed that being educated about ideal birth interval will affect their practice of it. More than two-third of the respondents agreed that birth interval should be added to topics taught at the antenatal clinics (Table 5).

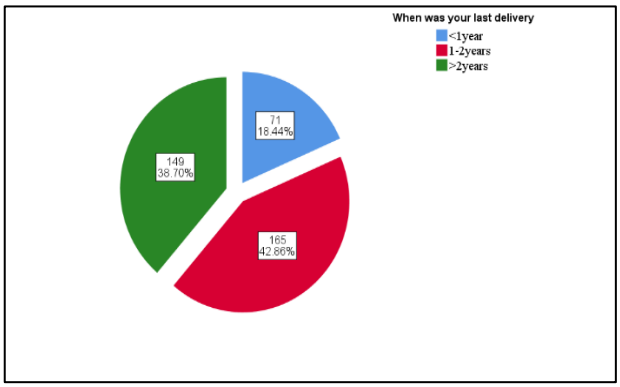

Figure 1: Practice of ideal birth interval.

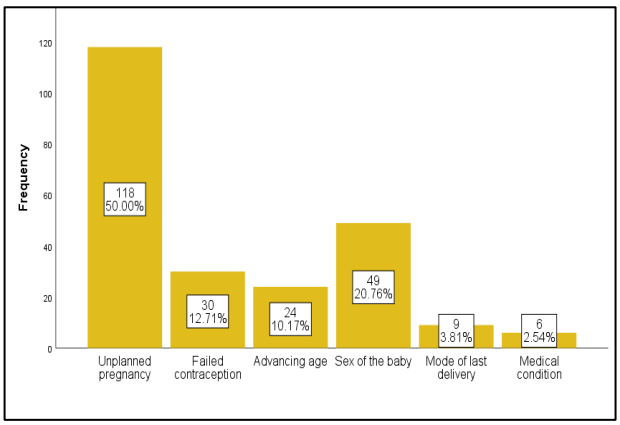

Figure 2: Reasons for having birth interval of <2 years.

Table 5: Role of health worker.

Role of health worker	Number	Percent
Provider had discussed birth interval previously		
Yes	184	47.8
No	201	52.2
Education will affect practice		
Yes	205	53.2
No	180	46.8
Should be included in routine antenatal teaching		
Yes	343	89.1
No	42	10.9

Contraceptive use

Three hundred and six (306) respondents had previous knowledge of contraception while one hundred and twenty-eight of them did not use any form of contraception as shown in Table 6.

There was a statistical significance between educational status and knowledge of ideal birth interval ($p<0.0001$),

practice of ideal birth interval (p=0.002), knowledge and use of contraceptives (p<0.0001) (Table 7).

There was no statistical significance between impact of health provider education and practice of ideal birth interval, p value =0.143 (Table 8).

Table 6: Contraceptive awareness and use.

	Number	Percent
Previous knowledge of contraceptive		
Yes	306	79.5
No	79	20.5
Type of contraceptive use		
Calendar method	67	21.9
Withdrawal method	62	20.3
Combined oral pills	9	2.9
Progesterone only pills	0	0.0
Emergency pills	0	0.0
Injectables	8	2.6
Implants	26	8.5
Intra-uterine devices	6	2.0
I do not use anyone	128	41.8

Table 7: Comparing educational status with knowledge of ideal birth interval, its practice and contraceptive use.

	Educational status						P value (level of significance = p value <0.05)
	No formal education		Secondary		Tertiary		
	N	(%)	N	(%)	N	(%)	
Previous knowledge of Birth interval							
Yes	3	(100.0)	80	(48.2)	180	(83.3)	<0.0001
No	0	(0)	86	(51.8)	36	(16.7)	
Ideal birth interval							
<1 year	3	(100.0)	12	(15.0)	9	(5.0)	
1-2 years	0	(0)	27	(33.8)	94	(52.2)	<0.0001
2-5 years	0	(0)	41	(51.2)	77	(42.8)	
Last child birth							
<1 year	3	(100.0)	32	(19.3)	36	(16.7)	
1-2 years	0	(0)	78	(47.0)	87	(40.3)	0.002
>2 years	0	(0)	56	(33.7)	93	(43.1)	
Previous knowledge of contraceptive							
Yes	3	(100.0)	116	(69.9)	187	(86.6)	<0.0001
No	0	(0)	50	(30.1)	29	(13.4)	
Type of contraceptive use							
Calendar method	3	(100.0)	9	(7.8)	55	(29.4)	
Withdrawal method	0	(0)	30	(25.9)	32	(17.1)	<0.0001
Combined oral pills	0	(0)	6	(5.2)	3	(1.6)	
Injectables	0	(0)	5	(4.3)	3	(1.6)	
Implants+	0	(0)	9	(7.8)	17	(9.1)	
Intra-uterine devices	0	(0)	3	(2.6)	3	(1.6)	
I do not use anyone	0	(0)	54	(46.6)	74	(39.6)	

Table 8: Comparing impact of health provider education on practice of ideal birth interval.

	Provider had discussed birth interval previously				P value (level of significance = p value <0.05)
	Yes		No		
	N	%	N	%	
Previous knowledge of birth interval					
Yes	184	(100.0)	79	(39.3)	<0.0001

Continued.

	Provider had discussed birth interval previously				P value (level of significance = p value <0.05)
	Yes		No		
	N	%	N	%	
No	0	(0.0)	122	(60.7)	
Ideal birth interval					
<1 year	21	(11.4)	3	(3.8)	0.089
1-2 years	86	(46.7)	35	(44.3)	
2-5 years	77	(41.8)	41	(51.9)	
Last child birth					
<1 year	33	(17.9)	38	(18.9)	0.143
1-2 years	88	(47.8)	77	(38.3)	
>2 years	63	(34.2)	86	(42.8)	
Previous knowledge of contraceptive					
Yes	170	(92.4)	136	(67.7)	<0.0001
No	14	(7.6)	65	(32.3)	
Type of contraceptive use					
Calendar method	43	(25.3)	24	(17.6)	0.033
Withdrawal method	39	(22.9)	23	(16.9)	
Combined oral pills	3	(1.8)	6	(4.4)	
Injectables	5	(2.9)	3	(2.2)	
Implants	12	(7.1)	14	(10.3)	
Intra-uterine devices	6	(3.5)	0	(.0)	
I do not use anyone	62	(36.5)	66	(48.5)	

DISCUSSION

The study assessed the knowledge and practice of Ideal birth interval among parturients attending the primary health centre, Aluu. One hundred and seventy-one (44.4.0%) of the respondents were between 25-30 years old. This is similar to a study conducted in UPTH where 67.1% of them aged between 20-29 years.[6] From this study, majority of them (68.3%) had heard about birth interval and mostly from a health worker (62.4%) but there was poor knowledge of the ideal birth interval of 2-5 years as recommended by World Health Organization (WHO). One hundred and forty-five out of two hundred and sixty-three (55.1%) of those who had heard of birth interval said the ideal birth interval was less than 2 years, which signifies poor knowledge on ideal birth interval. Despite the fact that there was high level of knowledge of birth interval, the information they had was either wrong or they could not remember the correct information that was passed to them. Another possibility could be lack of updated information on the part of the health workers owing to the fact that majority of them got their information from the health workers. This is similar to a study in Ghana and Kansas America, where 55% and 43% of the respondents respectively believed appropriate birth interval was less than 18 months.[13,14] Knowledge of the benefit of ideal birth interval was lacking in this study group. The financial benefit of ideal birth interval was the only benefit that was widely known and accepted among the women, where by over 2/3rd (67.7%) of the respondents had good knowledge of this. The level of knowledge of the other benefits of ideal birth intervals like prevention of anaemia, improvement in pregnancy outcome, reduction in pregnancy risks and adequate breastfeeding, was as low as 20.2%, 23.2%, 24.7% and 23.2% respectively. This was lower than the findings in a similar study conducted in Uganda, which could be because this study was conducted in a local setting.[4] From this study, there was poor practice of ideal birth interval as 18.44% of the respondents practiced birth interval of less than 1 year and 48.86% of the respondents practiced birth interval of 1-2 years. It was only 38.70% of the respondents that practiced the recommended ideal birth interval of 2-5 years. This was not surprising owing to the poor level of knowledge of ideal birth interval and its health benefits. This was similar to a study conducted at university of Port Harcourt Teaching Hospital where it was noted that the mean interpregnancy interval was 14.9 months (meaning a birth interval of about 23 months) and 65.9% of the respondents practiced short birth interval.[6] In another study in Enugu, the mean interpregnancy interval was 32 months ±2 months and the incidence of short birth interval was 18.8%. This is lower than the incidence of birth interval in this study and could be due to the higher age of the respondents in this study.[3] In a study done in Uganda, the median birth interval was 22 months while in another study done in Iran, the incidence of short birth interval was as low as 3.8%, this is lower than the incidence of short birth interval recorded in this study which could be because this study was conducted in a rural setting where there is poor access to health information.[15]

According to this study, the observed short birth interval noticed was majorly due to unplanned pregnancy (50%),

sex of the baby (20.76%), and failed contraception (12.71%). This is similar to other studies conducted in Nigeria where it reflected that unmet need for contraception was a significant cause for short interpregnancy interval.[6,8,10] Advancing maternal age was also a determinant for short birth interval but not in a large proportion as the previously listed factors. It accounted for only 10.17% of the reasons for short birth interval compared to other studies where it was a significant contributor to reasons for short birth interval.[3,10,12] There was a statistical significance (p=0.041) between age of the respondents and short birth interval. This could be attributed to the fact that majority of the study population was of a younger age and self-employed doing skilled hand work where they were the owners of the business. This group of women are not under the pressure of white-collar jobs especially in the private sector where most female employees have to suspend child bearing for the pursue of their career to make a better income.

Over half (52.2%) of the respondents had not yet heard about birth interval from their health workers and 53.2% of the respondents had agreed that being educated about this by their health worker will affect their practice of ideal birth interval.

Many of the women (79.5%) in this study had good knowledge of contraceptives. This is consistent with findings reported by other researchers in Nigeria and other developing countries where the level of awareness was as high as 96.6%.[16-18] Despite this high level of awareness, the contraceptive use was poor as 41.8% of the respondents did not use any form of contraception and 42.2% of them used natural methods of contraception with high failure rate of about 25 per 100 woman years.[19] This poor use of effective methods of contraception was a major contributor to short birth interval as half of the respondents with short birth interval were due to unplanned pregnancy while 12.75% were due to failed contraception. This is in keeping with other studies where failed method of contraception accounted for 20.8% of short birth interval.[2,3,6]

CONCLUSION

The study yielded considerable insight into the knowledge and practice of ideal birth interval among parturients in Aluu Primary Health Centre, Port Harcourt.

Majority of the respondents had poor knowledge of health benefits of ideal birth interval and a significant proportion practised short birth interval. Lack of effective contraceptive use, sex of the baby and advanced maternal age was associated with short birth interval.

Recommendations

Short birth interval is associated with adverse pregnancy outcomes, including maternal and perinatal morbidity and mortality. Therefore, there is need for health care workers to include the teaching on ideal birth interval and its benefits in the routine antenatal teachings. Also, health care workers should intensify awareness creation on the importance of using modern methods of contraception.

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