

ABSTRACT

High parity is an important public health concern in developing countries because of its association with adverse social and health outcome both to mothers and children. Many factors seem to be associated with high parity such as socio-demographic factors, cultural factors, reproductive behavior and accessibility and availability of health care services. Parity is defined as “number of times that a woman has given birth to a baby with a gestational age of 28 weeks or more of period of amenorrhea, regardless of whether the child was born alive or was stillborn. In this study, the high parity is defined as “a pregnant woman who has become pregnant for five or more times regardless of period of amenorrhea, whether the child was born alive or was stillborn”.

This was a descriptive cross sectional study. The study was carried out (a) to determine the proportion of high parity women in the study area, (b) to describe socio-demographic characteristics of them (c) to describe some related factors associated with high parity, and (d) to assess the knowledge and practice of Family Planning among high parity pregnant women in MOH areas of Kinniya and Thampalagamam in Trincomalee district using interviewer administered questionnaire by trained PHMM.

Two hundred thirty seven high parity pregnant women were identified by house to house survey during the study period. The sample size was not adequate enough to predict accurately the association of high parity with selected risk factors. It was neither representative of the countries population nor comparable with different socio-economic groups. Therefore, the results obtained cannot be generalized to other part of the country.

The proportion of high parity pregnant women in the study area was 19.3% and is well above the national figure. Most of the high parity pregnant women were distributed between age groups of 25-39 years. The mean age at marriage was 18 years. The majority of the study population was Moors and was either housewives or unemployed with low socio-economic background.

The ANC registration of the study population by PHM was well below the national figure. More than half of the study population was teenagers when they delivered their 1st child. Approximately 53% were of parity 6 and above and 36% of home deliveries were observed among the study population, which is well above the national figure.

The husband's desire, cultural and religious reasons play major role in determining the number of children that the couple should have. There were no statistical significant association between current unplanned pregnancy and variables like religion, race, education, age of the last child. Majority of the study population has heard temporarily methods of family planning in their life

A comparative study using stratified random sampling technique is recommended in future to gain more reliable information on high parity pregnant women in Sri Lanka. Interventions like filling the vacant PHM areas and conducting regular user friendly Reproductive Health programme to selected groups in Kinniya and Thampalagamam areas are strongly recommended.