Effect of Health Belief Model Based Education on Mother's Perception regarding Birth Spacing

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Abstract

Background: Birth spacing is one of the public health achievements of the last century. Worldwide uncontrolled population growth has been a problematic issue all over the world**. Aim of the study:** Was to evaluate the effect of health belief model based education on mother's perception regarding birth spacing**. Design**: Quasi-experimental design was used to fulfill the aim**. Setting:** The study was conducted at Obstetric and Gynecological outpatient clinic affiliated to the Benha university hospital**. Sample:** A purposive sample included (100) mothers and randomly divided into (50) mothers' control and (50) in study group. **Tools of data collection:** Four main tools were used, I: A structured interviewing questionnaire which included personal characteristics of studied mothers, obstetric and gynecological history and family planning history, II**:** Knowledge of the mothers regarding birth spacing, III: Modified Likert scale was developed to assess mothers' attitudes regarding birth spacing and IV: Health Belief Model Scale was adapted to assess the mothers' beliefs and behaviors regarding birth spacing. **Results:** There was highly statistically significant improvement in perception (knowledge and attitude) among studied mothers in study group regarding birth spacing post application of health belief model compared to control group with (P<0.001)**. Conclusion:** Application of health belief model-based education had a positive effect on improving mothers' perception regarding birth spacing**. Recommendations:** Reapplication of health belief model as periodic educational program for the mothers to increase knowledge and to improve utilization of contraceptive methods that must conducted at all centers of maternal and child health

Key words: Birth spacing, Health belief model, Knowledge, Mother's perception

Introduction

Egypt 2020 population is estimated at 102,334,404 people at midyear according to United Nations data which Egypt population is equivalent to 1.31% of the total world population. Also Egypt ranks number 14 in the list of countries by population **(United Nations, 2020**)

The World Health Organization (WHO) has identified birth interval length (the period between two consecutive live births) as a critical determinant of child mortality risks, recommending that mothers space births between three and five years apart to reduce health risks to children and mothers **(WHO, 2019)**.

The nurse must be a good counselor focuses on the individual mother's needs and situation. Good counselors are willing to listen and respond to the mother's questions and concerns. The nurse must understand and respects the mother's rights, earns the mother trust, understands the benefits and limitations of all contraceptive methods, understands the cultural and emotional factors that affect a mother's decision to use a particular contraceptive method, encourages the mothers to ask questions, presents information in an unbiased and understand nonverbal communication **(Díaz et al., 2021).**

Significance of the study

Egypt is the most populous country in the Middle East and the third most populous country in Africa. In 2020, fertility rate for Egypt was 3.2 births per woman according to a study prepared by United Nation Population Fund(UNFPA),with data collected from the birth and mortality registration system implemented in collaboration between with the Ministry of Planning, Monitoring and Administrative Reform and the Ministry of Health and Population however **,**Child spacing continues to be a challenge especially among young mothers, overall about 20 percent births occur within 24 months of the previous one **(United Nations Population Fund ,2020**). There is no researches have been conducted about health believe model based education on mother's perception regarding birth spacing before at the university of Benha so this research will be proposed to evaluate the effects of HBM on mother's perception regarding birth spacing.

Aim of the study

The study aimed to evaluate the effect of health belief model based education on mothers' perception regarding birth spacing.

Study hypotheses:

A Quasi- experimental design (pre/ posttest) was utilized.

Study setting:

This study was conducted at obstetric and gynecological outpatient clinic affiliated to the Benha university hospital

Sample type: A Purposive sample was selected from the above-mentioned study setting.

Sample size: a sample of 100 postpartum women who attended outpatient clinics affiliated to the Benha University Hospital and selected randomly according to the following criteria:

- Post-partum women at child bearing years.
- Willing to use family planning services.
- Willing to participate in the study.

Tools for data collection

Tool I: A structured interviewing questionnaire:

It was designed by the researcher after reviewing related literatures **(Saied, 2021)**. It was designed and translated into Arabic language. It encompassed three parts:

Part (1): Mothers' personal characteristics, it consisted of 5 items (age, residence, level of education, occupation and age at marriage).

Part (2): Obstetric and gynecological history, it consisted of 6 items (number of pregnancy, number of labor, previous complications during pregnancy, number of live children, type of the last delivery and menstrual history**)**

Part (3): Family planning history, it consisted of 8 items (knowledge about family planning, source of information, previous family planning methods, selection of the method, previous planned pregnancy, discussion about contraceptives with partner, opinion of husband about

family planning and place where the mother having family planning methods)

Tool II: knowledge of the mothers regarding birth spacing

It was designed by the researcher after reviewing related literatures **(Kaittan et al .2021).** And it consisted of (16) items using multiple choice questions.

Knowledge's scoring system

All knowledge variables were weighted according to items included in each question. Each item was given a score (1) when the answer was correct answer and a score (0) when the answer was incorrect. The total score of each section was calculated by summation of its items the total score for the knowledge of each mother was calculated by the addition of total scores of all sections.

Mothers' total knowledge score was converted into total percent and graded as the following:

- Good: (≥ 75% from total knowledge score).
- Average: (50 - < 75% from total knowledge score).
- Poor: (< 50% from total knowledge score).

Tool III: - Modified likert scale for mothers' attitude regarding birth spacing:-

It was adapted from **(Dönmez et al., 2019)**.to measure the mothers' attitudes regarding birth spacing. It consisted of 17 statements such as (family planning is essential for family and community, the appropriate number of children in the family is 2to 3 children, etc.)

Scoring system for mothers' attitude scale

To obtain the outcome of attitude scale, each statement was scored as following: (2) if the response was "agree", (1) if it was "neutral" and (0) if it was "disagree ". The total score was expressed as a percentage. The total score of attitude was classified into:

-Positive attitude was ≥ 60%.

- Negative attitude was <60%.

Tool IV: -Health Belief Model Scale (HBM scale):

The HBM was adapted from **(Rosenstock, 2014)**.to assess mother's perception regarding birth spacing. it was translated into Arabic language. It composed of 25 items including 6 subscales forming health beliefs**.** The health belief model sub constructs which was used in this study; perceived susceptibility (three items), perceived severity (five items), perceived barriers (six items), perceived benefits (four items), cues to action (three items), self-efficacy (four items) using attitude statement questions.

The Scoring System of Health Belief Model: The questionnaire was included 25items on a3 point Likert scale ranging from 2 to 0. ". To obtain the outcome of HBM scale, each statement was scored as following: (2) if the response was "agree", (1) if it was "sometimes" and (0) if it was "disagree". The total score was expressed as a percentage.

The total score of HBM was classified into:

-Positive behavior: ≥ 75%

-Negative behavior: < 75%

Validity of the tools:

Tools of data collection were reviewed by panel expertise of three Obstetric and Gynecological Nursing specialists to ascertain clarity, relevance and applicability of tools and minor modification were done based on jury opinion.

Reliability of the tools:

The reliability was done by Cronbach's Alpha coefficient test which revealed that: the internal consistency of knowledge assessment questionnaire was 0.81, the internal consistency of attitude assessment scale was 0.79 and the internal consistency of HBM scale was 0.76.

Ethical consideration:

- Approval to conduct the study was obtained from the Scientific Research Ethical Committee at Faculty of Nursing ,Benha University
- An official permission from the selected study settings was obtained for the fulfillment of the study.
- The aim of the study was explained to each mother before applying the tools to gain confidence and trust.
- The researcher toke in signed consent from mother to participate in the study.
- Confidentialities were assured.
- Each women was informed that participation is voluntary and with drawl was not affect the study

Pilot study

The pilot study was conducted on 10% (10 mothers)of the total sample to test the clarity, arrangement, feasibility and applicability of the tools as well as the estimation of the time needed to fill the questions and to make sure that the items were understood. Some modifications were done and the researcher add other (10) post-partum mothers and excluded pilot sample in the study sample

Field work

The study was implemented within 8 months from the beginning of April to end of November 2021.

Preparatory phase

It was the first phase of the study and during this phase the researcher had reviewed the national and international related literatures. Also, theoretical knowledge of various aspects of the study using books, articles and internet to develop tools for data collection.

Assessment phase

This phase encompassed interviewing mothers to collect baseline data. At the beginning of interview the researcher introduced herself, greeted each mother , explain the aim of the study , the researcher collected data from control group then study group to prevent bias then developed scheduled times and frequency of sessions to selected mothers in study group to assure adherence to selected interventions.

The researcher took consent from mothers to participate in the study

- The researcher interviewed the mothers and filled out structured interviewing questionnaire (tool I) (pretest) to collect the mother personal data, then mother's knowledge regarding birth spacing (tool II), Then the researcher filled out the Modified likert scale (tool III) (pretest) to assess mothers' attitudes regarding birth spacing Then the researcher filled out the HBM scale for illiterate mothers and for educated mothers distributed the questionnaires. In this phase of the program, assessed perception of the studied mothers through collection and analysis of baseline data from the filled tools.
- The assessment process was done in 3days/ week starting from 9 to 12pm. Each mother was assessed individually. The number of interviewed women per week was 9-10 mother (4mother/ day). The average time taken for completion each sheet was round 30-40 minutes depending on the response of the mother.

Planning phase

Based on results that obtained during assessment phase

The designed educated program was conducted to assess mother's perception before the program by determine effect of application of HBM on mother's perception regarding birth spacing. Participants (study group) were classified to 5 groups; each group consisted of 10 mothers. The researcher and participants attended data collection site for twice weekly. The duration of the educational program lasted 2 weeks for each group. Program was classified into 4 sessions each session was planned to provide specific information about birth spacing, assess mother's attitude regarding birth spacing and family planning methods and HBM of mother's regarding birth spacing by using booklet. Telephone number was obtained from mothers.

Implementation phase

The researcher followed up mothers in study group and applied program using health belief model technique. 50 mothers (divided equally into five groups) attended the educational program through 4 sessions.

Orientation session: included providing mothers knowledge about birth spacing. The researcher gave mothers in study group educational booklet

First session: concerned with impact of birth spacing on mother's reproductive health and different contraceptive methods, advantages and disadvantages of each method.

Second session: concerned with constructs of health belief model as perceived susceptibility , perceived severity, perceived barriers, perceived benefits , cues to action and self-efficacy regarding birth spacing .

Third session: concerned with providing participants information which covered its components that able mothers to make a plan for the next pregnancy. The researcher gave mothers in the control group the educational booklet at the end of sessions for ethical issues.

Evaluation Phase

After implementing the HBM on study group, the researcher applied the post-test immediately for both group to evaluate the effect of HBM on knowledge and attitude. Evaluation was done by using the post test – questionnaire which the same format of pre- test in order to compare the change in the studied women's perception immediately after the implementation of the educational program based on health belief model. The researcher gave booklets to mothers in control group.

Limitation of the Study

Sometimes it was difficult to assemble the entire group for the educational sessions because of different residence and the researcher telephoned the mothers to attend the educational sessions to overcome this problem.

Statistical analysis:

Data were verified prior to computerized entry. The Statistical Package for Social Sciences (SPSS version 20.0) was used. Descriptive statistics were applied (e.g., mean, standard deviation, frequency and percentages). Test of significance independent t-test and chi square) was applied to test the study hypotheses.

Results

Table (1): Clarifies that, less than half and two fifth (46.0%&40.0%) of both control and study groups respectively were in age group (25<30years) with a mean age of (27.84 ± 5.53 &27.24 ± 5.66) respectively more than two thirds and nearly two thirds (68%&60.0%) of the control and study group lived in rural area. Concerning level of education, it was clear that more than

half of both control and study group (56.0%&52.0%) had secondary education .According to occupation, about three quarters of control group (74.0%) and more than three quarters of study group (82.0%) were housewife. Regarding to age of marriage clarifies that more than half (60.0%&64.0%) of both control and study group respectively were in age group (<25 years) with a mean age of (23.00 ± 3.26&22.32 ± 3.74). Additionally, there was no statistically significant difference between control and study groups regarding personal characteristics ($p>0.05$) reflect group homogeneity**.**

Figure (1): Represents that two thirds of both control and near two thirds of study group (66.0%&60.0%) had poor knowledge about birth spacing before intervention compared to more than three quarters of study only (82.0%)had good information about birth spacing after intervention.

Figure (2): Shows that more than one half of both control and study group (58.0%&64.0%) had negative attitudes regarding birth spacing before interventions compared to more than three quarters of study group o (84.0%) had positive attitude regarding birth spacing after interventions.

Table (2): Shows that, there was a marked improvement in all items of both study and control group regarding health belief model (total Perceived susceptibility, total Perceived severity, total perceived benefits, total Perceived barriers, total cues to action and total Perceived self-efficacy) post intervention with a highly statistically significant difference ($p<0.001$) between pre and post intervention

Figure (3): Represents that more than two thirds of control and two thirds of study group (72.0%&66.0%) had negative perception regarding HBM while more than three quarters (76.0%)of study group had positive perception regarding HBM.

Table (3): Shows that, there was appositive correlation between total knowledge, total attitudes score and total HBM score of control group before and after interventions .on the other hand there was a positive significant correlation between total knowledge, total attitudes score and total HBM score in study group post interventions.

Table (1): Distribution of the studied mothers (control and study groups) according to personal characteristics (n= 100).

Personal characteristics	Control group n= 50		Study group n=50		X2 p-value
	No	%	No	%	
Age (years)					
<25	11	22.0	13	26.0	
25 < 30	23	46.0	20	40.0	0.40
≥ 30	16	32.0	17	34.0	>0.05
Mean ± SD	27.84 ± 5.53		27.24 ± 5.66		
Residence					
Rural	34	68	30	60.0	0.69
Urban	16	32	20	40.0	>0.05
Educational level					
Illiterate	2	4.0	0	0.0	
Read and write	3	6.0	4	8.0	2.46
Secondary education	28	56.0	26	52.0	>0.05
University education	17	34.0	20	40.0	
Occupation					
House wife	37	74.0	41	82.0	0.93
Working	13	26.0	9	18.0	>0.05
Age at marriage					
<25	30	60.0	32	64.0	0.53
25<30	18	36.0	15	30.0	>0.05
>30	2	4.0	3	6.0	
Mean ± SD	23.00 ± 3.26		22.32 ± 3.74		

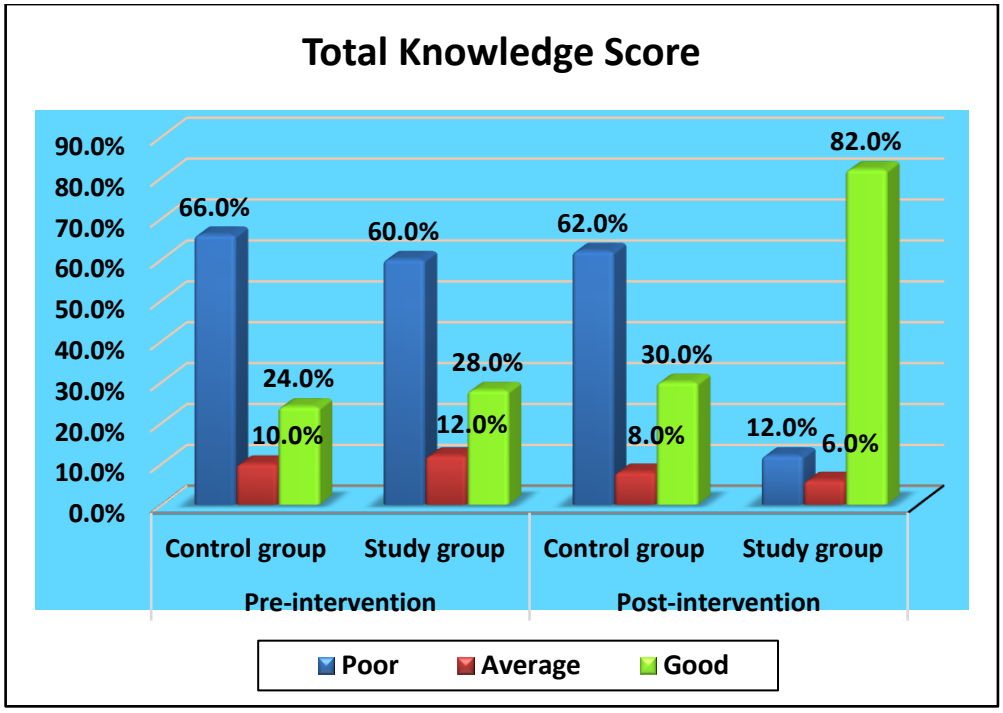

Figure (1): Distribution of the studied mothers (control and study groups) according to total knowledge score regarding birth spacing at pre and post intervention phases (n=100).

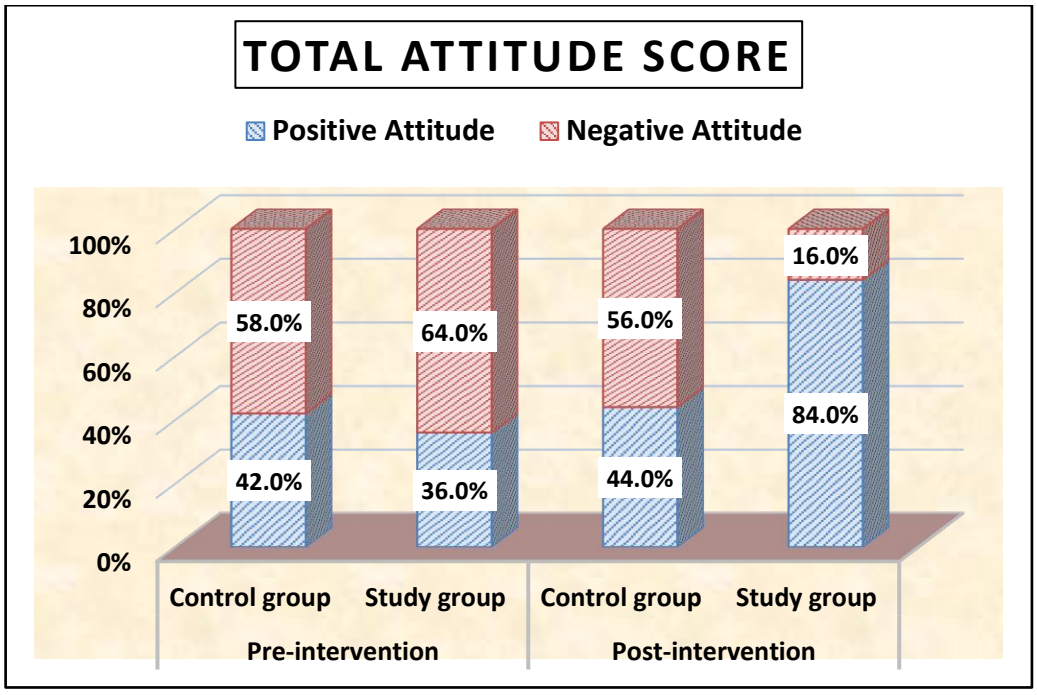

Figure (2): Distribution of the studied mother's attitude (control and study groups) regarding birth spacing at pre and post intervention phases (n=100).

Table (2): Mean and standard deviation of studied mothers regarding health belief model constructs at pre and post intervention phases (n = 100)

Health Belief Model constructs	Range of Possible Scores	Birth Spacing							
		Pre-intervention				Post-intervention			
		Control group n=50 Mean ± SD	Study group n=50 Mean ± SD	T1	p-value	Control group n=50 Mean ± SD	Study group n=50 Mean ± SD	T2	p-value
Total susceptibility	0-6	3.54±1.23	3.62±1.33	0.31	0.75	3.68±1.15	5.10±0.83	7.05	0.000
Total Perceived severity	0-10	6.00±1.42	5.96±1.45	0.13	0.89	6.08±1.36	8.62±1.04	10.4	0.000
Total perceived benefits	0-8	4.82±1.20	4.70±1.26	0.48	0.62	4.88±1.28	7.10±0.83	10.2	0.000
Total Cues to action	0-6	3.64±1.22	3.60±1.30	0.15	0.87	3.72±1.06	5.22±0.73	8.16	0.000
Total Perceived barriers	0-12	7.50±1.87	7.88±2.06	0.97	0.33	7.74±1.73	9.52±1.71	5.15	0.000
Total self-efficacy	0-8	5.44±1.16	5.22±1.11	0.96	0.33	5.72±1.06	6.64±1.15	4.13	0.000
Total HBM Score	0-50	30.94±7.84	30.90±8.15	0.02	0.98	31.82±7.44	42.20±6.13	7.60	0.000

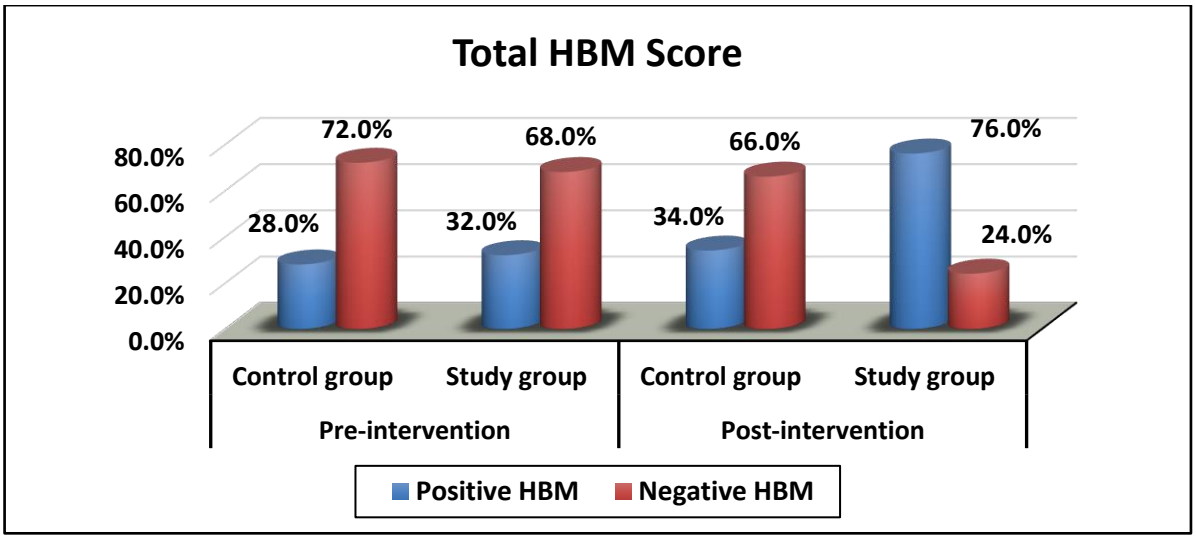

Figure (3): Distribution of the studied women (control and study groups) according to the total HBM score regarding birth spacing at pre and post intervention phases (n=100).

Table (3): Correlation coefficient between total knowledge, attitude and HBM scores among study and control group at pre and post intervention phase (n=100)

Total knowledge, attitude and HBM		Pre-Intervention				Post-Intervention			
		Study group n=50		Control group n=50		Study group n=50		Control group n=50	
		Total attitude	Total HBM	Total attitude	Total HBM	Total attitude	Total HBM	Total attitude	Total HBM
Total knowledge	r	0.93	0.52	0.80	0.42	0.75	0.36	0.84	0.54
	p-value	0.000**	0.000**	0.000**	0.002	0.000**	0.009	0.000**	0.000**
Total attitude	r		0.51		0.53		0.48		0.63
	p-value		0.000**		0.000**		0.000**		0.000**

Discussion

The aim of present study was to evaluate the effect of health belief model based education on mother's perception regarding birth spacing. The current study result supported the stated hypotheses that mothers who received the health belief model had a significant improvement in knowledge and positive attitude regarding birth spacing after application than those who didn't receive HBM.

The current study results revealed that less than half and two fifth of both control and study groups respectively in age group (25<30years) with a mean age of (27.84 ± 5.53 &27.24 ± 5.66). These findings agreed with **Mohammed et al , 2019** .who studied " the effect of education based on health belief model on postpartum care in pregnant women" in Hamdan, Iran ,the results revealed that both study and control group respectively in age group (25-29) years old with the mean age (26.13±5.19&27 .24±5.80

Moreover, the current study results revealed that more than two thirds and nearly two thirds of the control and study group respectively lived in rural area and this result matched with **Shahnazi et al.,** (**2020**). Who studied "the impact of education intervention based on HBM on different health behavior" in Eastern Cairo, in which revealed that the (58.3%) of intervention group and (64.0%) of control group were living in rural areas

Concerning knowledge of studied mothers, the results of current study illustrated that, there was a marked improvement in knowledge of studied sample regarding birth spacing post implementation of education based on HBM with a highly statistically significant difference (p<0.001) between pre and post intervention. These results have been strengthened and enhanced by **Amy et al., (2019).** who studied " integration of a comprehensive contraception education program into clinical practice in a family planning clinic" and found that less than half of both control and study group pre interventions know the meaning of birth spacing , using family planning services while after educational intervention the majority of study group (94.0)% identify the effects of birth spacing **.**

Concerning attitude of the studied mothers: the results of current study displayed that, there was no statistically significant difference between control and study group regarding attitude about birth spacing before intervention (p>0.05) On the

other hand, it was revealed that majority, of the study group only had positive total attitude score at post-intervention respectively. These findings agreed with **Syed et al., (2020)**. Who studied " "Utilization pattern and side effect profile of oral anticonceptives " in Saudi women and showed that there was an increase in positive attitude about contraceptives in Saudi women after interventions.

Regarding the mean scores of HBM constructs, the present study findings indicated that the studied mothers in study group after interventions had a high statically significant improvement in all items of HBM compared with the scores post interventions and there was no statistically difference between control and study group regarding all items of HBM pre interventions while there was a highly statically difference between study and control group regarding all items of HBM post interventions These results agreed with **Mohamed et al ., (2020)**, who studied " Perception of women towards contraceptive methods: using health belief model" and founded that after implementation of health belief model , there was a significant improvement in The mean scores of using contraceptives

Concerning correlation coefficient between total knowledge, attitude and HBM scores in the studied women at pre post-intervention phase, the findings of present study clarified that, in control group there was a highly statistically significant relation between total knowledge , attitude and HBM scores pre and post-intervention phases. In study group, there was no statistically significant relation between total knowledge score and HBM scores at post-intervention phases, these results were in agreement with **Naqvi et al., (2021)**. Who studied "Knowledge, attitude and perception of parous women regarding contraception" in Sir Syed Hospital, Karachi and presented that there is no statistical significant relation between socio- demographic data, attitudes and knowledge of studied sample at post intervention.

Conclusion

Application of health belief model-based education had a positive effect on improving mothers' perception (knowledge and attitude) regarding birth spacing. Also, there was a highly statistically significant difference in relation to all items of mothers' perception in study group regarding birth spacing pre and post educated program when compared with control group. the mean total score of health belief model and its subscales, perceived susceptibility, perceived severity, perceived benefits, perceived barriers, self-efficacy and cues to action post- educated program were significantly high when compared to pre intervention, while mean score of perceived barriers post- educated program was significantly lower than pre- educated program. Finally, there was a statistically significant positive correlation between total knowledge, attitude and health belief scores pre and post educated program.

Recommendation

- Reapplication of health belief model as educational program for post-partum women to improve utilization of contraceptive methods that must conducted at all centers of maternal and child health.
- Promoting awareness about the optimal interval for birth spacing and importance on mother and child's health through

disseminating booklets and posters among mothers in outpatient clinics.

- Health promotion campaigns should highlights the benefits of family planning methods on mother's reproductive health for all females.

Further studies need to be performed:

- Future study should aim to conduct a similar study in another setting and on another sample for generalizing the findings.
- Future study of factors affecting the attitude of women regarding birth spacing.

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تاثير نموذج المعتقدات الصحيه على ادراك الأمهات تجاه التباعد بين الحمل

مى جمال على السيد- سعاد عبد السلام رمضان- محرم عبد الحسيب- همت مصطفى البنا

التباعد بين الحمل له فوائد على الصحة الإنجابية وغيرها للنساء والأسر والمجتمعات. حيث تشمل تحسين صحة الأم والطفل ، والوقاية من الأمراض المنقولة جنسيا من خلال ممارسات جنسية أكثر أمانًا ، والحد من انتشار حالات الحمل غير المرغوب فيه والإجهاض غير الآمن وتحسين النمو الاقتصادي. كما ان دور التمريض هو جزء لا يتجزأ من نظام الرعاية الصحية وطاقات الممرضة المباشرة نحو تعزيز واستعادة الصحة حيث تمارس الممرضة دورًا مهمًا في تغيير معتقدات الإناث وسلوكياتهن وتوفير التثقيف الصحي حول طرق المباعدة بين الحمل، لذلك ، يمكن التوصية بالتثقيف الصحى الدورى حول تنظيم الأسرة القائم على نموذج المعتقدات الصحيه من أجل منع المشاكل ذات الصلة كأمر أساسي نهج أو استراتيجية في هذا المجال. لذلك كان هدف هذه الدراسة إلى معرفة اثر نموذج المعتقدات الصحية على ادراك الأمهات تجاه التباعد بين الحمل. تم استخدام التصميم الشبه تجريبي قبل / بعد / المجموعة الضابطة- المجموعه الدراسه لتحقيق الهدف من هذه الدراسة وقد اجريت هذة الدراسة في العيادات الخارجية لامراض النساء والتوليد بمستشفي بنها الجامعي علي السيدات المتزوجات فى عمر الانجاب وعددهم 100سيدة. وكشفت النتائج على وجود تحسن ملحوظ في معلومات ومعتقدات السيدات تجاه التباعد بين الحمل وذلك بعد تنفيذ نموذج المعتقدات الصحية. كما اوصت الدراسة بالاستمرار في تنفيذ البرامج التثقيفية للسيدات تجاه وسائل منع الحمل في مراكز رعاية الامومة والطفولة.