EDITORIAL

Advancing Family Planning Research in Africa

Funmilola OlaOlorun and Amy Tsui
Johns Hopkins Bloomberg School of Public Health, Baltimore, MD USA
Afr J Reprod Health 2010; 14[4]: 9-12

This issue of the journal seeks to accelerate interest in research on family planning services and uptake, and behavioral and population outcomes, by sharing findings from studies recently conducted on the continent and presented at the International Family Planning Conference held in Kampala, Uganda, between November 15 and 18, 2009. There are three main themes across the studies: 1) individual factors behind contraceptive demand, 2) programmatic factors influencing contraceptive practice, and 3) individual fertility and population change consequences linked to contraceptive use. The first set of studies examines the quality of contraceptive information and knowledge, gender roles, and timing of contraceptive adoption among various subpopulations in Africa, e.g., in-school adolescents, HIV-infected women of reproductive age, postpartum mothers, refugees and displaced populations, and men. The second set of studies assesses program factors influencing contraceptive norms and practices, such as models for integrating family planning and HIV care, coverage of family planning by the print media, and communications with adolescents. The third set of studies explores the relationship of family size and food security to child nutritional status, factors associated with contraceptive failure, and at the population level, fertility and climate change. Four of the papers are shared as research briefs, and one presents a road map to universal access to family planning, prepared during the 2009 conference.

“The Global Road Map to Universal Access to Family Planning” [Cates and Burris] links the 1994 Cairo conference to the 2007 addition of Millennium Development Goal 5b of universal access to reproductive health, and subsequently to the 2009 International Conference on Family Planning. Providing a succinct overview of lessons learned from the Kampala conference, Cates and Burris highlight three themes: 1) family planning and the Millennium Development Goals, 2) evidence-based policies, and 3) leadership and ownership of the field, particularly in sub-Saharan Africa.

Factors influencing family planning demand

Adequate and correct knowledge about contraception

Effective contraceptive practice requires adequate and correct information about methods. Okanlawon, Reeves, and Agbaje observe extensive misperceptions and false beliefs about contraceptives and their safety among refugee youth in a Nigerian camp, which account, in part, for low use, unintended pregnancies, and school dropout for girls. Aryeetey, Kotoh and Hindin analyze survey data from a Ghanaian district and find that while a large majority of female reproductive-age respondents believe that family planning methods are important and effective, a substantial proportion consider modern contraceptives to be unsafe. Male partners' attitudes and service factors are among some of the other reported barriers to adoption.

Gender and male involvement

Contraceptive service delivery tends to be heavily gendered, oriented toward serving women at different points of encounter with the health system, such as family planning, antenatal, delivery, postpartum, and well-baby clinics. The single-gender focus exacts costs by distancing male sexual partners and spouses from family planning decisions and services. Onyango, Owoko, and Oguttu underscore the importance of this issue in their qualitative study in western Kenya regarding gender norms and traditional female-oriented approaches of reproductive health programs that discourage male involvement. Similarly, analysis of data from a local survey in Nigeria by Ijadunola et al. finds spousal communication about family planning and other family reproductive goals to be poor; socio-demographic correlates such as religion,
educational attainment, and occupation are significantly associated with men’s opinions about and involvement in family planning.

As a measure of male involvement, Akinyemi et al. examine factors associated with current condom use and condom use at last sex in a large sample survey of sexually active men and women of reproductive age in five states of Nigeria. Younger and more educated respondents were more likely to be users, but overall use was low and inadequate among those who engaged in risky sexual behaviors.

Expanding the focus beyond individuals to couples, Gipson et al. share a qualitative study regarding the acceptability and feasibility of a home- and couple-based model of delivering HIV counseling and testing and family planning services in peri-urban Malawi. In-depth interviews with couples suggest that doorstep delivery and privacy are key attractive features of the model by which to transfer information and services.

The potential of postpartum contraception

Offering contraceptives to postpartum women can protect their health and that of their newborns by extending the interval to the next pregnancy. Borda, Winfrey, and McKaig analyze Demographic and Health Survey data on postpartum married females in 17 developing countries to show that a large percentage resume sexual activity within six months and between one-quarter and one-third resume menstruation by one year. However, only a small number adopt contraception in the first year postpartum.

Factors influencing the supply of family planning information and services

Communication channels

In Laar’s “Family Planning, Abortion, and HIV in Ghanaian Print Media,” the media is shown to be a grossly underutilized means of reaching people with key messages regarding health issues, especially reproductive health issues. Laar conducted a 15-month content analysis of the Daily Graphic, a national Ghanaian newspaper, and his findings show how infrequently reproductive health issues are covered by the print media.

In the brief “Talk 2 Me Case Study,” Isikwenu, Omokiti, and Nurudeen describes how knowledge and the demand for knowledge can be tailored to programs that address the needs of subgroups within a population, in this case young people. Peer educators facilitated discussions in selected Nigerian secondary schools on sexuality, STI/HIV/AIDS, and other sexual and reproductive health issues. This innovation led to student stories being published in a monthly newsletter (Talk2Me) disseminated to both in-school and out-of-school young people. The success of the program and the desire for sustainability led to the birth of a club, Champion’s Forum.

Integrating family planning and HIV services

Because unwanted pregnancies and sexually transmitted infections, including HIV, originate from unprotected sex, the integration of contraceptive and HIV services takes on special significance as a preventive program strategy. Makumbi et al., using community cohort data from the Rakai study, assess the association between uptake of HIV-related services and use of modern contraception among reproductive-age women. They find significantly higher use of condoms for family planning among voluntary counseling and testing (VCT) clients and HIV care attendees compared with those not receiving these services, pointing to the advantages of service linkages between family planning, HIV care, and prevention of mother-to-child transmission (PMTCT) programs. Imbuki and colleagues use qualitative methods to explore perceptions toward and utilization of contraception among HIV-positive women of reproductive age in Kericho, Kenya. They find that even though women are favorably disposed to using contraceptives, their contraceptive decisions are often shaped by both their misconceptions about contraceptives and their HIV status. Kirunda et al. report in a brief that, following a quality improvement intervention, 15 facilities in Uganda show sustained improvement in the proportion of HIV-positive clients subsequently receiving counseling on FP methods from health care providers. These providers observe that FP-HIV service integration appears to increase the utilization of FP services and reduce stigma among their HIV-positive clients. A study by Leslie et al. of postnatal Rwandan clients receiving PMTCT care reveals that among those contracepting, most used the condom inconsistently and very few used long-acting or permanent methods, even though the majority of women report their last pregnancy to be mistimed or unwanted. The authors find a large discrepancy between the reported willingness of providers to discuss FP with their clients and clients’ reports that few such conversations ever take place. All four studies, conducted in three different sub-Saharan countries, report the potential benefits of linking HIV/PMTCT and family planning services.

Beyond contraception

Three studies examine outcomes beyond contraceptive practice. Mote, Otupiri, and Hindin identify socio-demographic factors related to the practice of induced abortion, behavior that reflects failed contraceptive provision and absence of use
relationships are difficult to establish when the
more rigorous analytic methods. Causal
longitudinal data collection and measures and apply
articles in this issue also reveals a need to support
individual learning, and the research enterprise.

youth, and displaced persons. There is much
inattention to vulnerable groups such as males,
mismatched with individual and couple needs, and
and mass communication efforts, uncoordinated
contraceptive adoption is far from perfect and not
African continent. They collectively suggest that
all research carried out on family planning on the
The cited findings represent a small percentage of
Family planning research implications

At the population policy level, Mutunga and
Hardee assess the inclusion of population and
reproductive health interventions in National
Adaptation Programmes of Action (NAPAs),
established as part of the Marrakech Accords of the
2001 UN Framework Convention on Climate
Change Conference. Recognizing that less
developed countries (LDCs) are among the most
vulnerable to, and have the least capacity to cope
with extreme weather events and the adverse
effects of climate change, NAPAs were intended to
provide assistance to LDCs in addressing the
adverse effects. Mutunga and Hardee’s analysis of
44 NAPA countries, selected for their high
vulnerability and low adaptive capacity, finds that
less than half of them have proposed a single
project in the health sector even though all
prioritized this sector. One of the authors’
recommendations is that NAPAs should translate
the recognition of population pressure as a factor
related to the ability of countries to adapt to climate
change into relevant project activities, including
access to family planning and reproductive health
services, girls’ education, women’s empowerment,
and a focus on youth.

Family planning research implications

The cited findings represent a small percentage of
all research carried out on family planning on the
African continent. They collectively suggest that
contraceptive adoption is far from perfect and not
well served by poor knowledge and interpersonal
and mass communication efforts, uncoordinated
sexual and reproductive health services
mismatched with individual and couple needs, and
inattention to vulnerable groups such as males,
youth, and displaced persons. There is much
margin for improvement in service delivery,
individual learning, and the research enterprise.

In terms of research capacity, a review of the
articles in this issue also reveals a need to support
longitudinal data collection and measures and apply
more rigorous analytic methods. Causal
relationships are difficult to establish when the
strongest tools of social, epidemiologic, and
behavioral research cannot be brought to bear in
studying the impact of a critical health intervention.
The majority of the research papers here are based
on cross-sectional study designs, which
unfortunately provide limited information about
causality. Such designs cannot establish temporally
the sequence of cause and effect since
measurement happens simultaneously. Sub-
Saharan Africa–based research employing
longitudinal data analysis methods or based on
experimental or randomized controlled trial designs
is needed to generate the quality of evidence that
can underscore important causal linkages between
factors of interest and adolescent, maternal, child,
family, and population outcomes.

The qualitative studies presented here are
helpful in revealing to a greater depth personal and
community perspectives on sensitive reproductive
health issues. Systematic analysis of the themes
elicited through the qualitative methods of data
collection can help frame the social construction of
family planning and its many meanings. These can
subsequently inform scale development, testing,
and construction, providing measures unique to
each country or subgroup setting if necessary. For
example, how are side effects of modern
contraceptive methods perceived and framed as a
cause of infertility in the language and thoughts of
youth, men, women, users, couples, or providers?
Expanding beyond and capitalizing on the elicited
narrative to enable improved measures are
important next steps for qualitative research on
family planning.

We also recommend meaningful and continent-
wide efforts to build research capacity in research
institutions, with a special focus on family planning
and reproductive health and other population-level
development outcomes. Such efforts can include
institutional in-house research skill sharing;
establishment of research groups within and across
institutions in sub-Saharan Africa and linked to like
groups outside the region; post-graduate training for
faculty/staff interested in state-of-the-art analytic
techniques; and a strengthened culture of rigorous
scientific investigation, relying on peer-review
mechanisms for evaluating technical merit as often
as possible. Unfortunately, these research and
training needs will be addressed only if policy and
service gaps can be addressed concurrently. The
quality of research evidence is unlikely to improve in
the absence of a translation value placed on
analytic findings by program and policy users. That
translation itself requires that programs and services
are appropriately capacitated and technically
resourced to evaluate their effectiveness.

We believe the papers in this volume will raise
the value placed on scientific effort to understand
variations in family planning behavior. We also look
forward to future studies that rigorously enhance the evidence base regarding the benefits of family planning. Embracing the benefits of family planning in sub-Saharan Africa often seems to rest on locally generated evidence, much as a new drug product requires clinical trial data in order to obtain federal approval for local consumption. We encourage initiatives to improve the ability of researchers, practitioners, and policymakers to secure the public’s health, especially its sexual and reproductive health, with the best possible research effort and results.