

SHORT REPORT

Programmatic aspects of postpartum family planning in developing countries: a qualitative analysis of key informant interviews in Kenya and Ethiopia

Sarita Sonalkar^{*1}, Sheila Mody², Sharon Phillips³ and Mary E. Gaffield³.

¹Department of Obstetrics and Gynecology, Boston Boston University Medical Center, 850 Harrison Ave., Boston, MA 02118, USA, ²Department of Reproductive Medicine, University of California, San Diego, 200 West Arbor Drive, Mail Code 8433, San Diego, CA 92103, USA, ³World Health Organization, Department of Reproductive Health and Research, 20 Avenue Appia, 1211 Geneva-27, Switzerland,

*For correspondence: E-mail: sarita.sonalkar@bmc.org

Abstract

To achieve the improved maternal and child outcomes of birth spacing, family planning in the postpartum period is essential. The objective of this study is to determine the perceptions regarding programmatic aspects of postpartum family planning by key informants in 17 countries determined to have high unmet need for postpartum family planning. We present interim data from structured interviews of key informants in Kenya and Ethiopia. Important themes included the need for documentation of contraceptive use to aid in commodity assessment and delivery, need for additional informational materials, and challenges of delivering services to those women who deliver away from a health care facility. (*Afr J Reprod Health* 2013; 17[3]: 54-56).

Résumé

Pour atteindre les meilleurs résultats de l'espace des naissances par rapport à la mère et à l'enfant, il faut de la planification familiale dans la période du post-partum. L'objectif de cette étude est de déterminer les perceptions concernant les aspects programmatiques de la planification familiale du post-partum par les informateurs clés dans 17 pays soucieux d'avoir un haut niveau de besoin non satisfait de planification familiale du post-partum. Nous présentons des données provisoires issues d'entretiens structurés recueillis des informateurs clés au Kenya et en Ethiopie. Parmi les thèmes importants était la nécessité pour la documentation de l'utilisation des contraceptifs pour aider l'évaluation et la livraison des marchandises, le besoin de documents d'information supplémentaires, et les défis de la prestation de services à ces femmes-là qui accouchent loin d'un établissement de santé. (*Afr J Reprod Health* 2013; 17[3]: 54-56).

Keywords: Family planning, postpartum, key informants, qualitative

Introduction

To achieve the improved maternal and child outcomes of birth spacing, family planning in the postpartum period is essential¹. An estimated 222 million women in the developing world have an unmet need for family planning, meaning that they want to avoid pregnancy but use either a low-efficacy family planning method, or no method². The 2010 Demographic and Health Survey report on Postpartum Fertility and Contraception³ analyzed data from 17 countries with high unmet need for postpartum contraception. The objective

of this study is to determine the perceptions of postpartum family planning service provision by key informants in these countries, as a part of the process of creating programmatic guidance based on the needs of countries. In this report, we present interim data from key informants in Kenya and Ethiopia.

Methods

A telephone interview was developed with input from experts at the International Planned

Parenthood Federation and USAID, using the World Health Organization's framework for strengthening health systems⁴. Ethics Board exemption was obtained through the World Health Organization. The interview was pretested prior to its use among key informants in Kenya and Ethiopia. Key informants were officials in Ministries of Health and individuals in private organizations that oversee large family planning programs. These individuals were identified through World Health Organization contacts, and were invited to participate via email. Interviews were conducted in English by telephone by two research staff members at one time, an investigator (M.E.G.), and a staff intern at the World Health Organization Headquarters in Geneva, Switzerland. As one interviewer asked questions, the second interviewer transcribed the interview by hand. These interviews were then converted to electronic format, and emailed to informants to review. Two analysts (S.S. and S.P.) identified emerging ideas.

The analysts then reviewed findings together to develop a codebook, and then independently coded each manuscript. Data was coded by hand, and no software was used. Using an iterative process, the codebook was altered as new themes emerged. This report presents the results of a convenience sample of seven interviews of informants in Kenya and Ethiopia during July-August 2011, as part of an ongoing study. Interviews were conducted with four informants from Ethiopia, and three informants from Kenya.

Results

Key informants reflected on a variety of themes, and many were shared amongst the two countries. All interviewees described gaps in tracking of postpartum contraceptive use by health centers, which limited the ability of the government and organizations to gauge supply and to appropriately distribute commodities throughout the country. An informant from Ethiopia stated, "The main challenge is ensuring supply throughout the health

system and capturing use of methods in a logistic system correctly. Distribution management is a particular challenge for rural communities." Another gap identified was the limitation in quality and availability of written informational materials about postpartum contraception for patients. Finally, there was lack of consensus on the length of the postpartum period—the stated time of the postpartum period ranged from 6 weeks to 1 year. Thus, the appropriate timing for hormonal methods was also assessed differently among informants (Table 1).

Certain themes differed between the two countries. In Ethiopia, all interviewees described the challenge of delivering postpartum family planning services to the 90% of women who deliver away from a health facility. All informants discussed how health extension workers provide home visitation to postpartum women, and provide family planning services. In Kenya, a recurring theme was the programmatic strength of a line item for family planning in the government budget, which subsequently has led to improved funding for family planning. One informant stated, "Before 2000, there was no budget for family planning, so family planning commodities were funded by partners (UNFPA, USAID). In 2004-2005, the Ministry of Health started to include a budget line for reproductive health, starting with 18% of the health budget going to reproductive health commodities, so the budget is overall quite good, and increasing."

Informants from Kenya discussed a need for additional health worker training, which is often conducted by nongovernmental organizations. All respondents from Kenya discussed a postpartum family planning training program that includes postpartum IUD training, but they discussed that it has yet to be scaled up to be accessible to more providers.

Interviewees in Kenya also highlighted the need for additional research in postpartum family planning to help advocate for government support (Table 1).

Table 1: Themes of key informant interview responses: Health system barriers to providing family planning services for postpartum women, July-August 2011

Theme	Kenya		Ethiopia	
	Number	of informants mentioning theme (out of 3)	Number	of informants mentioning theme (out of 4)
Lack of consensus on what is the postpartum period		2		4
Lack in quality or supply of informational materials		2		3
Need for health worker training		3		0
Health extension workers provide outreach		0		4
Lack of skilled providers		2		0
Inability to access skilled providers, because of home deliveries		1		3
Interest in postpartum IUD program		3		0
Line-item for family planning exists in government health budget, improving funding for family planning		3		0
Poor reporting of contraceptive use by facilities		3		4
Lack of supply of commodities		0		4
Poor distribution of commodities		3		2
Need for additional research on postpartum family planning		3		0

Discussion

Addressing the unmet need for postpartum contraception is a complicated task, and will require government support combined with innovative community-based programming. A strength of this study is that it identifies potential government-level concrete interventions to improve postpartum family planning in the community. Support for improved tracking systems of contraceptive method use in health centers will improve the ability to accurately supply commodities. In addition, additional research will allow improved advocacy for postpartum family planning.

A limitation of this study is its small sample size. With the conduct of additional interviews through the course of this ongoing study, additional themes are likely to emerge. In addition, transcription of interviews by hand may have compromised some accuracy in wording, although the informants subsequently reviewed these transcriptions to ensure accuracy of concepts.

Despite these limitations, actions identified in this study to improve family planning may serve to inform upcoming policies and guidelines at the international level.

Contribution of Authors

Author S.S analyzed the data and prepared the manuscript. Author S.M. conceived and designed the study. Author S.P. analyzed the data. Author M.E.G. conceived and designed the study, and collected the data.

References

1. World Health Organization. Report of a WHO Technical Consultation on Birth Spacing. Geneva, Switzerland, 13–15 June 2005. Geneva, Switzerland: World Health Organization, 2006.
2. Singh S and Darroch JE, *Adding It Up: Costs and Benefits of Contraceptive Services—Estimates for 2012*, New York: Guttmacher Institute and United Nations Population Fund (UNFPA), 2012, < <http://www.guttmacher.org/pubs/AIU-2012-estimates.pdf>>.
3. Borda, M. and Winfrey W. Postpartum Fertility and Contraception: An Analysis of Findings from 17 countries. Baltimore, Maryland: Jhpiego, 2010.
4. World Health Organization. Everybody's Business: Strengthening health systems to improve health outcomes: WHO's framework for action. Geneva, Switzerland: World Health Organization, 2007.