ORIGINAL RESEARCH ARTICLE

Predictive factors to access and use of family planning services by rural and semi-urban dwellers in Afikpo North Local Government area, Ebonyi State, Nigeria

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Abstract

Pregnancy and childbirth are important periods when women of reproductive age frequently come in contact with healthcare facilities and providers. These periods afford them the privilege for discussion and decision on post-partum family planning with healthcare providers. Male partner consent has been shown to have a positive impact on access and uptake of modern contraception. This study was aimed at assessing the availability, uptake and male partner consent for post-partum family planning (PPFP) amongst rural and semi-urban dwellers in Afikpo North local government area of Ebonyi state, Nigeria.

The study conducted on 205 postpartum women, 40 health workers at the primary health centres (PHCs) and traditional birth attendants (TBAs) in Afikpo North LGA were selected by a random sampling technique. Information was obtained via 3 categories of interviewer-administered questionnaire for the different categories of individuals involved in the study. Data analyses was done using SPSS version 21.0. The overall findings showed a high prevalence of grand multiparity (51.2%) and child-bearing at extremities of reproductive age (20.5%) despite generally good awareness of modern contraception (92.7%) and availability of family planning services and modern birth control methods in all the PHC facilities. Of note is that a good percentage of the women received antenatal care (38.1%) or had their last delivery at TBAs places (42.4%) despite the fact that only 60% of the TBAs are aware of modern family planning methods and none of them offer family planning services. The prevalence of modern contraceptive usage was 41.5% and the male partner consent was present in 72.9% of modern contraceptive users. Despite high level of awareness and availability of modern family planning services, the TBAs should be more sensitized in order to improve the uptake of PPFP. *(Afr J Reprod Health 2020; 24[4]: 132-137).*

Keywords: Access, family planning, postpartum, rural dwellers, Afikpo

Résumé

La grossesse et l'accouchement sont des périodes importantes pendant lesquelles les femmes en âge de procréer entrent fréquemment en contact avec les établissements de santé et les prestataires de soins. Ces périodes leur donnent le privilège de discuter et de prendre des décisions sur la planification familiale post-partum avec les prestataires de soins de santé. Il a été démontré que le consentement du partenaire masculin a un impact positif sur l'accès et l'utilisation de la contraception moderne. Cette étude visait à évaluer la disponibilité, l'adoption et le consentement du partenaire masculin pour la planification familiale post-partum (PPFP) parmi les habitants des zones rurales et semi-urbaines d'Afikpo North, dans l'État d'Ebonyi, au Nigéria. L'étude a été menée auprès de 205 femmes post-partum, 40 agents de santé des centres de santé primaires (SSP) et des accoucheuses traditionnelles (AT) d'Afikpo North LGA sélectionnées par une technique d'échantillonnage aléatoire. Les informations ont été obtenues via 3 catégories de questionnaires administrés par les enquêteurs pour les différentes catégories d'individus impliqués dans l'étude. Les analyses de données ont été effectuées à l'aide de SPSS version 21.0. Les résultats globaux ont montré une forte prévalence de la grande multiparité (51,2%) et de la maternité aux extrémités de l'âge de procréer (20,5%) malgré une bonne connaissance de la contraception moderne (92,7%) et la disponibilité des services de planification familiale et des méthodes modernes de contrôle des naissances en toutes les installations de SSP. Il est à noter qu'un bon pourcentage des femmes ont reçu des soins prénatals (38,1%) ou ont eu leur dernier accouchement dans les lieux des accoucheuses traditionnelles (42,4%) malgré le fait que seulement 60% des accoucheuses traditionnelles connaissent les méthodes modernes de planification familiale et aucune d'entre elles offrir des services de planification familiale. La prévalence de l'utilisation de contraceptifs modernes était de 41,5% et le consentement du partenaire masculin était présent chez 72,9% des utilisatrices de contraceptifs modernes. Malgré un niveau élevé de sensibilisation et de

disponibilité des services de planification familiale modernes, les accoucheuses traditionnelles devraient être plus sensibilisées afin d'améliorer l'adoption de la PPFP. *(Afr J Reprod Health 2020; 24[4]: 132-137).*

Mots-clés: Mère adolescente, nutrition, santé, soutiens, défis, théorie cognitive sociale

Introduction

Family planning allows people to attain their desired number of children and determine the spacing of pregnancies. It is achieved through use of contraceptive methods and the treatment of infertility[1]. Despite the numerous benefits of contraception including reduction of maternal and infant morbidity and mortality, 214 million women of reproductive age in developing countries who want to avoid pregnancy are not using a modern contraceptive method. In Africa, 24.2% of women of reproductive age have an unmet need for modern contraception[2].

The postpartum period is regarded as the first 6 weeks following childbirth, however, postpartum family planning (PPFP) is the initiation of family planning services within the first 12 months following childbirth to prevent closely spaced and unintended pregnancies. Interpregnancy interval of less than 12 months is associated with an unacceptably high risk for adverse maternal and child health outcome[3]. There is increased possibility of unsafe abortion[4], stillbirth, preterm birth, low birth weight, small for gestational age infants[3], chronic undernutrition, stunted growth, and infant mortality[5] if pregnancy occurs within this period. Postpartum family planning is a key factor in reproductive health as 90% of women desire to avoid pregnancy for 2 years after childbirth[6]. It is known that interpregnancy interval of at least 2 years can avert an estimated 10% of infant deaths and 21% of deaths in children ages 1 to 4 globally[3] and over one-third of maternal deaths[6].

Initiation of postpartum family planning as soon after delivery as possible is vital because some couples resume sexual intercourse before 6 weeks after delivery. More so, the timing of the return of fertility after childbirth is variable and unpredictable with ovulation and therefore pregnancy likely to occur before the return of menstruation.

Postpartum family planning is often not taken seriously and its availability and utilization are usually hampered by bias and misconceptions[6]. Childbirth provides an avenue for contact with healthcare providers with requisite skills to offer contraception and family planning advice coupled with the fact that women are likely to be well-motivated at that point to start using an effective contraceptive method[6]. The postpartum period is a critical time to address high unmet family planning need and to reduce the risks too frequent and too closely spaced pregnancies[7]. Every healthcare facility and provider should have what it takes to provide postpartum family planning services. Counselling on PPFP should ideally commence during pregnancy in the antenatal clinic through the labour period, postnatal ward, postnatal clinic and baby immunization clinic.

Awareness of family planning methods have been shown to be high in Nigeria but utilization has been poor. It has been shown that there is a wide gap between awareness and utilization of family planning services among rural/urban dwellers in Nigeria. One study in Nigeria showed a 93.2% awareness of family planning methods with a low uptake of 31.2% in the same population of women of child-bearing age[8]. The major reason for this disparity was fear of side effects most of which are based on myths. This shows that one of the potential approaches of improving family planning uptake is to disabuse the minds of couples of certain myths attached to family planning methods[9]. The age of the couples, level of education, knowledge of modern family planning techniques, fear of side effects, method approval by the couples, and employment status are some of the factors that could be changed[10]. Other identified factors include the residence, couple discussion and discussion with health extension workers, cultural and religious opposition, the desire for more children and number of living children[11]. Research and programs are increasingly recognizing the role of male involvement in family planning decision making. It is important that for postpartum family planning/contraceptive to be wholesome, it should have the male partner participation and support[12].

This study has been undertaken among the rural and semi-urban postpartum dwellers in Afikpo North Local Government Area (LGA) of Ebonyi

State, Nigeria to assess the availability/access, utilization and the degree of consent given by their male partners.

Methods

We adopted an interviewer-administered questionnaire-based study conducted on 205 postpartum women, 40 health workers at the primary health centres (PHCs) and traditional birth attendants (TBAs) in Afikpo North LGA. The participants were selected by simple random sampling technique. The PHCs and TBAs were selected if they have been providing antenatal, postnatal and family planning techniques in the last one year. Three categories of questionnaires were used each peculiar to each of the categories of individuals interviewed. Male consent was measured by specifically asking the respondent if her partner approved of her adopting any modern family planning technique. Eligible participants were females of reproductive age (15-45 years), not suffering from any chronic disease, without known disability, and a resident of the locality in the past one year. Only those who gave their consent were drawn into the study. Oral consent was obtained from the participants after due explanation of the objective of the study. The questionnaires were administered at the selected PHCs and TBA by trained interviewers, consisting of staff nurses and midwives. The questionnaire-schedule elicited information from the postpartum respondents with respect to their biosocial characteristics - age, parity; their knowledge of, availability and utilization of family planning services. For the health workers and TBAs, questions were mainly on their knowledge and availability of family planning services in their facilities. The questionnaire was pretested with 10 per cent of the sample population in Afikpo South LGA, a comparable LGA to check internal consistency.

The questionnaire was reviewed by the project supervisor and an external party. Training was provided for the data collectors on the aim and mode of data collection. Data collection was daily supervised by the principal investigators to ensure the accurate filling of the questionnaire. Data from the completed questionnaire were extracted and analysed using SPSS version 21.0 and results presented in percentage.

Results

Two hundred and fifty questionnaires were administered and retrieved, out of which 205 were for the postpartum women, 40 were for the health workers at the PHCs and 5 for the TBAs. Table 1 shows the biosocial characteristics of the postpartum women. Up to 5.4% of the respondents were teenagers and 15.1% were up to 40 years and above. More than half (51.2%) of the respondents were grand multiparous with 9.8% having no formal education and only 17.1% were educated to tertiary level.

All the health workers in all the PHCs have a good knowledge of modern family planning techniques, while 3 out of the 5 (60.0%) TBAs have knowledge of modern family planning methods and 190 of the 205 (92.7%) postpartum women have knowledge of modern family planning techniques. This is shown in Table 2.

All the PHCs offer modern family planning/contraceptive services, while none of the TBAs offer modern family planning/contraceptive services. All the women who participated in the study received antenatal care, amongst whom one hundred and twenty-seven (61.9%) had care at the PHCs and 78 (38.1%) with the TBAs. This is illustrated in Figure 1.

Again, 118 (57.6%) of the postpartum women had their last delivery in a PHC while 87 (42.4%) had their last delivery at a TBA centre. This is shown in Figure 2. Eighty-five (41.5%) postpartum women were using a modern form of contraception for family planning, while 120 (58.5%) were not using any modern method. Out of this population, 20 (9.8%) were using lactational amenorrhoea (LAM), while 10 (4.9%) and 10 (4.9%) were using withdrawal or natural methods of family planning respectively. This is also shown in Table 2. As many as 80 (58.5%) were not taking any measures at all towards birth control and contraception.

Out of the 85 using modern birth control methods, 25(29.4%) were on injectable Depo-Provera, 10 (11.8%) on Norethisterate, 20 (23.5%) were using implanon, 15(17.6%) were using Jadelle, 10 (11.8%) were on oral pills while 5 (5.9%) were using Copper T Intrauterine Device. Table 3 shows the distribution of those using modern contraceptive methods with or without their spouse's consent. Majority of the modern

Table 1: Socio-demographic distribution of the postpartum women who participated in the study

Characteristics	Frequency	Percentage (%)
Age		
17-19	11	5.4
20-29	76	37.1
30-39	87	42.4
40-49	31	15.1
Total	205	100.0
Parity		
1-4	59	48.8
5-7	97	35.3
8-10	49	15.9
Total	205	100.0
Educational Level		
No Formal	20	9.8
Primary	45	21.9
Secondary	105	51.2
Tertiary	35	17.1
Total	205	100.0
Occupation		
Farmers	20	9.8
Traders	121	59.0
Teachers	45	21.9
Others	19	9.3
Total	205	100.0

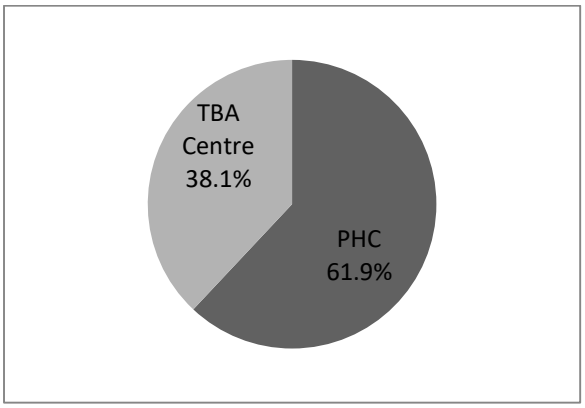

Figure 1: Distribution of postpartum women according to where they received antenatal care

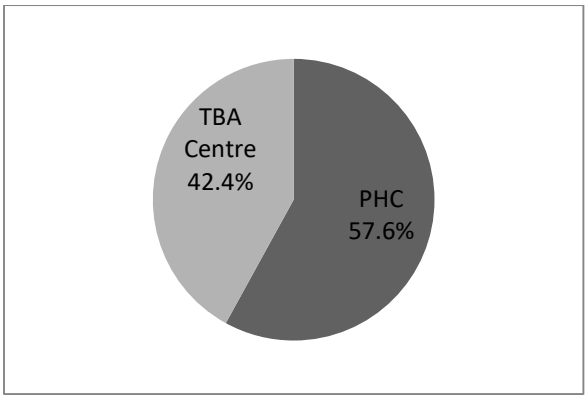

Figure 2: Distribution of postpartum women according to the place of last delivery

contraceptive users did so with the consent of their partners as 72.9% had the consent of their spouses while 27.1% did so without the consent of their partners. While 10 of the 15 respondents who were using Jadelle had their partner's consent, all 10 respondents who were using the Pills had the consent of their partners. Fifteen out of the 25 respondents who were using injectable Depot-Provera had their partner's consent, while 4 out of the 5 who were on IUCD had their partner's consent. Seven out of the 10 on Norethisterate and 16 out of the 20 on Implanon equally had their partner's consent.

Discussion

Family planning is one of the pillars of safe motherhood and is one of the evidence-based strategies for reducing maternal and infant morbidity and mortality. As shown by the results of this study, a significant number of the respondents had teenage pregnancy (5.4%), while even more had pregnancy at advanced age of 40 years and above (15.1%). Pregnancy in a teenager or at advanced maternal age is high risk for feto-maternal complications like obstructed labour, obstetric fistula, preeclampsia[13], abortions (spontaneous[14] and induced), medical disorders of pregnancy[15] and perinatal mortality[13].

Again, the study shows high parity among the respondents with up to 51.2% being grand multiparous. Grand multiparity is one of the risk factors for uterine rupture and obstetric haemorrhages[16] with attendant morbidity and mortality. The 51.25% prevalence of grand multiparity is quite high even when compared to other localities in the region where a prevalence of 1.92 to 16.4%[17-19] have been found. One of the possible explanations is the level of literacy among the respondents where up to 9.8% had no formal education. More so, women empowerment in the form of improved educational enrolment of the girl child is important as the level of formal education has been shown to be proportional to modern postpartum contraceptive uptake[20].

While all the health workers at the PHCs were aware of the modern contraceptive methods, up to 92.7% of the post-partum respondents were equally aware of these methods. However, only 60% of the TBAs were aware of these methods. As the operational law permits these TBAs to operate as healthcare providers, there is need to

Table 2: Knowledge of modern family planning techniques (MFPTs) and choice of different birth control

Respondents knowledge of MFPTs (%)			**Choice of birth control by post-partum women(%)**		
Categories of respondents.	**yes**	**(%)**	**Family planning method**	**Number**	**%**
Health workers.	40	100.0	Modern methods	85	41.5
Traditional birth attendants.	3	60.0	LAM	20	9.8
Post-partum women.	190	92.7	Withdrawal	10	4.9
			Natural	10	4.9
			None	80	58.5
			Total	205	100.0

Table 3: Distribution of the users of modern contraceptives with the spouse's consent or otherwise

Spouse's Consent	**Depot-provera**	**Pills**	**Norethis-Terate**	**Implanon**	**Jadelle**	**Copper T (IUCD)**	**Total**
Yes	15(60.0%)	10(100.0%)	7(70.0%)	16(80.0%)	10(66.7%)	4(80.0%)	62(72.9%)
No	10(40.0%)	0(0.0%)	3(30.0%)	4(20.0%)	5(33.3%)	1(20.0%)	23(27.1%)
Total	25(100.0%)	10(100.0%)	10(100.0%)	20(100.0%)	15(100.0%)	5(100.0%)	85(100.0%)

educate them on the importance and use of these modern birth control methods so they can in turn provide the women under their care with information and possibly access to these effective tools of birth control.

It is quite impressive that all the PHCs offer modern family planning/contraceptive services, however, the high prevalence of grand multiparity among the population shows lack of utilization of these services by the populace. This buttresses the need to go down to the roots with the aim of finding the barriers to the utilization of these services. Again, as the study shows that none of the TBAs offer modern family planning/contraceptive services even when the patronage to these TBAs is quite high as 38.1% and 42.4% respectively received antenatal care or delivered under their care. Therefore, educating and training the TBAs remains an important element to the success of family planning and effective birth control in this locality.

The fact that all the women who participated in the study received antenatal care and had their last delivery in a health facility is encouraging. It has been shown that the use of a modern method of contraception during the postpartum period is significantly associated with use of maternal health services like antenatal and postnatal care[20]. Providers can exploit this advantage of high access to maternal health services among the population to improve on the use of modern birth control and family planning services among them.

Eighty-five (41.5%) postpartum women were using a modern contraception for birth control. This prevalence rate is much higher than a low rate of 8% recorded in another region of this country[20]. One of the factors that have been shown to improve acceptance, uptake and compliance to the use of modern contraception by women is the husband's consent[21,22]. In this study, up to 72.9% of those using a modern contraceptive method did so with their husband's consent. This is comparable to the findings of other studies in same region which shows the male partner's awareness and support ranging from 56.4%[21] to 72.5%[22]. Therefore, for the methods that are user-dependent, compliance can become an issue if the consent of the male partner is lacking. Efforts should also be directed at involving the male partners in family planning counselling and decision-making, that way there will be improved acceptance, uptake and compliance by postpartum women.

Conclusion

Despite high level of awareness and availability of modern birth control methods in this locality, uptake remains poor with the prevalence of grand multiparity and child-bearing at the extremities of reproductive age being unacceptably high among the population.

Contribution of Authors

CEU, NVO and OGU wrote the manuscript, ISE conceived and designed the study; MNJ and ENU collected and analysed the data.

Conflicts of Interest

None declared.

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