Factors Influencing the Adoption of Postpartum Family Planning

Background

Pregnancy and the immediate postpartum period are considered opportunistic times for counseling women on adopting a modern family planning method. In spite of various interventions to promote postpartum family planning (PPFP), uptake in sub-Saharan Africa has remained very low, particularly in rural areas. The Centre for Health Research and Implementation Support (CHRIS) was awarded a small grant from the MEASURE Evaluation PRH project to study women attending antenatal care in Ghana to explore factors that influence their willingness to adopt PPFP. The research team interviewed 1,914 pregnant women in rural and semi-rural health facilities in the Central Region of Ghana, a region with some of the most adverse FP indicators in the nation. To read the full study see: www.measureevaluation.org/publications/wp-10-117

Findings

The findings showed that the vast majority of women (84%) in the Mfantseman District of the Central Region consider PPFP acceptable and are willing to adopt a method after delivery. However, their willingness depends on a number of important factors. The more times a woman had been pregnant and if she was carrying an unwanted or unexpected pregnancy made her more likely to choose PPFP. On the other hand, PPFP was less likely if one of more of previous
pregnancies had ended in abortion or miscarriage. PPFP adoption was positively influenced by a woman’s history of using the pill, injectables, or emergency contraception. Participants who had heard about exclusive breastfeeding as a contraceptive option were also significantly likely to want to use PPFP.

Also, the longer a pregnant woman had been in her current marriage, the more likely she was to adopt a PPFP method. Although personal conviction about the benefits of PPFP was important, a pregnant woman’s perception of how her partner will consider her decision to adopt PPFP was of greater concern in the decision-making process. The study found that the preferred methods of PPFP are injectables and oral contraceptive pill. However, this finding contrasts with the findings of studies in Nigeria and Kenya.

**Recommendations**
The study findings support the need to sustain public health education on PPFP in order to gain acceptance among pregnant women. Although many women expressed a desire to practice FP, apprehensions about possible disapproval by male partners and the social consequences of unsuccessful covert use have hindered the translation of contraceptive awareness and desire into actual use by women. The model of reproductive health delivery in sub-Saharan Africa remains female-centered, with little or no active male participation. In view of the established link between improved reproductive and child health and national development, the government of Ghana and other sub-Saharan African countries should consider effective strategies to accelerate male participation in reproductive health care.

As demonstrated in other countries, a simple intervention such as written letter of invitation to a male partner to attend an antenatal clinic with his partner can significantly increase male attendance and promote couple counseling. Legislation can also encourage men to accompany their partners (e.g., requiring employers to provide paid leave for men to accompany spouses to at least one antenatal and early post-natal clinic where FP counseling is offered).

With economic considerations making many families think carefully about when and how many children they wish to have, it’s not surprising that carrying an unwanted or ill-timed pregnancy is an independent predictor of the desire to adopt PPFP. Information about the circumstances of a pregnancy is not collected as part of routine antenatal and postnatal care in Ghana. Consideration should be given to asking this information to serve as an entry point into discussions about adopting PPFP.