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Postnatal Family Planning Practices among Women in Anambra State, Nigeria.

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Abstract: ***Background****: Family planning is one of the major concerns of women and their partners after child delivery. Effective family planning reduces mortality among mothers and children by playing a vital role in child spacing.*
Purpose: *To investigate the Postnatal family planning practices among women in rural communities of Anambra State, Nigeria.*
Method: *The study was a cross-sectional survey involving 372 volunteering women from three rural communities (one from each senatorial zone) in Anambra State, South Eastern Nigeria. Ethical approval was gotten from the Research Ethics Committee, Faculty of Health Science and Technology, Nnamdi Azikiwe University, Nnewi Campus; and respondents' informed consent were also obtained. An interviewer-administered and validated questionnaire was used to collect data on the participants' socio-demographic and postnatal family planning practices, as well as the factors associated with these practices. Obtained data were analyzed using Statistical Package for Social Sciences (SPSS), software for windows version 20, and results presented in descriptive statistics of frequency counts, percentages and inferential statistics of Chi-square tests at 0.05 level of significance.*
Result: *The major findings of the study were that 82% of the respondents stated that they were taught about family planning, while 14.5% indicated that they were not taught. Some of the methods of family planning utilized by the respondents were, beads (2%), other herbal methods (3%), condom (16%), injectable (2%), while 29% of the respondents did not practice any family planning method. However, 79% of those that did not practice any family planning method indicated ignorance as their major reason for not practicing any of the methods of family planning. Factors that influenced postnatal family planning practices were religious belief (8%), financial constraints (8%) and husband's refusal (4.8%). Also, community of residence (p=0.000)statistically varied with their family planning practices.*
Conclusion*: Ignorance is still the major barrier to effective postnatal family planning practice in this part of the country. Therefore, the researchers recommended public health enlightenment programs on the benefits of family planning services and the available family planning clinics. This will enlighten the women as well as the males and elderly women in the various communities, so that they will motivate and support their women to utilize the available family planning services.*
Key words*: postnatal, family planning, family planning practices, postpartum.*

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I. Introduction

Postnatal family planning is the prevention of unintended and closely spaced pregnancies through the first twelve (12) months following childbirth (WHO, 2013). Globally, family planning is recognized as a key life-saving intervention for mothers and their children (WHO 2012). Little wonder it was an important aspect of the sustainable development goals (SDG) which emphasized ensuring universal access to sexual and reproductive health care services(United Nations, 2018). Effective family planning reduces mortality among mothers and children (Saving Newborn Lives in Nigeria, 2011). It also plays a pivotal role in the delay of first pregnancy, child-spacing and the prevention of sexually transmitted infections (STIs), including the Human Immunodeficiency Virus (HIV) (Saving Newborn Lives in Nigeria, 2011).

In the postnatal period, one of the major concerns of women and their partners is how to space the next pregnancy or even avoid pregnancy completely.Nigeria has a high total fertility rate of over five children per woman (this rate might be higher in rural communities); and a low rate of modern contraceptive use (Saving Newborn Lives in Nigeria, 2011). Children born too soon after a previous birth, especially if the interval between the births is less than two years, have an increased risk of sickness and death at an early age, yet many births in Nigeria are less than 18 months apart and 24% have an interval of less than two years (Saving Newborn Lives in Nigeria, 2011). It has gone down only slightly since 2003 (NDHS, 2013). Women in Nigeria tend to

have children early and women in rural areas on average have more children (6.2) compared to urban areas (4.2) (NDHS, 2013). Only 15% of currently married women in Nigeria are using either modern or traditional contraceptive methods to prevent pregnancy, which is only 2 per cent more than the survey findings in 2003 (NDHS, 2013). More married women (10%) are using modern methods (e.g. injectables, condoms, the pill) compared to traditional (5%) methods (e.g. rhythm or withdrawal). However, unmet need for family planning (16.1%) has improved since the 2008 DHS (NDHS, 2013).

Limited access to family planning prevents women from safely spacing their pregnancies, fuels unsustainable population growth, and puts the health of women and children at risk(Health Policy Project (USAID), 2011). Exposure to unwanted pregnancy due to improper family planning methods can lead to practices such as unsafe abortion.Nigeria has a massive problem with unsafe abortions, which kill between 3,000 and 34,000 women every year—the numbers range widely because the procedures are permitted only to save the life of a woman, so they are largely underground (Gaestel, 2014). But before abortion, comes unwanted pregnancies, and in Nigeria contraceptives are sometimes stigmatized and misunderstood(Gaestel, 2014).

Nigeria's Federal Ministry of Health launched the Nigeria Family Planning Blueprint (Scale-Up Plan), 2014–2018 at the Third Family Planning Conference, held in 2014. The goal of the Blueprint was to raise the contraceptive prevalence rate (CPR) among married women from 15 percent to 36 percent, thereby averting 1.6 million unintended pregnancies, as well as 400,000 infant and 700,000 child deaths, by the year 2018 (FMOH, 2014). While the Federal Government of Nigeria provides contraceptives and other family planning commodities at no cost, state governments are responsible for getting the products to the clinics, pharmacies and other health facilities where women can access them. According to PACFaH (2017), Nigeria had not had a significant improvement in family planning interventions, as many Nigerian states do not have budget lines for family planning funding. This might have contributed to the structural and social-cultural factors that influence the family planning practices of women in rural communities of various Nigerian States, of which Anambra State is one. An evidence-based description of the peculiar postnatal family planning practices and factors influencing these practices wouldbe of immense benefit to women in Anambra State, and Nigeria; as the health professionals, policy makers and the government can utilize the findings to develop strategies to discourage the identified negative practices, and as well surmount the factors thatpose challenge to effective family planning practices among therural dwellers in this part of South-Eastern Nigeria.

Research questions:

1. What are the postnatal family planning practices of women in rural communities of Anambra State?
2. What factors influence the postnatal family planning practices of women in rural communities of Anambra State?

II. Methods

This study used a quantitative, cross-sectional design. The study was carried out in rural communities of Anambra State, Nigeria. This is because beliefs and cultural practices are upheld mostly in rural communities(Obiora, Ezenduka, Ndie, Umeonwuka, & Nwachukwu-Umeonwuka, 2019), and the available health centres are being manned by few medical or several non-medical personnel, thereby, leaving the community dwellers at the mercy of their customs or unskilled health attendants(Obiora, Ezenduka, & Umeonwuka, 2019). Anambra State is located in the South-Eastern Nigeria. The target population was nursing mothers in rural communities in Anambra State, who had given birth to full term babies in the past one year. According to the Federal Ministry of Health (2005), women of child bearing age form 22% of the total population. Anambra State has a total population of about 4,182,032 (NPC, 2014); therefore 22% of 4,182,032 is 920,047, forming the population of women of child bearing age in Anambra State. This population includes the non-pregnant, pregnant and nursing mothers(Obiora, Ezenduka, & Umeonwuka, 2019). The Yaro Yamane formula (Yamane, 1967) was used to obtain the sample size of 400 respondents.$n = \frac{N}{1+N(d)^2}$

Where: n= the sample size

N= the population size

d = the level of precision (assumed to be 0.05 at 95% confidence interval).

$\frac{920047}{1+920047\,(0.05)^2}$ = 399.8 ≈ 400 participants

Multi-stage sampling technique was used to select the communities that will be used for the study, while stratified random sampling was used to determine the percentage of respondents that will be recruited from the selected rural areas.A total of 400 volunteering women were consecutively recruited from three communities (one from each senatorial zone) in Anambra State. Ethical approval was obtained from the Research Ethics Committee, Faculty of Health Science and Technology, Nnamdi Azikiwe University, Nnewi Campus; and respondents' informed consent were also obtained.

Data was collected using a self-developed interviewer-administered questionnaire, structured in such a way as to elicit pertinent information required for the study. The questionnaire had an internal consistency of = 0.774 (Cronbach alpha's statistics) which was good, and also the content was also validated. Two research assistants who are nurses and also indigenes of Anambra State were trained on the modalities for instrument administration and collection. Each participant responded to the questionnaire individually, and the participants without formal education were interviewed in their local language using the questionnaire as a guide. It took the researchers and assistants about three months to complete the data collection for this study.The questionnaire return rate was 93%, thus, 372 completed questionnaires were included in the analysis. Data obtained were entered in computer using Statistical Package for Social Sciences (SPSS) software for windows version 20.0 (SPSS, Inc, Chicago, IL). Answers to the research questions were provided in frequency tables, charts and percentages.

III. Result

Analysis of the sociodemographic data obtained revealed that that out of 372 sampled respondents 36% were within 15-25 years of age, 51% were between 26 and 35 years old, 12.2% were between 36 and45 years old, while 0.8% was 46 years old and above. Also, 0.6% of the respondents had no formal education, 13.8% had primary education as their highest educational attainment, and 68.5% have secondary education, while 17.1% had tertiary education. See Table 1 for summary of participant's socio-demographics.

Table 1

Soci-Demographic Data **n = 372**

Demographic data	Options	Frequency	Percentage (%)
Age range	15 – 24 years	131	36.0
	25 – 34 years	184	51.0
	35 – 44 years	49	12.2
	≥ 45 years	8	0.8
	Total	**372**	**100**
Education qualification	No formal Education	5	0.6
	Primary	53	13.8
	Secondary	250	68.5
	Tertiary	64	17.1
	Total	**372**	**100**
Marital status	Single	9	1.9
	Married	348	95.1
	Widow	9	1.9
	Divorced/separated	6	1.1
	Total	**372**	**100**
Occupation	House wife	83	22.2
	Farming	25	5.7
	Trading/artisan	213	59.0
	Civil Servant	51	13.1
	Total	**372**	**100**
Number of Children	1 Child	82	22.0
	2-3 Children	166	45.4
	4-5 Children	100	27.0
	>6 Children	24	5.6
	Total	**372**	**100**

Table 2Family Planning Practices among women in rural Communities of Anambra State n = 372

Parameters	Options	Ichi (%)	Nnobi (%)	Umunya (%)
Were you taught about family planning practices	Yes	124 (44.4)	92 (32.9)	63 (22.6)
	No	6 (12.2)	24 (48.9)	19 (38.8)
Reason for not using any method of family planning	Ignorance	8 (6.9)	57 (49.6)	49 (42.6)
	Religious belief	2 (16.7)	9 (75)	1 (8.3)
	Financial constraints	0 (0)	2 (16.7)	10 (83.3)
	Husbands refusal	0 (0)	2 (28.6)	5 (71.4)
When use of contraception was resumed after child birth	Immediately after child birth	1 (5.9)	6 (35.3)	10 (58.8)
	After resumption of sex	58 (76.3)	11 (14.5)	7 (9.2)
	When husband chooses	45 (29.3)	62 (40)	48 (30.7)
	After six weeks of child birth	6 (40)	2 (13.3)	7 (46.7)

Table 2 above shows that 279(75%) admitted that they were taught about family planning, while 49(14.5%) claimed that they were not taught. 30.6% admitted ignorance as their major reason for not practicing any of the methods of family planning, 12(3.2%) respondents indicated religious belief and financial constraints respectively, while 7(1.9%) indicated husband's refusal as their reasons for not practicing any methods of family planning. Also, majority of the respondents 155(41.6%) indicated that they resumed contraception whenever the husband chooses.

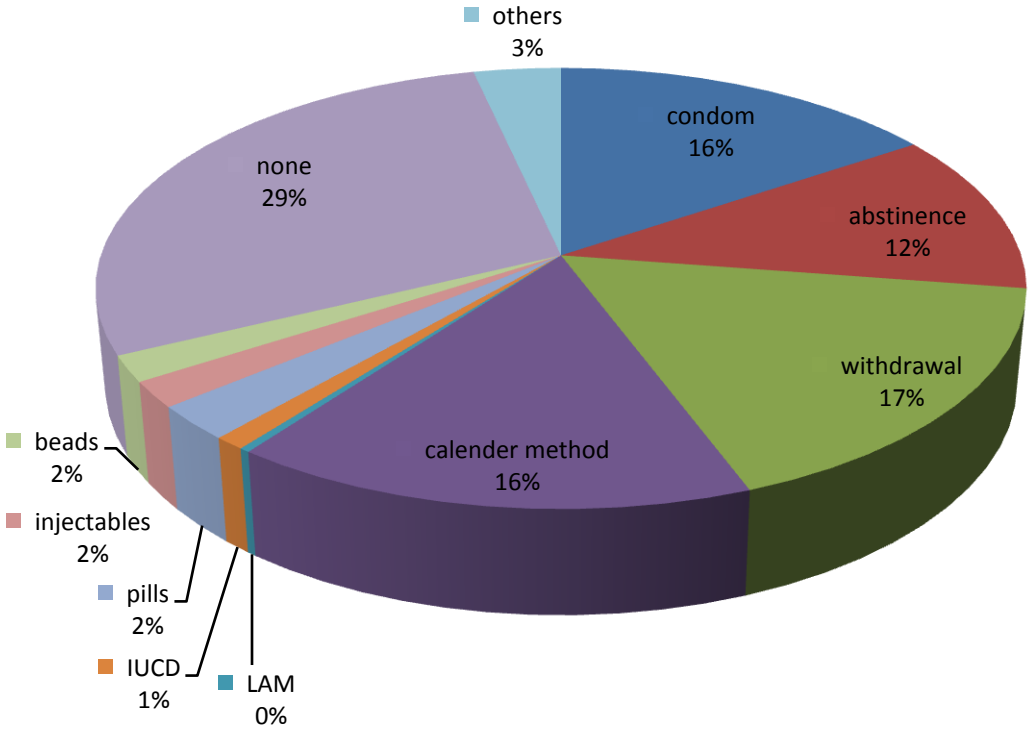

Figure 1: Methods of family planning practiced by women in Anambra State

Figure 1above reveals that 29% of the women do not practice any method of family planning, 16% used calendar method, 17% used withdrawal method, 12% used abstinence, 2% used injectables, 2% used bead, 2% used pills, while 1% used IUCD.

Table 3:Association between the socio-demographic characteristics and methods of family planning practiced bywomen in Anambra State. n = 372

Parameters	P Value
Educational Qualification	0.070*
Marital Status	0.080*
Age	0.044*
Number of children	0.178*
Community of residence	0.001

KEY:
*= Fisher's exact test
Significant level at p< 0.05

IV. Discussion

Findings from this study revealed that 82% of the respondents said that they were taught about family planning, while 14.5% which is a significant percentage of the population said they were not taught. This finding is essential because according to Saving Newborn Lives in Nigeria, (2011), effective family planning reduces mortality among mothers and children, and these women cannot practice family planning effectively unless they are taught and convinced to practice same.

When asked to indicate the method of family planning they practiced, 2% said they used beads, 2% used injectables, 2% used contraceptive pills, 12% practiced abstinence, 17% used withdrawal, 16% used

calendar method, 1% used IUCD while 29% indicated that they do not use any method of family planning. This agrees with the findings of NDHS (2008) that Nigeria has a high rate of early marriages and a low rate of modern contraceptive use. They also opined that 20% of Nigerian women have an unmet need for family planning. There is therefore need for women in Anambra State to be properly taught about family planning and the services rendered to them in the various communities especially in Anambra central senatorial district of which Nnobi is one of the communities in it.

When those who indicated that they do not practice any method of family planning were asked their reasons, majority of them (30.6%) claimed ignorance, 3.2% said religious belief, 3.2% said financial constraints, while 1.9% said husbands' refusal. This finding indicates that there is still high level of male dominance in this study area(Edeh, 2017), since a significant population of the mothers does not practice family planning due to their husbands' refusal. However, ignorance could still be blamed as the main hindrance to effective utilization of family planning methods by the women in rural communities of Anambra State. This is because if a husband understands the benefits of family planning, he will not discourage his wife from practicing effective family planning methods; same applies to the religious leaders in the study area. According to Rutaremwa (2015), education increases the level of awareness and utilization of family planning methods. Also, the study revealed that women in the study area were ignorant about LAM.

Also, a greater percentage of the respondents (57%) who used contraceptives indicated that after child birth they resumed use of contraceptives whenever the husband chooses. 29% indicated that they resumed contraceptive use after they resumed coitus, 6% said they resumed contraceptive use immediately after child birth, while 5.7% said they resumed use of contraceptives after six weeks of child birth. This finding is in line with that of Okeke et al, (2013), who in their study to determine the postpartum practices of women attending antenatal clinic at UNTH, Enugu State discovered that only 14.7% of the respondents used contraception before resumption of coitus. Also, study by Ekanem et al, (2004) in Calabar Nigeria revealed that one out of every 10 women resumed coitus after child birth without contraception. This finding is not a positive postpartum practice, because resumption of coitus without contraception places the woman at risk of getting pregnant soon after a previous childbirth. That is why counseling on range of family planning methods, and the provision of family planning services which accompanies it must form an integral part of any postpartum service.

Factors that influenced the postnatal family planning practices of the respondents were:

1. Husband's opinion determined when some of the women resumed use of contraceptives after child birth (57%),and also whether the woman would practice family planning methods or not (4.8%). In a society/community where husband's opinion (male dominance), beliefs and culture, and advice from elderly women are key factors influencing their postnatal care practices, it provides justification why educational level and marital status will not significantly influence the postnatal care practices while age was marginally significant (0.044). This is because no matter the age and educational attainment of a woman, she may not want to go against her beliefs, culture and husband's opinion so as not to incur the likely resultant wrath that might follow. This agrees with the findings of Archibong and Agan (2010), that maternal deaths are associated with social norms and practices.
2. Location/community significantly influenced methods of family planning (p=0.001) among the women in Anambra State. This can be explained by the fact that human beings are influenced by their environment, and this shapes their beliefs and practices. This is in line with the findings of Archibong and Agan, (2010) that maternalhealth practicesare significantly associated with location of residence. This therefore implies that a woman who have lived all her life in a community where people believed that modern methods of family planning is the white-man's plan to reduce their fertility, may not want to practice any method of family planning.

V. Conclusion

A significant percentageof the respondents claimed ignorance about family planning methods and services, while some who were aware of family planning did not practice it because of reasons like husband's refusal, religious beliefs and financial constraints.

VI. Recommendations

Based on the result of the study, the following recommendations were made:

- There is need for public enlightenment programs on family planning methods, using mass media, health talks in health facilities, market publicity, postnatal health talks in religious institutions, men and women's annual meetings etc. This will help to enlighten not just the women, but also the males, elderly women and adolescents in the various communities, and thus motivate them to encourage and support their women in ensuring good postnatal care activities.
- Integrate family planning as a routine health care activity, and build partnership with communities, families and individuals.

- Each State and local government should develop an evidence based postnatal care package that has standardized timing and frequency of care, with family planning as an indispensable item in the package.
- Traditional birth attendants and voluntary village health workers can be trained to help teach the women about family planning, its benefits and where to access the family planning clinics.
- Behaviour change messagesshould be developed to strengthen demand for family planning services by the rural dwellers and delivering it through accessible communication channels to all key segments of the population.
- To improve access to high-quality integrated Family Planning services by the primary health care system, including the provision of counselling and delivery of all methods except sterilization.

Conflict of Interest: None Declared

Ethical approval: Ethical approval was gotten from the Research Ethics Committee, Faculty of Health Science and Technology, Nnamdi Azikiwe University, Nnewi Campus; and respondents' informed consent were also obtained.

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