

Post Partum Contraception: Awareness and Willingness to Use by Antenatal Attendees in A Third Level Health Facility, Nigeria

Oranu Emmanuel Okwudili^{1*} and Ojule John Dimkpa²

¹Department of Obstetrics and Gynaecology, University of Port Harcourt Teaching Hospital, Port Harcourt, Nigeria

²Department of Regulation and Reproductive Health Unit, University of Port Harcourt, Nigeria

*Corresponding author: Oranu Emmanuel Okwudili, Department of Obstetrics and Gynaecology, University of Port Harcourt Teaching Hospital, Port Harcourt, Nigeria, Tel no. +2348033121255; E-mail:meetemma24@gmail.com

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Abstract

Background: The contraceptive prevalence of 17% in Nigeria is low. Concerted effort is being made by the various stake-holders, including exploring post partum family planning, to increase the contraceptive uptake. Emphasis on Post Partum Contraception (PPC), especially in the immediate post period, will improve our contraceptive prevalence rate.

Objective: To determine the level of awareness and willingness to use post partum contraception by antenatal attendees of the University of Port Harcourt Teaching Hospital (UPTH), South-South Nigeria.

Methods: This is a cross-sectional questionnaire based study in consenting antenatal attendees of the UPTH. Pretested questionnaire were administered on the respondents by trained assistants. Their socio-demographic data and information on their awareness and willingness to use post partum contraception were entered into excel spread sheet and analyzed with SPSS version 20.0. Chi-square test of variables were done and $P < 0.05$ was taken as statistically significant. The results were presented in tables of frequencies and percentages.

Results: Two hundred and seventy one antenatal attendees of the UPTH participated in this study. Their mean parity was 2.65 with a standard deviation of 1.25 of the total number of respondents, 269 (99.26%) had at least a secondary education, 156 were aware of post partum contraception; giving a prevalence of 57.56%. Two hundred and six (76.01%) expressed willingness to use post partum contraception if counselled and offered. Husbands support for the use of contraception was 69.37%.

Conclusion: The awareness for post partum contraception in the UPTH antenatal attendees was average. However, the expression of willingness to use this method of contraception was high.

Keywords: Post partum contraception; Counselling; Awareness; Willingness; Port Harcourt

Introduction

Antenatal care is a set of organized interventions carried out to cater for the health of the woman and her fetus for ultimate safe delivery outcome; and also prepare the couple for other needed necessary care in the post partum period. Family planning, one of these needed necessary interventions, is therefore an essential component of the antenatal care and the post partum period up to but not limited to the 1st one year. Family Planning (FP) is defined as the practice by a couple for controlling the number of children they wish to have and the interval between their birth; particularly by contraception. Contraception therefore allows the couple the human right potential to decide if and when to have children and hence attain their desired family size.

With the stress of labour/delivery, psychological and financial strain among others, most women would prefer deferring the next pregnancy to such a time that allows their full recovery from the toll of immediate past delivery experiences [1]. It is also known that ovulation and menstruation resumes as early as 30 days after delivery in some women and they hence risk unintended pregnancy. Therefore, early initiation of FP in the post partum period is crucial to preventing conception in the post partum period and guaranteeing the health and wellbeing of the mother and their babies bearing in mind that this period poses additional risk with adverse reproductive outcome to the mother. Unfortunately, more than 200 million women in Africa who want to avoid/prevent pregnancy are not using any form of modern contraceptive. More importantly, in the postpartum period, about 95% of women do not desire pregnancy in the 1st 12 months of delivery but up to 70% of them are not using contraception.

Though these women do not desire pregnancy in the post partum period, many of them initiate sexual intercourse early post delivery; in Enugu, Okeke et al [2] demonstrated that 68.9% resumed coitus within 6 weeks of delivery while only 14.7% of them used modern contraception. Other studies at Ibadan and Kano by Adedokun [3] and Zubairu [4] et al showed 36.4% and 66.9% of the women respectively had resumed coitus within 6 weeks of delivery while only 20.7% and 65.5% respectively used any form of post partum contraception. In a meta-analysis

report, Tsegaye et al in Ethiopia gave a prevalence of Post Partum Contraception (PPC) of 48.11%, education being the most important predictive factor to its use. Comprehensive maternity care, especially the Antenatal Care (ANC), remains a critical time to counsel expectant mothers and indeed couples on PPC benefits [5,6].

Study by Akman et al [7] and Ethiopian work by Tadese et al [8] showed that antenatal counselling for PPC increased willingness to use contraception by 91.5% in the counselled group as against 68.7% who indicated interest in the control group; while in the later, it showed contraceptive uptake of 78.38% in the counselled group as against 13.40% in the parturients who were not counselled for PP contraception. The effect of PPC showed in Yaprake et al study that majority of participants still used traditional method of contraception inspite of counselling in the post partum period [9]. However, immediate PP counselling on contraception reported by Kasemiss in his study, 73.7% in the counselled group and a lower 42.6% in the control, accepted PPC [10]. The post partum family planning remains the ideal time to improve on CPR as suggested by various reviews [11]. While there have been some studies in UPTH on family planning, there has not been any specifically on PPC. There is therefore the need to evaluate the awareness and willingness to use post partum family planning by the UPTH antenatal population; hence this study [12].

Methodology

This study was conducted in the antenatal clinic of the UPTH. This hospital is located in Alakahia, Port Harcourt, an ancient oil rich cosmopolitan city of Nigeria. The hospital provides specialized care to Rivers State residents and its adjoining States. It was a prospective cross-sectional questionnaire based study in women attending antenatal care at the UPTH. The antenatal clinic holds daily, Monday to Friday. The average antenatal attendance in a day is forty women. Bearing all logistics and excluding antenatal mothers who did not give consent for the study, an average of 10 respondents were randomly recruited based on the sample size below. The sample size for this study was calculated using a simplified formula for calculating sample size: $n = N / (1 + N(e)^2)$, Where, n = sample size. N = prevalence of post Partum contraception in a study in Abakaliki [13] e = error margin (0.05). $n = 271$ respondents.

Two volunteered intern doctors who were on their leave were trained by the researchers on the data collection. Pretested questionnaire were administered on the consented respondents by the researchers and the trained assistants who supervised the process of data collection. The response was good and retrieval rate was 100 percent. The socio-demographic characteristics, awareness and willingness to use post partum contraception and reasons for not wanting to use it were captured on excel spread sheet and analyzed using SPSS version 20.0. Chi-square was used to test variables for significance and P value of 0.05 at 95% confidence interval was adjudged significant. Result was presented in tables of frequencies and percentages. Ethical approval for the study was obtained from the UPTH ethical committee.

Results

From the result of the two hundred and seventy one antenatal women who responded in this study, 145(53.51%) were in the 25-34 age range, 215(79.34%) were multiparous; the parity mean was 2.65 with a standard deviation of 1.25. Most of them, 269(99.26%) had at least secondary education(p value > 0.05 for education, **Table 5**) and 168(61.99%) were Pentecostal **Table 1**.

Table 2. showed that a good number of these women have heard of contraception and knows its benefits; 257(94.83%) and 234(86.35%) respectively. In 188(69.37%) of the women, the husbands supported contraception. About half 156(57.56%) of the respondents have heard of post partum contraception during the antenatal sessions (**Table 3**); but only 67(24.72%) of this number had heard of immediate post partum contraception (**Table 2**). Two hundred and six (76.01%) of the women expressed the willingness to use post partum contraception if counselled and the method offered, while the remaining 65 expectant mothers who declined were mainly either undecided or gave religion as a reason for the non acceptance (**Table 4**). One hundred and thirty (83.33%) of the respondents said they heard of PPC during the antenatal classes, 19(12.18%) through the nurse, and 7(4.49%) from doctors. This means that 115 of the 271 antenatal attendees (42.44%) had no information on PPC.

Variable	Frequency(N=271)	Percentage (100%)
Age(years)		
15-24	17	6.27
25-34	145	53.51
35-44	106	39.11
45 and above	3	1.11
Parity		
0-1	56	20.66
2-3	141	52.03
3-4	74	27.31
Marital status		
Married	246	90.77
co-habiting	12	4.43
Single	9	3.32
Divorced	4	1.48
Level of Education		
Post secondary	194	71.59
Secondary	75	27.68
Primary	2	0.74
Occupation		
Business	130	48.15
Civil servants	62	22.96

Public servants	46	17.04
House wife	32	11.85
Religion		
Pentecostal	168	61.99
Catholic	66	24.35
Other Orthodox	31	11.44
Muslim	5	1.85
Jehovah Witness	1	0.37

Table 1: Socio-Demographic Characteristics.

Variable	Frequency (N=271)	Percentage (100%)
Have you heard of contraception		
No	14	5.17
Yes	257	94.83
Do you know the benefits of contraception?		
No	37	13.65
Yes	234	86.35
Name one benefit		
Birth control/prevents pregnancy	228	84.13
No benefit mentioned	35	12.91
prevent infection/STDs	6	2.22
Good for health	2	0.74
Have you ever discussed contraception with your husband?		
No	52	19.19
Yes	219	80.81
Was he supportive?		
No	83	30.63
Yes	188	69.37
Have you heard of post-partum contraception (PPC), that is, contraception within 6 weeks of delivery?		
No	115	42.44
Yes	156	57.56
Was PPC ever discussed during your antenatal clinic?		
No	118	43.54
Yes	154	56.46

If discussed at all, was it discussed more than once?		
No	128	47.23
Yes	143	52.77
Do you know contraception (aside BTL and vasectomy) is free?		
No	172	63.47
Yes	99	36.53
Have you heard of immediate PPC?		
No	204	75.28
Yes	67	24.72
If you were told that contraception can be offered/done in the postdelivery period before you were discharged home, and that it is free, safe and effective, will you accept/use it?		
No	65	23.99
Yes	206	76.01

Table 2: Awareness and willingness to Accept Post Partum Contraception.

Reason	Frequency	Percentage
Undecided	37	56.92
Religion	15	23.08
Prefer natural method	7	10.77
Lack of adequate information	6	9.23
Total	65	100

Table 3: Reasons for Declining use of PPC.

Level of education					
Have you heard of post-partum contraception (PPC), that is, contraception within 6 weeks of delivery?					
	Primary	Secondary		Post secondary	Total
No	1(0.87)	35(32.66)		82(84.47)	118

Yes	1(1.13)	40(42.34)		112(109.5)	153
Total	2	75		194	271
P					0.79
Have you heard of immediate PPC?					
	Primary	Secondary	Post secondary		Total
No	2(1.50)	63(56.45)	139(146.04)		204
Yes	-0.49	12(18.54)	55(47.96)		67
Total	2	75	194		271
P					0.1

Table 4: Chi Square Test.

Discussion

Antenatal care and family planning are some of the important pillars of safe motherhood. The period of antenatal care therefore remains a very useful time to introduce/remind mothers or couples on the need to limit or space their children [10]. In this study, most of the participants were young nulliparous women with at least a secondary education. This means that they will appreciate counselling given on the need for family planning. A high percentage of these women (94.83%) are aware of contraception and knows its benefits (86.35%). This means that even before becoming pregnant, the basic knowledge about contraception was high. Some studies have shown that there is a direct relationship between contraceptive knowledge and use before pregnancy and in the post partum period [12]. It is therefore expected that participants in this studies will invariably indicate high willingness to use contraception in their post partum period if they adequately counselled in the antenatal period; since their preconception contraceptive awareness was high. This will be in agreement with studies done by Tsegaye et al [5], and Gulay and Elan [12] among others. This is more so, considering that 69.37% of the respondents have their spouse support. Husband's awareness and support for contraception has shown to improve uptake generally, especially in the post partum period [13-15].

Only about half (57.56%) of the attendees have heard of post partum contraception; but only one quarter (24.72%) of the number has heard about immediate post partum contraception. However, 76.01% of these respondents were willing to use this method if offered. The low awareness and high willingness to use post partum contraception by participant if offered suggests a grossly inadequate counselling during the period of antenatal care. The findings are lower than those in Abakaliki study, 2020 [13] and Allagoa et al in Port Harcourt, 2011 [15]. This is not surprising as the later was on the knowledge of contraception in pregnancy and not on post delivery contraception. However, it is worrisome that only 24.72% of these respondents are aware of immediate post partum contraception against 78.6% in the Abakaliki study. This is apparently so as it is in the recent past

that conscious effort is being made in this centre, emphasizing PPC. From the level of education and average parity, these women have a high pedigree to accepting post partum contraception [7]. More importantly, adequate counselling has equally proven to increase the uptake of contraception generally and post partum contraception in particular [9,12]. Bearing in mind that the post partum period is a very important opportunity to counselling these women to accepting contraception [9,12] and preventing accidental/unintended and possibly unwanted pregnancy and its sequelae [1,2], the poor counselling situation revealed in this study becomes very worrisome. The very low level of one on one counselling, as shown by 12.20% and 4.5% direct counselling by the nurses and the doctors respectively, is even more disturbing. Counselling at this level is needed to consolidate on the general lecture/counselling given during the antenatal sessions/talk. This situation calls for serious concern considering the fact that a reasonable number of these women resume intercourse early in the post partum period [2,4] with most of them not using any form of contraception [2,3]. There is therefore need for an organized strategic interventional counselling that will enable the women make the necessary informed choice of contraception. This will ultimately increase the already high expression of willingness to use PPC by the women in this study.

Topping the list for reasons in declining PPC contraception are, being undecided and religion. This has been shown by several studies. However, while these studies points more on religion and fear of side effects, most respondents in this study are undecided; which is in keeping with poor/inadequate counselling so far established in this study. As contraceptive prevalence of Nigeria remains disturbingly low there is need to strategically address the various barriers/unmet needs to accepting contraception in these women most of whom do not need pregnancy at that point in time. A wide spread study in the subject matter involving the whole state is needed. This will be useful in policy formulations on family planning at the state level and by extension the country at large. More importantly, emphasis should be laid on adequate counselling on this method of contraception during the antenatal care to get the women well informed on this method of contraception so that they will key into it. By doing this, the ultimate aim of increased contraceptive uptake will lead to improvement in infant and maternal wellbeing, and hence reduction in maternal and child death.

Conclusion

The awareness of post partum contraception among University of Port Harcourt Teaching Hospital antenatal population is average. However, their willingness to use this method of contraception is high. Grossly inadequate counselling on post partum contraception, especially during antenatal care must be addressed.

Limitation

the study is not a community based research. A multi-centre study would have a greater impact.

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