

Contraceptive Choices and Use Among Postnatal Women in Selected Districts in Luapula Province, Zambia

Chama Daniel¹, Kasongo Titus¹, Munengo Webster¹, Mutale Mumbi¹, Catherine Mubita Ngoma^{2,*}

¹Department of Basic and Clinical Nursing, School of Nursing Sciences, University of Zambia, Lusaka, Zambia

²Department of Midwifery, Women and Child Health, School of Nursing Sciences, University of Zambia, Lusaka, Zambia

Email address:

catherinengoma@yahoo.com (C. M. Ngoma), catherine.ngoma@unza.zm (C. M. Ngoma)

*Corresponding author

To cite this article:

Chama Daniel, Kasongo Titus, Munengo Webster, Mutale Mumbi, Catherine Mubita Ngoma. Contraceptive Choices and Use Among Postnatal Women in Selected Districts in Luapula Province, Zambia. *Central African Journal of Public Health*.

Vol. 4, No. 6, 2018, pp. 191-195. doi: 10.11648/j.cajph.20180406.14

Received: November 2, 2018; **Accepted:** November 22, 2018; **Published:** December 26, 2018

Abstract: Effective contraception benefits both mothers and children by decreasing morbidity and mortality, improving the social and economic status of women, and improving the relationship of the mother with all her children. The main aim of the study was to determine contraceptive choices and use among postnatal women in Mwense, Mwansabobwe and Nchelenge districts of Luapula province. The study population comprised 92 randomly selected women attending family planning clinics. Findings revealed that 51% of the respondents were aged between 25 and 34 years, 75% were married, 63% were multiparas and had attained primary level of education (43%). Most respondents (79.3%) were not in formal employment, 52% had been using a family planning method for a period between one to three years and their main source of information on family planning were health care providers (71%). Two thirds (62%) of the respondents were using injectable contraceptive methods. When asked to state the contraceptive method they knew other than the one they were using, 75% mentioned injectable contraceptive and were aware of the benefits of family planning (87%). The respondents mentioned the following as side effects of family planning methods in general heavy bleeding (13%), irregular bleeding (25%), abdominal cramps (60%) and infertility (2%). With regards to the benefits of family planning, 87% knew the benefits of family planning and 83% of the family planning providers were nurses. 82% of the women reported that they received adequate information from the family planning provider on the contraceptives they were using and 92% were satisfied with the services rendered by health care providers, 74% of the respondents reason for the choice of contraceptives was safety of the contraceptive method and their main source of influence were their husbands (34%). Most women (79%) were willing to switch to other methods of contraceptives if the one they were using was not available and were willing to continue using family planning method (87%). To improve service delivery and client satisfaction among postnatal women, there is need for continued sensitization and provision of method specific information on family planning methods to the women to enable them to make informed contraceptive choices. Health facilities should be equipped with all family planning methods and logistics. There is also need to undertake further research to determine why injectable method of contraceptive is the most preferred among women in the current study.

Keywords: Contraceptive, Choices, Use, Postnatal, Women, Zambia

1. Introduction

Effective contraception in the postpartum period can prevent unintended pregnancy, unsafe abortions and ensure adequate birth spacing [1]. There are many different safe and effective contraceptive methods for use in the postpartum

period. The main contraceptive methods include hormonal contraceptives (low dose combined oral contraceptives, progesterone-only pills, progesterone-only injectable, contraceptive implant, emergency post-coital contraception and combined oral contraceptives, barriers and spermicides (male and female condoms) and intra-uterine devices [2]. However, contraceptive options differ depending on the

clients' desires such as cultural and religious beliefs, paternal attitudes, previous contraception experiences, reproductive plans, risks related to pregnancy, side effects related with contraceptives methods and perceived risks, prices, convenience, efficiency and individual risks with sexually transmitted infections [3].

In Sub-Saharan Africa, maternal mortality rate ratio is still very high despite improvement in service provision, Zambia inclusive. One of the strategies to improve maternal and neonatal mortality is through the use of modern contraceptive methods by women in the reproductive age group. Zambia has a fertility rate of 5.3 children per woman in her reproductive age with rural areas reporting a higher rate of 6.6 than urban areas [4]. The population growth rate of is 2.8% and it is expected to double to 30 million by 2030 [5]. The contraceptive prevalence rate among Zambian women of child bearing age is 45% and maternal mortality ratio is 398 per 100,000 live births [6]. This shows high unmet need for family planning. A high unmet need contributes to the perpetuation of high maternal mortality levels [7].

The government of the republic of Zambia through the Ministry of health has made tremendous effort to ensure that these supplies are available at the health centre. A number of interventions have been implored by the government, co-operating partners and members of staff at the family planning clinics to ensure equal utilization of these services. For example, the government through Ministry of health has trained midwives, general nurses and clinical officers general in modern family planning methods including long term family planning. This is to empower them to sensitize, educate and offer comprehensive family planning services to women of child bearing age especially post natal mothers. Co-operating partners such as Society for Family Health (SFH) and Scaling up Family Planning (SUFPP) has trained community based family planning distributor who operate in all the zones of the family planning clinics catchment areas. These have been empowered with educational knowledge to market and offer different methods of family planning especially those that do not require a trained staff to administer them such as condom distribution and oral contraceptives, and boost their morale; they are well enumerated with financial support and logistics such as bicycles.

Despite the above stated interventions, not many women are utilizing the modern contraceptives. Additionally, there is a dearth of studies about contraceptive choices and use among postpartum women especially in rural areas. It is for this reason that this research sought to find out the choice and usage of contraceptives among postnatal women in order to find ways of improving the situation.

2. Methods

The current study was a descriptive cross sectional study of contraceptive choice and usage among postpartum women conducted in the catchment areas of Mwense, Mwanabombwe and Nchelenge health centers family planning clinics in Luapula Province. A sample size of 92

postnatal women was selected from the health facilities. Simple random sampling method using the rotary technique was used to select the health facilities and respondents from each study location. Ninety-two (92 respondents were drawn from three districts and was distributed as follows, Mwanabombwe 15, Mwense 25 and Nchelenge 52 respondents respectively. A pretested interview schedule was used to elicit self-report data from the respondents. Ethical clearance was obtained from the University of Zambia research ethics committee (FWA 00000338). Request for permission to conduct the study was also obtained from Mwanabombwe, Mwense and Nchelenge District Health Offices respectively. Informed consent was obtained from the women prior to their participation. The respondents were briefed about the purpose of the study and that they had the right to participate or withdraw from the study and were assured of confidentiality of personal information they shared with the researchers. No names of the respondents were indicated on the interview schedule to ensure anonymity. The completed interview schedules were kept under strict security conditions to avoid unauthorized access to the information contained therein.

After data collection, all the interview schedules were edited for accuracy, completeness, uniformity and consistency. The responses from both the closed and open ended questions were categorized, coded and entered into SPSS statistical package version 22. Chi-square test was used to determine associations among contraceptive choices and other variables. The level of significance was set at 5% with a p value of 0.05.

3. Results

Table 1. Demographic data of the respondents.

Variable	Frequency	Percent
Age		
15-24 years	15	16.3
25-34 years	47	51.1
35 years and above	30	32.6
Total	92	100
Marital status		
Single	12	13
Married	69	75
Divorced	10	9.8
Widowed	1	2.2
Total	92	100
Education level		
Primary School	39	43
Secondary School	25	27
Tertiary	25	27
Never been to School	3	3
Total	92	100
Employment status		
Formal	19	20.7
Informal	73	79.3
Total	92	100
Length of period on family planning method		
0-3 years	56	60.9
4-7 years	23	25
9 years and above	13	14.1
Total	92	100

Half of the respondents (51.1%) were in the age group of 25 – 34 Years signifying the peak age of family planning clients among postnatal women. Three quarters of respondents (75%) were married, followed by singles (13%) and 9.8% were widowed. Most (43%) respondents had attained primary education level and 27% each had attained secondary and Tertiary education respectively while 3% had never been to school. Most of the respondents (79.3%) were in informal employment and 20.7% were in formal employment. About sixty one (60.9%) of the respondents had been using family planning for a period of 1-3years ago.

3.1. Respondents' Knowledge Level on Family Planning

More than two thirds 65 (71%) of the respondents source of information on family planning were health providers, 12% got information on family planning from Family members, 11% got information from their Peers. Most (67%) of the respondents were using the Injectable contraceptive method, (12%) were using pills and 8.7% were using

implants. When asked to state the method of contraceptive which they knew, a large percentage of the respondents mentioned Injectable method of contraceptive (75%) followed by pill (71.7%) and implants (57.6%) while emergency (13%) contraceptives and spermicides (8.7%) were least known. the respondents mentioned the following as side effects of family planning methods in general heavy bleeding (13%), irregular bleeding (25%), abdominal cramps (60%) and infertility (2%). With regards to the benefits of family planning, 87% knew the benefits of family planning and 13% did not know.

The results show that nurses (82.5%) were the major providers of family planning among postnatal women followed by Environmental Health Technologies (10.7%) and classified daily employees (5.4%). Most (81.50%) of the respondents stated that they were satisfied with the information they were given on the contraceptive methods they were using.

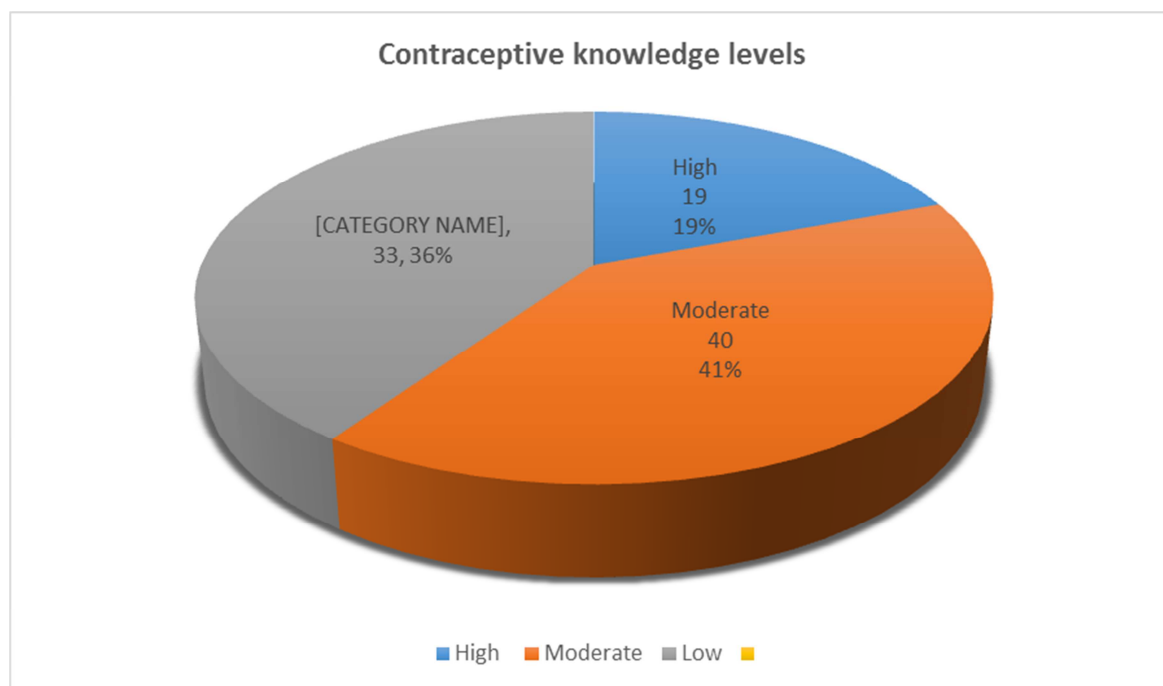


Figure 1. Shows the overall contraceptive knowledge levels among the respondents 40 (41%).

3.2. Determinants of Choice of Contraceptive Method

The study shows the respondent's reason for their choice of contraceptive method, 73.9% of the respondents considered the safety of a contraceptive method before choosing it and 14.2% considered the return to fertility. Others (6.5%) were concerned about forgetfulness, easiness of the method to use (2%), privacy (.4%) and availability (2%). The respondent's main source of influence on their contraceptive choice were Husbands (31%), followed by Health workers (25%) and Friends (23%).

Seventy percent (70%) of the respondents stated that they would continue on family planning even if the method of their choice is not available. When asked which method of

contraceptive was readily available at the health facilities (89.1%) of the respondents who said the injections were readily available, 86.9% mentioned the pills and 71.7% said condoms were available.

4. Discussion

This discussion of findings is based on data collected from a sample of ninety two (92) respondents. The respondents were women in postnatal period who were attending family planning clinic in Mwansabombwe, Mwense and Nchelenge Districts of Luapula province. The general objective of this research was to determine the pattern of contraceptive choices and usage among postnatal women in Mwense,

Mwansabombwe and Nchelenge districts of Luapula province.

The study sample included women in the reproductive age group (15-49 group). Most 48 (52.2%) of the respondents were aged between 25-34 years. The study points to the fact that most respondents were in their youth and within child bearing age. Seventy five percent (75%) of the respondents were married. This is because marriage is culturally accepted in Zambia and society expects adults to get married. This finding is different from the observation made by the Zambia demographic and health survey (ZDHS) that the use of modern family planning method is higher for sexually active unmarried women than for married women. This could be attributed to the adherence of moral values in rural areas as the study was done in rural districts.

In Zambia, child bearing and rearing is regarded as a norm and it is society's expectations that once couple get married, they should have children. In this study, the number of children per a woman varied. Some (20%) of the respondents had two, (15%) had four children and 14% had three and five children respectively. With regards to belonging to a religious denomination, some (22%) respondents congregated with the Pentecostal church, (16%) were Seventh Day Adventist and (15%) belonged to the Roman Catholics Church (Table 1). This is because Zambia is a Christian nation and there is freedom of worship. Most (43%) of the respondents had attained primary education level and were in informal employment (79.3%).

The findings show that 52% of the women had been using family planning for a period of 1-3 years ago and their source of information on family planning were health providers (71%). This finding could be attributed to the fact that in rural areas, the health worker is a major source of information on health matters including contraceptives. This is in line with the ZDHS which showed that health workers were a major source of contraceptive information among family planning users and that more than two thirds of current modern contraceptive users obtained their contraceptive method from the public sector, mostly Government Health Centers [7]. This is especially the case in Mwansabombwe, Mwense and Nchelenge districts which are predominantly rural with few or no private health facilities to offer family planning to women in postnatal period.

Sixty-seven percent (67%) of the respondents were using the injectable contraceptive method. This could be attributed to the fact that this method women find this method to be convenient compared to taking pills every day. Injectable method of contraceptive was the most known method (75%) among postnatal women. This can be attributed to non-availability of the other methods of family planning in the area hence they are the least advertised family planning products among health care providers. Nurses (83%) were the major providers of family planning among postnatal women. This is because nurses are grass root workers who are found at the community health centers. Most of the respondents (87%) were aware of the benefits family planning 82% were satisfied with the information they were

given on the contraceptive methods they were using. However, the results of the present study showed that the respondents overall contraceptive knowledge levels (figure 1) were moderate (41%).

More than two thirds (67.4%) of respondents were using injectable method of contraception. This finding is contrary to the ZDHS that reported that the commonly used methods among married women were the contraceptive pills [7]. However this trend is seen even in other countries. A study conducted in Southeast Nigeria showed that 71.8% of their respondents preferred injectable hormonal contraception [8]. Another study conducted in Ethiopia reported that 68.2% of the women in their study preferred injectable hormonal contraception [9]. Oral contraceptive and male condoms were the least accepted by the clients. The most preferred method of contraception were the injectable contraceptives. This could be attributed to not only to their non-availability in most of the health institutions, but also due to poor sensitization and marketing by health care providers.

Most women (31%) in this study were influenced in their choice of contraceptive methods by their husbands this could be attributed to the fact that husbands are decision makers on reproductive health issues. This observation was also noted by other researchers [10, 11, 12, 13]. Additionally, a national survey carried out in Ethiopia on utilization of contraceptives by women, revealed that 78 percent of currently married women had discussed family size with their husbands [14]. In a study carried out in Sri Lanka, 80% of potential Norplant users stated that they would need to discuss their interest with their husbands and the extent of communication were positively related to the wife's level of education [9, 15, 16].

The study revealed that 61% of the respondents would want to continue on family planning even if their contraceptive of their choice was not available. This could be an indicator that the women were aware of the importance of family planning. When asked which method of contraceptive was readily available at the health facilities (89.1%) of the respondents who said the injections were readily available compared to other methods of family planning. Non availability of all methods of contraception especially in developing countries limit choices among the women. One of the major determinant that influenced the women's contraceptive choices was safety of the method as indicated by 73.9% of the respondents. This observation has been made by other researchers [16, 17]. The current study has revealed an association between the choice of contraceptive method and social support ($P=0.001$)

5. Limitations of the Study

The current study was limited in a number ways. A self-report method was used to collect data from the respondents therefore it is difficult to determine the truthfulness of data. Findings may not be generalized to the rest of the populations due to a small sample size. A large study is needed to enable generalization of findings. The study was a cross sectional study which does not determine the causal effect.

6. Conclusion

This study provides this first empirical evidence on postnatal women's contraceptive choice and usage. The study revealed that injectable method of contraceptive was most popular among women and most of the family planning providers were nurses. The respondents were knowledgeable about importance of family planning and their overall contraceptive knowledge levels were medium. Most respondents were satisfied with the information they received from the family planning providers and would want to continue on family planning even if their contraceptive method of choice is not available and their choice of contraceptive methods was influenced by their husbands.

To improve service delivery and client satisfaction in the delivery of family planning among postnatal women, there is need for continued sensitization and provision of method specific information on family planning methods to the women to enable them to make informed contraceptive choices. Health facilities should be equipped with all family planning methods and logistics including permanent methods to offer variety methods to clients according to taste.

Acknowledgements

The authors thank the Ministry of Health for partial sponsorship of the study and women who participated in the study.

Conflicts of Interest

The authors declare that they have no competing interests

References

- [1] Kaiser Family Foundation. Global Health Policy. The U.S. Government and international family planning and Reproductive health efforts. August 29, 2018.
- [2] Hatcher, RA, Rinehart, W., Blackburn, R, Geller SJ, Shelton DJ. The essentials of contraceptive technology. Population Information program, Center for communication programs, The Johns Hopkins University, School of Public Health, Baltimore, July 1998.
- [3] Smith, R, Ashford, L, Gribble, J Clifford, D. Population reference Bureau. Family planning saves lives, 4th Edition, pp. 5-8.
- [4] Republic of Zambia, Integrated Family Planning Scale up Plan 2013-2021, Lusaka, Zambia.
- [5] National Health Strategic Plan, 2017-2021, Lusaka Zambia.
- [6] Central Statistics Office. Zambia Demographic and Health Survey 2013-14. Rockville, Maryland, USA: Central Statistical Office/Zambia, Ministry of Health/Zambia, and ICF International.
- [7] Nzokirishaka A, Itau, I. Determinants of unmet need for family planning among married women of reproductive age in Burundi: a cross-sectional study. *Contraception and Reproductive Medicine*, 2018; 3:11.
- [8] Chigbu B, Onwere S, Aluka C, Kamanu C, Okoro O, Feyi-Waboso P. Contraceptive choices of women in rural Southeastern Nigeria. *Niger J Clin Pract.* 2010 Jun; 13 (2):195-9.
- [9] Gizaw, W, Zewdu, F Abuhay, M Bayu, H. Extended Postpartum Modern Contraceptive Utilization and Associated Factors among Women in Gozamen District, East Gojam Zone, Northwest Ethiopia, 2014. *Insights in Reproductive Medicine* 2017 Vol.1 No.2:8. Online available at: www.imedpub.com MedPub Journals www.imedpub.com.
- [10] Debebe, S, Limenih AM, Biadgo, B. Modern contraceptive methods utilization and associated factors among reproductive aged women in rural Dembia District, northwest Ethiopia: Community based cross-sectional study. *International Journal of Reproductive Biomedicine*. 2017 Jun; 15 (6): 367–374.
- [11] Umoh AV, Abah, MG. Contraception awareness and practice among antenatal attendees in Uyo, Nigeria. *Pan Afr Med J.* 2011; 10:53.
- [12] Asekun-Olarinmoye EO, Adebimpe WO, Bamidele JO, Odu OO, Asekun-Olarinmoye IO, Ojofeitimi EO. Barriers to use of modern contraceptives among women in an inner city area of Osogbo metropolis, Osun State, Nigeria. *Int J Womens Health.* 2013; 5:647–655.
- [13] Eko JE, Osonwa KO, Osuchukwu NC, Offiong DA. Prevalence of contraceptive use among women of reproductive age in Calabar Metropolis, Southern Nigeria. *Int J Humanit Soc Sci Invent.* 2013; 2:27–34.
- [14] Newmann, JS, Goldberg, BA, Aviles, R, Molina de Perez, O, Foster-Rosales, FA. American Journal of Obstetrics and Gynaecology, Predictors of Contraceptive Knowledge and Use among Postpartum Adolescent in El Salvador. May 2005, Volume 192, Issue 5, Pages 1391–1394.
- [15] Basnayake, S, Thapa, S, Sandor, A. B. Evaluation of Safety, Efficacy, and Acceptability of NORPLANT® Implants in Sri Lanka. *Studies in Family Planning* Vol. 19, No. 1 (Jan. - Feb., 1988), pp. 39-47.
- [16] Adofo, E. Postpartum contraceptive use among young mothers in Kwae.
- [17] Bibirem district, Ghana School of Public health. College of health sciences, University of Ghana, July 2014.
- [18] Potgieter, F Kapp, P & Coetzee, F. Factors influencing postpartum women's choice of an implantable contraceptive device in a rural district hospital in South Africa. *Practice*, Volume 60, 2018 - Issue 6.