Situational analysis to scale up and sustain postpartum family planning services in Niger

Figure 1: Focus group discussion, Dosso, Niger, April 2021

Niger has a very high maternal mortality ratio of 509 deaths per 100 000 live births, with almost a third of all deaths among women of reproductive age attributed to maternal causes. The government of Niger has subscribed to international commitments to reduce maternal and infant mortality, a key objective of the Universal Health Coverage (UHC) and Sustainable Development Goals (SDGs).

As many women access health services during pregnancy and childbirth, postpartum family planning (PPFP) was identified as a critical intervention to accelerate modern contraceptive uptake and reduce maternal, neonatal and infant mortality rates. It is estimated that, in any given year, 1 in 4 women of reproductive age in Niger are postpartum. With 1 in 5 women not using a modern contraceptive method in the postpartum period, PPFP represents an important window of opportunity for the provision of family planning services.

To obtain baseline data to inform policies and programmes for scaling up and sustaining postpartum family planning in Niger, a situational analysis was conducted covering sampled health facilities at central, regional and district levels as well as communities in all eight regions in the country. The analysis was part of the WHO Family Planning Accelerator Project[i].

Key findings and challenges to address

Only half of the women seeking services at the various reproductive health contact points were offered family planning counselling. Half of these women who do not use a modern contraceptive method stated they wanted to avoid or space pregnancies.

The most popular modern contraceptives during the postpartum period are injectable Sayana Press (21%), depo provera (19%) and microgynon pill (18%). Women were aware of all the contraceptives available, while most men were only aware of pills and injectables as contraceptive methods.

Overall, the survey findings found that 60% of postpartum women were using a modern contraceptive method. This means that 40% of postpartum women are not using contraceptives, which is significantly higher than the official figure of 19% and may partly explain the significant shortfall in achieving Niger's 2020 target of a 50% modern contraceptive prevalence rate.

Young women were particularly impacted, with less than half of women under 19 yrs of age, using modern contraception. Younger women had little or no decision-making power or autonomy and were heavily influenced by their families and communities.

Why are women not using family planning in the post-partum period?

The survey highlighted several reasons for women not using PPFP. The most significant of these is the status of women within society in Niger. Of the 674 postpartum women interviewed, the vast majority (98%) of the women surveyed were in union (married). Notably, almost three-quarters of the women (73%) were housewives without income (see figure 1).

i https://www.who.int/publications/m/item/who-family-planning-accelerator-project#:~:text=The%20project%20(2019%2D2022),programme%20of%20work%20(GPW13).

Forty per cent had no education at all, and 30% had only elementary education. Thus, a woman's status stems from her ability to run a household and raise a family, with the number of desired children being over eight. Polygamous marriages are common in Niger, and having multiple wives and many children are viewed as positive masculine behaviours; thus, economic arguments for limiting the number of children do not hold sway. Decision-making, including on postpartum family planning, rests mostly with the male partner, with mothers-in-law also exercising influence. Other factors influencing the low uptake of postpartum family planning are that women are unaware of the health risks of having children too close together, rumours about adverse side effects and the refusal by women to use a FP method. The argument for child spacing, however, on the grounds of improved health outcomes for women and children appears to be more acceptable and should be promoted.

More than half (57%) of the facilities surveyed experienced contraceptive stock-outs in the last three months, and managers cited this as an obstacle to increasing the uptake of PPFP. The ability of health care professionals to counsel and provide different methods of contraception varied across the country.

It is particularly difficult for women in remote locations to get access to contraception. Security concerns in some regions of Niger and the COVID-19 pandemic negatively impact the ability of women to access family planning services.

Religious beliefs play a significant role in deterring women from using contraception despite the fact that Islamic law allows for the spacing of two years between pregnancies. Ramadan impacts the ability and the desire of women to attend health clinics and the ability and the desire of male partners to take women to clinics. Women also expressed concerns about attending a clinic for fear that the health care worker would be male.

Recommendations to scale up and sustain postpartum family planning services in Niger

This national-level survey has highlighted that the provision of family planning services in Niger remains an important and unmet challenge. It particularly highlights the missed opportunity that postpartum family planning represents. In order to effect change, however, significant shifts are needed within society and communities, as well as improvements across all levels of the health sector. Key improvements within the health system include:

- Apply the national strategy to systematically identify the family planning needs of women of reproductive age presenting at maternal, neonatal and child health clinics by integrating PPFP into these health services.
- Train all categories of health workers in the provision of postpartum family planning and in client-centred counselling techniques with attention to the provision of long-acting methods of contraception. This need to be supported by the provision of the necessary tools and commodities at all health facilities.
- Improve availability of contraceptives at the health facilities.
- Increase advocacy on the benefits of family planning, birth spacing and limiting fertility to save lives and improve the health of women and children.
- Engage with religious and cultural leaders to advocate for family planning
- Sensitization of men in family planning so that the couple is committed to family planning and not just the women.

Health system improvements, however, need to be accompanied by improvements to the status and autonomy of women and increased access to education for girls and women, as well as sensitization of husbands (école des Maris).

The commitment of local authorities, together with strategies to improve access to family planning services in remote areas, is needed. Local radio stations play an important role in disseminating information. More mobile and field teams are also needed to reach women who give birth at home and those living in hard-to-reach areas with limited access to health facilities.

Finally, improvements need to be made at all levels in the collection of PPFP data. PPFP indicators should be placed at the centre of the country's family planning performance monitoring mechanism and used as tracer indicators for family planning in Niger. Good data is key to tracking progress and identifying problem areas for future attention.

Figure 2: Training of interviewers, Niamey, March 2021

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