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Dominican Republic, Haiti, Nicaragua: Promoting family planning during the postpartum period can increase contraceptive acceptance

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*DR, Haiti, Nicaragua
Integration*

OR Summary 74

Promoting Family Planning during the Postpartum Period can increase Contraceptive Acceptance

In the Dominican Republic, Haiti, and Nicaragua, providing family planning information during the postpartum period had a greater effect on contraceptive use in the six months following delivery than information given during antenatal care.

Background

The World Health Organization recommends that women receive information on family planning (FP) during antenatal care (ANC), immediately after birth, and during postpartum and well-baby care. However, few studies have assessed the effect of information during each of these stages on women's use of contraceptive methods in the six months following delivery. Data collected by FRONTIERS and its partners in the Dominican Republic, Haiti, and Nicaragua have been analyzed to answer this question.

The analysis is based on 2,332 structured interviews with women (1,421 in the Dominican Republic, 306 in Haiti, and 605 in Nicaragua) who gave birth in the six months prior to the study. The interviews were conducted in 134 health centers and hospitals that provide maternal care services (59 in the Dominican Republic, 41 in Haiti, and 34 in Nicaragua).

Use of maternal care services, exposure to FP information, and use of postpartum contraception varied among countries. All women interviewed in the Dominican Republic attended ANC services and delivered in a facility; ANC use and institutional delivery were much lower in Haiti and Nicaragua (see Table). To control for their exposure to FP information, researchers divided the women into sub-groups according to their use of services. First they compared women who attended ANC with those who did not. Later they examined

subgroups of women—use of ANC with institutional delivery, use of ANC without institutional delivery, and institutional delivery without ANC care. In the Dominican Republic and Nicaragua, researchers also used logistical regression to analyze the effect of various factors, including sociodemographic and fertility characteristics and the timing of FP information, on the odds of women's contraceptive use following childbirth; the results presented here refer to that analysis.

Findings

◆ Women were more likely to use postpartum contraception if they had received ANC services than if they had not (see Table). Providing FP information during ANC visits, however, did not significantly affect use of contraception during the first six months postpartum.

Attendance at selected maternal care services and postpartum family planning use, by country (%)

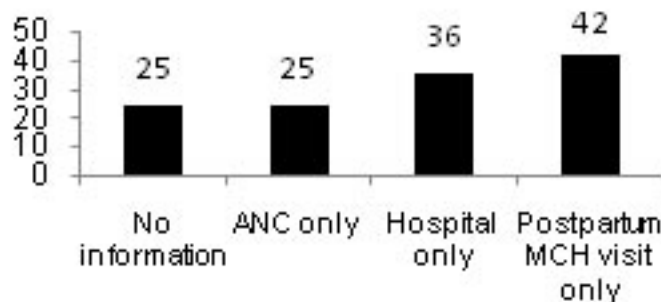
	ANC use	Institutional delivery	Postpartum contraception
Dominican Republic	100	98	47
Haiti	85	54	17
Nicaragua	68	74	55

◆ In all three countries, women who received FP information during postpartum maternal and child care visits were more likely to use contraception in the first six months after delivery than women who did not receive such information. In the Dominican Republic and Nicaragua, information provided during the hospital stay for delivery also increased contraceptive use. Factors affecting contraceptive use varied in the different settings, as detailed below.

◆ *Haiti*: Contraceptive use among women who received ANC, had an institutional delivery, and did not receive FP information during their postpartum visits was 13%. This increased significantly to 25% if the woman received FP information during postpartum visits. Among women who received ANC but did not deliver at a facility, contraceptive use was 14% if FP information had not been given, 18% if it had been given only during ANC visits, and 33% if information had been given during postpartum visits.

◆ **Among women who delivered in hospitals**, women in the *Dominican Republic* who received FP information at the hospital during their stay for delivery were 56% more likely to use postpartum contraception than those with similar sociodemographic characteristics who had not received this information. In *Nicaragua*, receiving FP information at the hospital increased the likelihood of postpartum contraception in otherwise identical women by 73%.

◆ In both the *Dominican Republic and Nicaragua*, providing FP information during postpartum maternal and child health visits doubled the likelihood that a woman would use FP use in the first six months postpartum. The figure illustrates the magnitude of these effects among primiparous, adolescent women in the Dominican Republic.



Policy Implications

◆ Family planning counseling during the postpartum period is a neglected service that should be integrated into the spectrum of safe motherhood care. Providers should be encouraged to reinforce contraceptive messages throughout the maternal care cycle as part of the effort to address mother and child care comprehensively.

◆ Given the growing evidence that short inter-pregnancy intervals increase the risk of infant and maternal mortality and morbidity, postpartum family planning should be considered as a life-saving intervention to be systematically included in the postpartum package.

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Sources: Quiterio, Gisela et al. 2008. "Dominican Republic: Diagnostic study of postpartum, postabortion and PMTCT contraceptive services," *FRONTIERS Final Report*. Washington, DC: Population Council. See Also: Rivero-Fuentes, Estela, Ricardo Vernon, Michaele Boulos and Louis-Marie Boulos. 2008. "Haiti: Situation analysis of the use of contraception in postpartum, postabortion and prevention of mother-to-child HIV transmission," *FRONTIERS Final Report*. Washington, DC: Population Council. See Also: Solis, Freddy et al. 2008. "Situation analysis of the use of contraception in postpartum, postabortion, and prevention of mother-to-child transmission (PMTCT) programs, Nicaragua," *FRONTIERS Final Report*. Washington, DC: Population Council. Available on our website at www.popcouncil.org/frontiers or by e-mail: frontiers@popcouncil.org

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FRONTIERS IN REPRODUCTIVE HEALTH

4301 Connecticut Avenue, N.W., Suite 280, Washington, D.C. 20008 USA

TEL: 202-237-9400 FAX: 202-237-8410 E-MAIL: frontiers@pcdc.org WEBSITE: www.popcouncil.org