Abstract

Does group antenatal and postnatal care influence postpartum contraception uptake? assessing experiences of women and providers in Kenya and Nigeria

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Background:

Postpartum family planning (PPFP), or contraceptive adoption within 12 months postpartum, improves outcomes for women and infants by preventing short birth intervals. Yet, in low-middle income countries, PPFP rates remain low. This paper explores women and providers' experiences with facilitated group discussion on PPFP during facility-based group antenatal and postnatal care (ANC, PNC) in Kenya and Nigeria.

Methods:

We conducted a qualitative evaluation within a cluster-randomized control trial comparing group versus individual ANC and PNC. We conducted focus group discussions (29) and in-depth interviews (38) with participating women and group care providers at 6 weeks and 12 months postpartum. We employed inductive content analysis and thematic abstraction to draw meaning from the data in Atlas.ti software.

Results:

Five themes summarize how group care influences PPFP uptake: 1) Having enough time; 2) Engaging women in care; 3) Creating an environment where women feel "free"; 4) Equipping women with tools to facilitate discussions with their husband/partner; and 5) Continuing care through 12 months postpartum. Women reported increased knowledge of PPFP methods and side-effects. They attributed confidence in decision-making and uptake to group care. Providers gained confidence in discussing contraception with patients.

Conclusions:

Group-based ANC and PNC influences postpartum contraceptive behaviors including uptake among women in Kenya and Nigeria. We recommend this model of care in other low-middle income countries to improve PPFP use.

Implementation of health education strategies, interventions and programs Planning of health education strategies, interventions, and programs Social and behavioral sciences