International Journal of Contraception, Gynaecology and Obstetrics

ISSN Print: 2664-9861
ISSN Online: 2664-987X
Impact Factor (RJIF): 5.79
IJCGO 2025; 7(1): 26-30
www.gynecologyjournals.com
Received: 10-04-2025
Accepted: 15-05-2025

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Inhibiting factors for the acceptance of postpartum contraception at the maternity ward of the Ignace Deen University Hospital in Conakry in 2022

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DOI: https://www.doi.org/10.33545/26649861.2025.v7.i1a.34

Abstract
Introduction: Postpartum family planning is the prevention of unwanted and closely spaced pregnancies during the 12 months following childbirth. The objective of this work was to calculate the contraceptive proportion of women in the postpartum period and to identify the inhibiting factors of women's acceptance of postpartum contraception. partum at the maternity ward of the Ignace Deen National Hospital CHU in Conakry.
Methodology: This was a prospective, cross-sectional, analytical study carried out in the gynecology-obstetrics department of the Ignace Deen National Hospital in Conakry from December 1, 2022 to January 31, 2023, covering women who gave birth in the department and who received postpartum contraception counseling, whether or not they accepted a contraceptive method.
Results: Modern contraceptive prevalence was 11.11%.
Factors likely to be associated with non-acceptance of postpartum contraceptive methods were: no schooling (P=0.000), monogamy (P=0.009) and pauciparity (P=0.001). The known modern contraceptive methods were the contraceptive pill (73.33%) and the male condom (38.33%). Nearly 2/3 of the respondents were in favor of contraception (72.5%) and 62.22% of the partners were not. The majority of respondents cited protection against unwanted pregnancy (55.83%) and birth spacing (46.94%) as advantages of modern contraceptive methods. The main disadvantages cited by the respondents were sterility (76.74%) and decreased libido (56.59%).
Conclusion: This study shows that the prevalence of modern postpartum contraception remains low. Factors influencing the acceptance of postpartum contraception were marriage, monogamy, poverty, and lack of schooling.

Keywords: Postpartum contraception, family planning, contraceptive acceptance, ınhibiting factors, maternal health

1. Introduction
Contraception is the set of procedures put in place to voluntarily prevent conception, in a reversible and temporary manner. Postpartum family planning is the prevention of unwanted and closely spaced pregnancies during the 12 months following childbirth. It is of particular interest for the prevention of closely spaced and unwanted pregnancies [1].
Maternal mortality remains very high worldwide. Most deaths occurred in low-income countries and could have been prevented. One of the key strategies for reducing maternal and infant mortality is family planning.
According to the WHO, closely spaced pregnancies are associated with a high risk of maternal (anaemia, haemorrhage, and even death) and fetal (preterm delivery, low birth weight and intrauterine growth retardation as well as neonatal death) health problems [2]. During the postpartum period, women are vulnerable to unwanted pregnancies, which can lead to abortion and have an impact on maternal and neonatal morbidity and mortality [3]. Reducing unmet need during the postpartum period is a major challenge if we want to reposition family planning (FP) and especially achieve the Millennium Sustainable Development Goals (SDG3) relating to maternal mortality. This is why the WHO has strongly recommended that States prioritize Postpartum Family Planning (PPFP) [4].

Factors influencing the use of PPFP according to studies conducted in Africa and elsewhere are multiple: inadequate advice on FP during the prenatal and/or postpartum period, sociodemographic and cultural factors, economic factors and factors related to the health system [5, 6].

In France, unwanted pregnancies occurring postpartum represent 6% of voluntary terminations of pregnancy (VTP), or nearly 10,000 per year [7].

The unmet need for postpartum family planning (PPFP) is much higher in low- and middle-income countries (LMICs). In Nepal, the unmet need for PPFP was 52% among women in the immediate postpartum period [8].

In sub-Saharan Africa, unmet need for postpartum family planning (PPFP) can reach 75%, as in West and Central Africa despite the well-known benefits of PPFP [9].

In Guinea, contraceptive prevalence in 2018 was 12.52% with an unmet need rate for contraception of 22% [10]. The repositioning of FP in 2008 allowed the integration of PPFP as a strategy to reduce maternal, neonatal and infant morbidity and mortality in the maternity wards of the country's hospitals. Contraceptive prevalence also varies according to the level of education, economic level, place of residence and the region where women in union reside [10].

In a study on PFPP carried out at the maternity ward of the Ignace Deen National Hospital in Conakry in 2018, the contraceptive prevalence was 10.30% [11].

The lack of data on factors inhibiting the acceptance of contraception and the low prevalence of postpartum contraception in the department motivated the choice of this study.

The objectives of this work were to calculate the contraceptive proportion of women in the postpartum period and to identify the factors inhibiting women's acceptance of postpartum contraception. partum at the maternity ward of the Ignace Deen National Hospital CHU in Conakry.

2 Methodology

2.1 Type and duration of study: This was a prospective, cross-sectional, analytical study carried out in the gynecology-obstetrics department of the Ignace Deen CHU national hospital in Conakry. from December 1, 2022 to January 31, 2023.

2.2 Inclusion criteria: All women who gave birth in the department and who received postpartum contraception counseling were included in this study, whether or not they accepted a contraceptive method.

2.3 Non-inclusion criteria: All women who gave birth in the department whose clinical condition did not allow counseling and those who did not agree to participate in the study were not included in this study.

2.4 Sampling: We carried out an exhaustive recruitment of all women who gave birth in the department who met the selection criteria defined above.

For comparison, the parturients were divided into two groups:

- **Group 1:** these are all the women who have given birth of the service who received counseling on postpartum contraception and who did not agree to choose a contraceptive method.
- **Group 2:** These are all the women who have given birth of the service who received counseling on postpartum contraception and who agreed to choose a contraceptive method.

2.5 Data collection procedure

The data were collected on a collection sheet pre-established for this purpose.

All women selected for the study were interviewed according to the variables and sub-variables on the data collection form and the form was completed by agents trained in data collection.

2.6 Study variables: The variables were qualitative and quantitative, including sociodemographic data (age, occupation, level of education, marital status and religion), obstetric data (pregnancy, parity, abortion), knowledge of modern contraceptive methods and attitudes of the respondents towards modern contraceptive methods. The dependent variable was refusal to choose a contraceptive method in the postpartum period.

2.7 Data analysis: Data were entered using Epi info version 7 software. Analysis was done using SPSS 23.0 software. Pearson's chi- square and Fischer's exact tests were used to compare variables after checking their conditions of use with a significance level of 5% or p value <0.05.

2.8 Ethical aspect: Informed consent was requested and obtained from participants, confidentiality and anonymity were required. The results obtained will be used solely for scientific purposes.

3 Result

Contraceptive prevalence: during data collection, we identified 44 respondents who accepted a modern contraceptive method out of a total of 360 who gave birth, i.e. a modern contraceptive prevalence of 11.11%.

Table 1: Distribution of respondents according to factors inhibiting acceptance of postpartum contraception

Variables	Refusal to accept contraception (n=120)		Acceptance of contraception (n=240)	
	Effective	Percentage	Effective	Percentage
Age				*P*>0.05
15 and 19	15	12.5	32	13.33
20 and 24	35	29.17	73	30.42
25 and 29	42	35	80	33.33
30 and 34	21	17.5	40	16.67
≥35	7	4.16	12	5
Level of study				P=0.000
Not in school	76	63.33	32	13.33
Primary	12	10	75	31.25
Secondary	23	19.17	121	50.42

Superior	9	7.5	12	5
Marital status				P=0.386
Bride	115	95.83	234	96.67
Bachelor	5	4.17	6	3.33
Type of marriage				P=0.009
Monogamous	98	81.67	165	68.75
Polygamous	22	18.33	75	31.25
Occupation				P>0.05
Housewife	52	43.33	97	40.42
Liberal	32	26.67	65	27.08
Student	23	19.17	52	21.67
Official	13	10.83	26	10.83
Religion				P= 0.55
Muslim	113	94.17	222	92.5
Christian	7	5.83	18	7.5
Parity				P=0.001
Primiparous	27	22.5	75	31.25
Pauciparous	55	45.84	91	37.92
Multiparous	22	18.33	62	25.83
Grand multiparous	16	13.33	12	5

Table 2: Source of information on modern contraceptive methods

Sources of information	Number of employees n= 360	Percentage
Health training	193	53.5
School	42	15.3
Family members	35	13.0
Neighbor	16	7.4
Radio	21	4.7
Leaflets / Posters	12	3.3
Television	27	1.9
Personal reading	9	0.5

Table 3: Modern contraceptive methods known by respondents

Known methods	Number of employees n = 360	Percentage
Male condoms	138	38.33
Contraceptive Pills	264	73.33
Injectable methods	116	32.22
Implants	59	16.39
Intrauterine device	52	14.44
Female sterilization	5	1.39

Table 4: Attitudes towards modern contraceptive methods

Variables	Number of employees n = 360	Percentage
Are you in favor of modern contraceptive methods ?		
Favorable	261	72.5
Unfavorable	54	15
Don't know	32	8.89
Does not respond	13	3.61
Is your partner in favor of modern contraceptive methods ?		
Favorable	102	28.33
Unfavorable	224	62.22
Don't know	4	9.44
What is the attitude of religion towards modern contraceptive methods ?		
Favorable	268	74.44
Unfavorable	76	21.11
Don't know	13	3.61
Does not respond	3	0.83
What is your country's attitude towards modern contraceptive methods ?		
Favorable	81	22.5
Unfavorable	243	67.5
Don't know	21	5.83
Does not respond	15	4.17

Benefits of contraception: the majority of respondents cited protection against unwanted pregnancy and birth spacing as advantages of modern contraceptive methods in respective proportions of 55.83% and 46.94% followed by birth limitation (34.17%).

Disadvantages of contraception: in relation to this parameter, the main disadvantages cited by the respondents were sterility (76.74%) and decreased libido (56.59%).

4 Discussion

This study aimed to determine the factors inhibiting the use of modern contraceptive methods in a last resort service of the health pyramid in Guinea. It emerges from this study that the modern contraceptive prevalence in the postpartum period of women of childbearing age surveyed was 11.11%. This is superimposable with the national contraceptive prevalence in Guinea, according to the 2018 DHS which was 12% [10]. Contraceptive prevalence is 13% among married women and 33% of women have unmet needs (WHO, 2014) [9]. The 25-29 age group was the most represented with 35% in groups 2 and 33.33% in groups 2 in both populations. The average age of the respondents was 28.5 years ± 2 in groups 1 and 29.7± 3 in groups 2. This age group corresponds to the maximum period of genital activity in women. According to Katoka FMJ *et al*. in the DRC, in his study on the factors of non-acceptance of FP, the median age of the women surveyed was 28.5 years [12]. In their studies conducted in Kenya, Tunisia, Cameroon, Akoto E. M *et al* and Kamdem, H *et al* in 2003 showed that age plays a determining role in these three countries in terms of contraception: " Young women aged under 25 are less likely to use modern contraception than women aged 35 and over. The latter having most likely reached, or even exceeded, their desired fertility, we can assume that they are more likely to practice contraception than the former, who are for the most part at the beginning of their fertile life." [13]. In our study, the majority of patients surveyed were uneducated, housewives, living in a monogamous household, practicing the Muslim religion and pauciparous. There is a significant link between lack of schooling and non-acceptance of postpartum contraception with P=000. Therefore, the more uneducated one is, the more one accepts to use a family planning method, which is contrary to the study of Katoka FMJ *et al*. in the DRC, the use of modern contraceptive methods decreases with the level of education, it is 4% among uneducated women against 19% among women with a high level of education [12]. According to Lenan GS on the explanatory factors of the non-use of modern contraceptive methods by women in Chad, the marital status of women is also associated with the non-use of modern contraception. 97.0% of single women do not use contraception compared to divorced women (89.8%) since many single women are still looking to test their fertility and therefore would not use contraceptive methods. The proportions of married and widowed women are respectively 91.7% and 94.0% [13]. Our study shows that there is a significant link between the type of household and the factors inhibiting contraception in the postpartum period with P = 0.009. This means that women in polygamous households are more favorable to the use of a method in the postpartum period than women in monogamous households. In the literature, it is noted that the type of marriage (monogamous or polygamous) has an impact on contraceptive behavior. Indeed, people in monogamous unions are more likely to use contraception than polygamous ones whose use of contraception is less widespread and therefore the negative influence of polygamy on contraception. Generally, in the monogamous type of union, we find educated women who can discuss FP with their husbands. While polygamous families persist in tradition and always remain pronatalist and are hostile to the use of modern contraception [13]. In our study, pauciparous women who are in full reproductive activity are less sensitive to planning in the postpartum than other groups with P=0.001.

Of the 360 women surveyed, 78.16% had stated that they had heard of FP. The main sources of information were health facilities and schools. Our result is close to the data in the literature with 53.5%, health facilities as the main source of information on family planning [12]. Regarding knowledge of modern contraceptive methods, 71.66% of the women surveyed knew modern contraceptive methods and the main modern contraceptive methods cited by the respondents were respectively: contraceptive pills for (73.33%), male condoms for (38.33%). A natural method that can be used well in the postpartum period that was not cited by our patients surveyed and which could be a very beneficial transition method in the postpartum period is the breastfeeding amenorrhea method.

Lack of awareness of a contraceptive method remains strongly associated with its non-use. In practice, two American studies have shown that only 46% of women who wished to practice the breastfeeding and amenorrhea method still practice exclusive breastfeeding six weeks after giving birth. The male condom has the advantage of providing protection against sexually transmitted infections (STIs). However, its contraceptive effectiveness remains much lower than that of hormonal methods: its Pearl index varies from 3.6 to 5.4%. Contraceptive pills remain the most widely used form of contraception in the literature [14, 15, 16].

The majority of women cited protection against unwanted pregnancy and birth spacing as advantages of modern contraceptive methods respectively with 55.83% and 46.94% followed by birth control (34.17%).

The main disadvantages cited by the respondents were sterility (76.74%) and decreased libido (56.59%).

In the literature, postpartum women cited as disadvantages of modern contraceptive methods: forgetting 62.5%, bleeding 11.9% and weight gain 8.5% [15].

It is clear from this table that the majority of respondents stated that their spouse was not in favor of the use of modern contraceptive methods (62.22%). Data from the literature show that the spouse's opinion on contraceptive practice is highly proportional to its use in certain countries such as Cameroon and Kenya and that women whose husband approves of the use of a contraceptive method are more likely to practice modern contraception than those whose husband disapproves of its use [13].

Men's involvement during and after pregnancy helps reduce postpartum depression and improve the use of maternal health services. Enabling

men and women to participate in family planning discussions within maternal health care, whether together or separately, helps address inequalities and creates a space for joint decision-making to effectively use family planning [17].

Religion was in favor in 74.44% of cases and as for the opinion of custom, 67.5% stated that custom was not favorable to the use of modern contraceptive methods.

Conclusion

This study shows that the prevalence of modern postpartum contraception remains low. Factors influencing the acceptance of postpartum contraception were marriage, monogamy, poverty, and lack of schooling.

We believe that further multicenter studies on these factors inhibiting postpartum contraception with the inclusion of other factors could lead to more relevant results on this phenomenon.
Improving maternal and neonatal health necessarily involves increasing the prevalence of postpartum contraception.

Conflicts of interest: The authors declare no conflicts of interest related to this work.

Author contributions: All authors contributed to the completion of this work.

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How to Cite This Article
Diallo MC, Diallo BA, Sow AII, Soumah AFM, Sylla AM, Bah IK, Diallo A, Sy T. Inhibiting factors for the acceptance of postpartum contraception at the maternity ward of the Ignace Deen University Hospital in Conakry in 2022. International Journal of Contraception, Gynaecology and Obstetrics 2025;7(1):26-30