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Postpartum Contraceptive Use in the Comoros: Challenges and Influencing Factors

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Abstract

Purpose: This study explores postpartum women's awareness and use of FP, Their preferred methods and information sources, the role of healthcare providers, and how social, cultural, and religious factors affect contraceptive decisions and discontinuation.

Materials and Methods: This cross-sectional study, conducted from July 10 to December 15, 2024, involved 271 pregnant and postpartum women aged 15–49 across the Comorian islands of Ngazidja, Anjouan, and Mohéli. Participants were recruited from selected health facilities, including PMI, ASCOBEF, and Mbeni Hospital (Ngazidja); CMU, Ndomoni, and Ouani (Anjouan); and CMU Fomboni, Ndrondroni, and Wanani (Mohéli). Data were collected using a structured, interviewer-administered questionnaire assessing knowledge, attitudes, practices, and socio-cultural, economic, and interpersonal factors influencing family planning. Descriptive and inferential statistics (chi-square, t-tests, and regression) were used to analyze the data. Ethical approval and informed consent were obtained.

Findings: Awareness was highest for injectables, pills, and implants, while knowledge of IUDs and natural methods was low. Injectables were the most used method, though most participants had never used contraception. Discontinuation was mainly due to side effects and lack of partner approval. Health professionals were the main source of information. Discussions about contraception were most common with husbands and family members. Partner support (41%) and women's approval (29%) varied, while religion showed limited direct influence.

Unique Contribution to Theory, Practice and Policy: These findings underscore the importance of expanding knowledge about the full range of contraceptive options, particularly IUDs and natural methods, to improve informed choice. Addressing side effects through improved counseling, while actively engaging male partners in family planning programs, may reduce discontinuation and increase uptake. Given the strong role of health professionals and family discussions in shaping decisions, interventions should leverage these channels to foster supportive environments for postpartum contraceptive use.

Keywords: *Family Planning, Postpartum Contraception, Reproductive Health, Maternal Health, Infant.* ***I12***, ***I18***, ***J13*** *and* ***O55****.*

INTRODUCTION

According to the WHO, nearly 800 women died every day from preventable causes related to pregnancy and childbirth in 2020 [1]. Despite global progress in reducing maternal deaths by 34%, low- and lower-middle income countries still account for 95% of maternal deaths [2].

Maternal deaths remain a major problem for women of childbearing age in Africa, where 69% of all maternal deaths worldwide occur.

The Comoros is one of the countries most affected by this problem, with a 21% increase in the maternal mortality ratio between 2017 and 2020, underlining the urgent need for targeted interventions [3].

The adoption of family planning, particularly in the post-partum period, is crucial to saving the lives of mothers and children by improving maternal and child health, reducing the prevalence of unwanted, closely spaced pregnancies and unsafe abortions, preventing sexually transmitted infections and improving the economic well-being of families [4; 5]. For example, the use of family planning technologies in the post-partum phase can help to space births by at least 24 months, significantly reducing maternal and neonatal mortality by 30% and 10% respectively [6].

However, family planning adoption remains slow. In 2022, 77.5% of women aged 15 to 49 had their FP needs met, an increase of only 10%, due to various factors such as limited access to contraceptives, fear of side effects, and socio-cultural and socio-economic barriers [7, 8, 9]. The expansion of FP is essential to achieve the Sustainable Development Goals [10]. As well as reducing the number of births, FP improves child survival by spacing pregnancies, allowing mothers to recover between pregnancies, limiting competition for family resources, and reducing the spread of infectious diseases [7, 11, 12].

Postpartum family planning (PPFP), which involves initiating family planning services within the first 12 months after childbirth, plays a crucial role in preventing closely spaced and unintended pregnancies [13]. This period offers a strategic opportunity, as women are more likely to engage with healthcare providers during pregnancy and shortly after delivery, making it ideal for providing counselling and access to modern contraceptive methods. The benefits of PPFP are well established: for mothers, it significantly reduces the risks of miscarriage, preterm birth, low birth weight, anaemia, premature rupture of membranes, and maternal death [14], while for infants, the risk of early neonatal, neonatal, and infant mortality is notably higher when pregnancies occur within 9 to 18 months of a previous birth [15,16]. At a broader level, family planning has a powerful public health impact, with studies showing that spacing pregnancies by more than two years could prevent over 30% of maternal deaths and 10% of child deaths [17]. Despite these benefits, achieving universal access to voluntary family planning services requires more than availability; it demands supportive policy environments, high-quality service delivery, active community engagement, and well-integrated health systems that can make the most of every contact with women during the postpartum period.

Given the importance of postpartum contraception in improving the health of women and newborns, this study aims to examine the key factors influencing the uptake of family planning during the postpartum period in Comoros. Specifically, the objectives are to assess the level of awareness among postpartum women regarding family planning, identify the methods they prefer and use, explore their main sources of information, and determine the types of healthcare providers they rely on. Additionally, the study investigates how cultural and religious beliefs, partner communication, and other social factors influence contraceptive choices, as well as the common reasons for discontinuation or non-use. The findings will help guide the development

of evidence-based reproductive health policies and interventions, ultimately expanding women's reproductive choices and reducing maternal and neonatal mortality.

MATERIALS AND METHODS

Study Area

The study was done in The Comoros, an archipelago in the Indian Ocean. It lies to the north of the Mozambique Channel, in south-east Africa, between the northern coast of Mozambique and the northern tip of Madagascar. This group of islands consists mainly of separate landmasses: Ngazidja: PMI, ASCOBEF, Mbeni Hospital, Anjouan: CMU, Ndomoni, and Ouani district (high birth rate area) and Mohéli: CMU Fomboni, Ndrondroni and Wanani health post. The population of the Comoros in 2024 is estimated at around 852,075 people at mid-year.

Study design

This study adopts a quantitative approach, using a cross-sectional survey to examine factors associated with family planning (FP) uptake among pregnant and postpartum women in Comoros.

Study Population and Sampling

The survey was carried out between 10th July and 15th December, 2024 among 271 pregnant and post-partum women in health facilities on the three islands. Pregnant and postpartum women aged 15 to 49 living on the three islands were eligible to take part in the study. An informed consent form was signed by the participants to show their willingness and consent to take part in the survey.

Data Collection Tool

Data were collected using a questionnaire designed to assess knowledge, attitudes and practices related to family planning, as well as factors such as socio-cultural, economic and interpersonal factors that influence the use of family planning services.

Before each interview, clear and precise explanations of the subject and objectives were given to the participants, and no personal information was recorded on paper. The consent and assent of participants and/or parents, as appropriate, were obtained before the survey was administered. Participants were given the opportunity to refuse or not participate in the procedure.

Trained data collectors administered the questionnaire during face-to-face interviews in health facilities. Responses were recorded on paper and then digitised for analysis. Ethical approval UI/EC/24/0302 and N°24002/CNESS/PR was obtained from the relevant authorities and participants were assured of confidentiality and voluntary participation.

Data Analysis Methods

Descriptive and analytical statistics were used to provide an overview of key variables. Frequencies, percentages, and graphs were calculated to assess knowledge, attitudes, and use of family planning, as well as demographic, socioeconomic, sociocultural, and interpersonal factors among study participants. In addition, means and standard deviations were calculated to characterize the central tendency and variability of relevant quantitative variables. Inferential statistical tests such as t-tests and chi-square tests were done to identify significant relationships and discern associations between variables. The analysis extended to exploring the distribution and impact of sociocultural, economic, and interpersonal factors on postpartum contraceptive

use. To test the strength of relationships between dependent and independent variables, regression analysis was done.

FINDINGS

Awareness and Knowledge of Contraceptive Methods

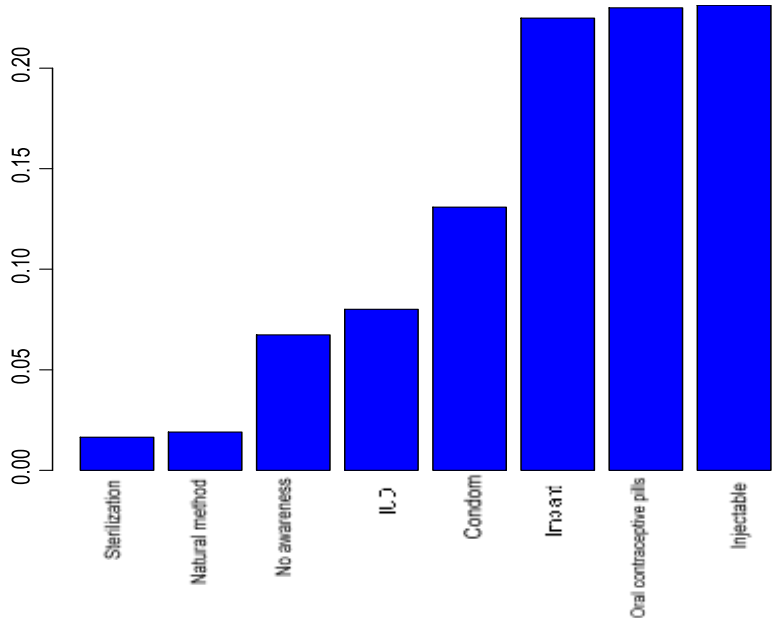

Figure 1: Awareness and Knowledge of Different Contraceptive Methods among Women

Regarding contraceptive awareness, women were more familiar with injectable, contraceptive pills, and then the implant, which have the highest frequencies than sterilization, and natural methods, which are significantly less known.

However, knowledge of the IUD is significantly less known than that of condoms, indicating a considerable gap in awareness between these two methods. Additionally, there was a significant difference in knowledge between IUDs and both sterilization and natural methods, which were considerably more recognized.

Contraceptive Methods Used By Women

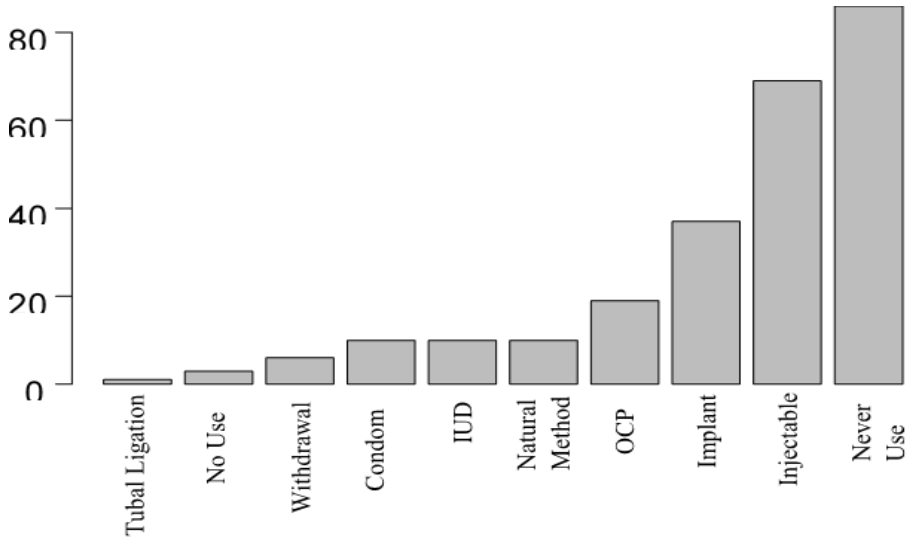

Figure 2: Contraceptive Methods Used by Women

The results show that most of the participants had never used contraceptives. However, among those who had, injectable contraceptives were the most commonly used method, followed by implants.

The use of oral contraceptive pills, IUDs and condoms was the least common, but methods such as withdrawal (8%) and tubal ligation (4%) were the least adopted, indicating a marked reluctance to use permanent methods.

Factors Influencing Contraceptive Discontinuation

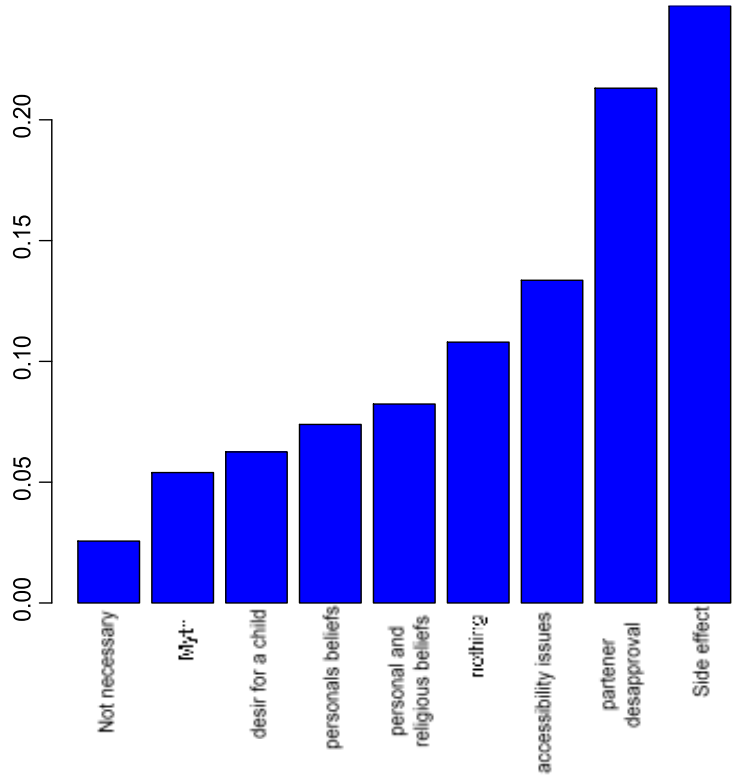

Figure 3: Factors Influencing Contraceptive Discontinuation

According to the bar chart, the most frequently cited reasons for stopping contraception are side effects and partner approval.

However accessibility issues, no reason and while personal and religious beliefs indicate economic and sociocultural factors influence also contraception uptake.

Less commonly reported reasons include personal beliefs and desire for a child**,** suggesting that while some individuals discontinue contraception intentionally for pregnancy, others stop due to personal convictions.

Finally, myths and the belief that contraception is unnecessary are the least frequently mentioned reasons, indicating that misinformation and outright rejection of contraception play a minor role in discontinuation compared to medical, social, and accessibility factors.

Sources of Contraceptive Information and Awareness

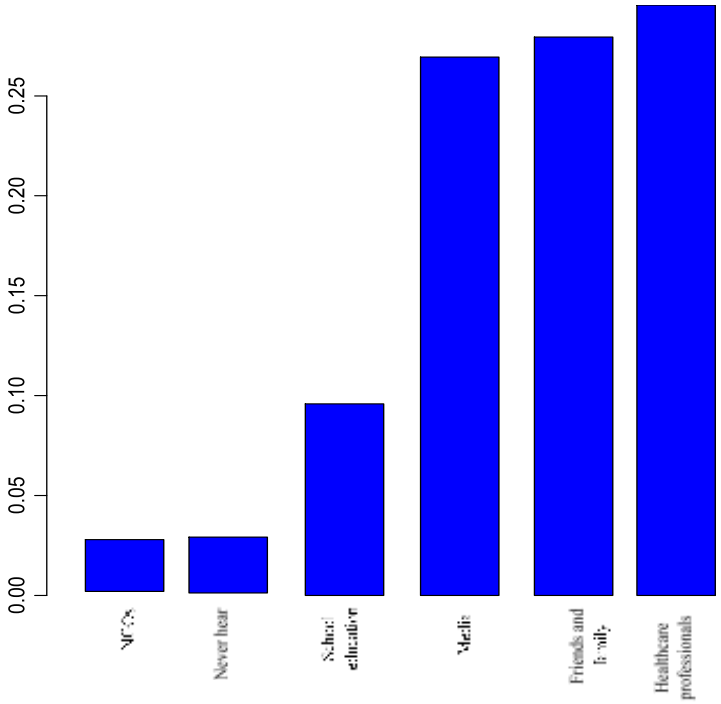

Figure 4: Sources of Contraceptive Information and Awareness

The histogram shows that the main source of information on contraception is health professionals, with a frequency greater than 0.25. Family, friends and the media also play an important role in passing on information, with frequencies also above 0.25.

On the other hand, school education (6), never having heard of contraception (0) and NGOs (5) have very low frequencies, below 0.05, which means that a small proportion of the population is not informed about contraception and that NGOs may not play an important role in raising awareness among this specific group.

Communication Patterns and Barriers in Contraceptive Discussions

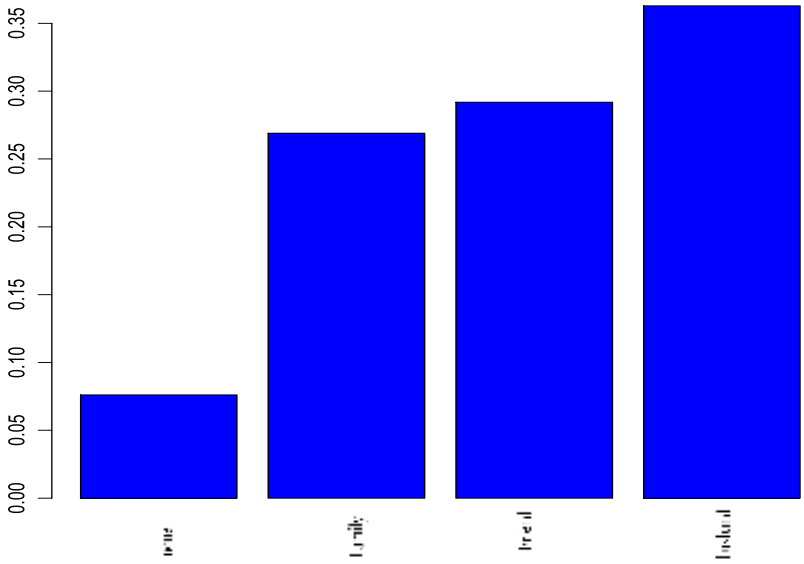

Figure 5: Communication Patterns and Barriers in Contraceptive Discussions

This bar chart illustrates the frequency of individuals with whom patients discuss contraception, providing insight into communication patterns in societies where the topic remains taboo. Husbands (1) are the most common discussion partners, followed by family members (3) and friends (2), highlighting the role of close social networks in contraceptive awareness. The "none" category (0) has the lowest frequency, indicating that most patients engage in discussions despite cultural sensitivities. These findings emphasize the need to strengthen awareness programs that encourage open dialogue within families and communities to overcome barriers and improve contraceptive use.

Influence of the Partner, the Woman's Approval and Religion on the Family Planning Decision

The results indicate varying levels of support and influence on family planning (FP) from partners, women themselves and religious beliefs.It is noted that the majority of participants did not respond to the question suggesting either a reluctance to disclose personal or sensitive opinions, a lack of awareness of the subject or a fear of talking about what may be a sensitive topic.However 41% of women responded that their partner supported the use of FP and only 29% of women approved of the use of FP. In terms of religion, 40% said it did not influence FP decisions, while only 11% agreed that it did, and almost half (49%) did not respond. This suggests that while religion may play a role, its impact may be less direct or less openly discussed.

	Partener's Approvess FP	Women's Approves FP	Influence of Religion on FP
yes	41%	29%	11%
no	9%	4%	40%
no response	50%	67%	49%

Discussion

The findings of this study reveal significant socio-cultural, economic, and health system–related barriers to postpartum contraceptive use in the Comoros. The high rate of non-use (80%) underscores the combined influence of cultural norms, partner disapproval, financial constraints, and limited access to family planning services. Lack of spousal support for contraceptive uptake also featured strongly. In much of sub-Saharan Africa, the typical woman continues to rely on her husband for key decision-making, including healthcare, largely because she may not be economically empowered to make such decisions independently despite concerted efforts by the World Health Organization and the United Nations to promote women's autonomy [18]. Our findings further show that utilization was higher among Christians than among those practicing Islam, highlighting the role of religion in shaping contraceptive choices, a pattern consistent with earlier studies [18,19].The strong preference for long-acting reversible contraceptives (LARCs) such as injectable (70%) and implants (45%) suggests that convenience and effectiveness play a crucial role in contraceptive choices, aligning with studies in other low-resource settings where short-term and barrier methods are less favored.

Health system factors, including accessibility issues and inadequate counseling, contribute to contraceptive discontinuation. Side effects remain the leading reason for stopping contraception, emphasizing the need for improved provider-patient communication and better management of side effects. Additionally, the limited role of NGOs and school-based education in raising awareness highlights missed opportunities for comprehensive family planning education.

Social and religious influences also play a major role in contraceptive decision-making. While healthcare providers are the primary source of information, discussions on contraception are often limited within families due to stigma and taboos. The fact that 50% of women avoid discussing contraception with their husbands reflects persistent gender dynamics and decision-making barriers in reproductive health. Furthermore, religion is a key factor shaping contraceptive attitudes, with many individuals perceiving religious teachings as discouraging family planning.

Limitations

This study has some limitations. Self-reported data may be affected by recall and social desirability biases, and the sample size may not fully reflect regional differences. Additionally, it does not assess the long-term effects of interventions or policy changes.

Nonetheless, the study offers valuable insights into factors influencing postpartum contraceptive use in Comoros. Addressing cultural barriers, enhancing healthcare delivery, involving men, and engaging religious leaders are key strategies to improve uptake and maternal-child health outcomes.

CONCLUSION AND RECOMMENDATIONS

Conclusion

The findings highlight significant barriers and disparities in contraceptive knowledge, usage, and decision-making. A large proportion of women have never used contraception, indicating gaps in awareness, accessibility, and sociocultural acceptance. Injectable methods and implants are the most commonly used, while permanent and natural methods remain less popular. Discontinuation is primarily driven by side effects and partner disapproval, underscoring the influence of both medical concerns and social dynamics.

Healthcare professionals are the primary source of contraceptive information, yet school education and NGOs play a minimal role. Discussions about contraception are most frequent with husbands, but many women avoid the topic, revealing persistent taboos. Religion significantly influences contraceptive attitudes, though many remain uncertain about its role.

These results emphasize the need for comprehensive reproductive health education, improved access to diverse contraceptive methods, and strategies to encourage open communication within families and communities. Addressing myths, engaging men in family planning discussions, and integrating religious leaders into awareness efforts could enhance informed decision-making and promote wider acceptance of contraception.

Recommendations

Addressing gender inequality by promoting joint decision-making and women's empowerment, Engaging religious leaders to frame family planning in ways that align with faith values. Expanding access to LARCs while strengthening side-effect management, Investing in health worker training to overcome service delivery gaps.

List of Abbreviation

FP : Family Planning

PMI : Protection Maternelle et Infantile

CMU: Couverture Maladie Universelle.

ASCOBEF: Association Comorienne pour le Bien-Être Familial.

WHO: World Health Organization

PPFP : Postpartum Family Planning

OCP : Oral Contraceptive Pills

IUD : Intrauterine Device

NGOs : Non-Governmental Organizations

LARCs ; Long-Acting Reversible Contraceptives

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REFERENCES

1. HRP at the International Maternal Newborn Health Conference , https://www.who.int/news-room/events/detail/2023/05/08/default-calendar/hrp-at-the-alignmnh-conference
2. Maternal mortality - World Health Organization (WHO) (https://www.who.int/news-room/fact-sheets/detail/maternal-mortality)
3. OMS, Mortalité maternelle (2023) : L'urgence d'une approche systémique et multisectorielle pour réduire la mortalité maternelle en Afrique https://files.aho.afro.who.int/afahobckpcontainer/production/files/iAHO_Maternal_Mortality_Regional_Factsheet_FR.pdf
4. Mustafa G, Azmat SK, Hameed W, Ali S, Ishaque M, Hussain W, et al. Family planning knowledge, attitudes, and practices among married men and women in rural areas of Pakistan: findings from a qualitative need assessment study. Int J Reprod Med. 2015;2015(1):1–8. [DOI] [PMC free article] [PubMed]
5. Solanke BL. Drivers of unmet need for family planning among women of advanced reproductive age in urban Western Africa. In: Family Planning. London: IntechOpen; 2018.
6. Hounton S., Winfrey W., Barros A. J. D., Askew I. Patterns and trends of postpartum family planning in Ethiopia, Malawi, and Nigeria: evidence of missed opportunities for integration. Global Health Action. 2015;8(1):p. 29738. doi: 10.3402/gha.v8.29738. [Google Scholar].
7. Brown, W., Ahmed, S., Roche, N., Sonneveldt, E., & Darmstadt, G. L. (2015, August). Impact of family planning programs in reducing high-risk births due to younger and older maternal age, short birth intervals, and high parity. In Seminars in perinatology (Vol. 39, No. 5, pp. 338-344). WB Saunders.
8. United Nations, Department of Economic and Social Affairs, Population Division (2022). Estimates and Projections of Family Planning Indicators 2022.
9. Starbird E, Norton M, Marcus R. Investing in family Planning : key to achieving the sustainable development goals. Glob Heal Sci Pract. 2016;4(2):191–210. doi: 10.9745/GHSP-D-15-00374. [DOI] [PMC free article] [PubMed] [Google Scholar]
10. Starbird, E., Norton, M., & Marcus, R. (2016). Investing in family planning: key to achieving the sustainable development goals. Global health: science and practice, 4(2), 191-210.
11. Blanc, A. K., Winfrey, W., & Ross, J. (2013). New findings for maternal mortality age patterns: aggregated results for 38 countries. PloS one, 8(4), e59864.
12. Lawlor, D. A., Mortensen, L., & Nybo Andersen, A. M. (2011). Mechanisms underlying the associations of maternal age with adverse perinatal outcomes: a sibling study of 264 695 Danish women and their firstborn offspring. International journal of epidemiology, 40(5), 1205-1214.
13. Conde-Agudelo, A., Rosas-Bermudez, A., Castaño, F., & Norton, M. H. (2012). Effects of birth spacing on maternal, perinatal, infant, and child health: a systematic review of causal mechanisms. Studies in family planning, 43(2), 93-114.
14. Owuor, H. O. (2020). Comparison of postpartum family planning uptake between primiparous and multiparous women in Webuye County Hospital, Kenya. South African Family Practice, 62(3).

15. Kozuki, N., Lee, A. C., Silveira, M. F., Victora, C. G., Adair, L., Humphrey, J., ... & Child Health Epidemiology Reference Group Small-for-Gestational-Age-Preterm Birth Working Group. (2013). The associations of birth intervals with small-for-gestational-age, preterm, and neonatal and infant mortality: a meta-analysis. *BMC public health*, *13*, 1-9.

16. Bongaarts, J. (2013). How exceptional is the pattern of the fertility decline in sub-Saharan Africa. *UN Population Division, Expert Paper*, *4*.

17. Hounton, S., Winfrey, W., Barros, A. J., & Askew, I. (2015). Patterns and trends of postpartum family planning in Ethiopia, Malawi, and Nigeria: evidence of missed opportunities for integration. Global health action, 8(1), 29738.

18. Ochako R, Mbondo M, Aloo S, et al. Barriers to modern contraceptive methods uptake among young women in Kenya: a Qualitative study. BMC Public health. 2015;15:118–126. doi: 10.1186/s12889-015-1483-1

19. Gyimah SO, Adjei JK, Takyi BK. Religion, contraception and method choice of Married women in Ghana. J Relig Health. 2012;51(4):1359–1374. doi: 10.1007/s10943-011-9478-4.

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