HEALTH COMMUNICATION CAPACITY COLLABORATIVE

Qualitative Research on Reproduction at Advanced Maternal Age (AMA) and High Parity (HP) Pregnancies in West Africa

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Introduction

1. Research conducted by HC3 consultant Dienaba Ouedraogo
2. Niger and Togo selected in consultation with USAID

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Country Context

	Niger	Togo
Total Fertility Rate (TFR)	5.6 Urban 8.1 Rural	3.7 Urban 5.7 Rural
Polygamy **Married women in polygamous unions**	36%	32%
Religion	80% Muslim 20% other	29% Christian 20% Muslim 51% other
Literacy levels **Aged 15 and older can read and write**	27% Males 11% Females	78% Males 55% Females
AMA **% of all women aged 35-49 who had a child at 35 years or older**	60%	46%
HP: **% of all women who had five or more births**	43%	22%
Contraceptive Use **% of married women using contraceptive**	14% All methods 11% Modern methods	20% All methods 17% Modern methods

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Objectives

1. Identify cultural factors contributing to AMA and HP pregnancies
2. Understand men and women's perceptions and attitudes about risks of AMA and HP pregnancies
3. Identify factors facilitating or preventing FP use
4. Document healthcare provider communication practices about risks with clients
5. Identify effective ideas, messages or approaches to inform women about risks to encourage modern FP method use

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Quantitative

- Hope Consulting
  - Survey conducted with women between ages of 15 to 49 in Niger, June 2014
  - HC3 conducted an analysis of the responses of the study's 760 AMA and HP women
- DHS
  - Niger, 2012
  - Togo, 2013 - 2014

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Qualitative

	Niger			Togo			Total
	Niamey (urban)	Koygoro (rural)	Mokko (rural)	Lomé (urban)	Aouda (rural)	Adjengre (rural)	
FGD							
Women	36 (4)	8 (1)	8 (1)	31 (4)	19 (2)	25 (2)	**127 (14)**
Male Partners	24 (3)	8 (1)	8 (1)	25 (3)	8 (1)	9 (1)	**82 (10)**
Mixed: - Men and Women	8 (1)	--	--	8 (1)	--	--	**16 (2)**
CASE STUDY	2	1	1	2	1	1	**8**
IDI							
- Service Providers	3	2	1	3	2	2	**13**
- Couples	8 (4)	4 (2)	4 (2)	4 (2)	4 (2)	4 (2)	**28 (14)**
- Leaders	2	2	1	2	2	2	**11**

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Cultural factors contributing to AMA and HP pregnancies

- Norms
  - Unfavorable toward limiting number of children
  - Large desired family sizes
  - Birth spacing more acceptable than birth limiting
  - Ability to care for number of children you have
- Religion
  - Refusal to interfere with God's plan
- Perceived benefits of large families
  - Social status
  - Labor force
  - Children care for elderly parents
  - Fear of infant mortality

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Cultural factors contributing to AMA and HP pregnancies

Norms

"Not having any more children, that's what I can't understand. I can advise women to space out births, but never advise them to limit. ...If you can space out we can understand, but wanting to stop, it's as if you kill the rest of the children that you bear within you."

(33-year-old woman, five children, FP user, urban Niger)

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Cultural factors contributing to AMA and HP pregnancies

- Polygamy
  - Fear husband will take more wives
  - Compete with co-wives and to have more children, resources, inheritance, status
- Early marriage, marital instability, remarriage
  - Woman “loses” right to refuse bearing children

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Perceptions and attitudes about AMA and HP pregnancy risks

- Belief that any pregnancy is risky
- Limited knowledge of AMA and HP risks
- Additional risks understood in urban Togo
  - Genetic defects
  - Social consequences (orphans, delinquency)

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Factors preventing FP method use

- Fear of perceived side effects
- Husband's refusal
  - Fear wife will be promiscuous
- Lack of information
- Perceived religious constraints
- Lack of perceived use by others in the community

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Reasons couples motivated to use FP

- Believed or experienced risks of AMA/HP pregnancies
- Wanted to preserve woman's health
- Duty to ensure children's well-being
- Desire to please husband/better sex life
- Woman's agency
  - Access to info; decision maker; job
- Favorable interpretation of Islam
- Community norm: knowledge of other users

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Healthcare provider practices communicating with clients

- Limited knowledge of risks of HP and AMA pregnancies
  - Midwives more than CHWs
- Limited (consistent) communication about AMA and HP
  - Content, risk information
  - Form, approach and style of communicating
- Lack materials on risks

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Effective ways to inform women about AMA and HP pregnancy

- Advocate for Maternal Newborn and Child Infant Health (MNCH)/FP communication guidelines that incorporate risks regarding AMA and HP pregnancies
- Strengthen service providers' capacity to communicate the risks of AMA and HP pregnancies.
- Develop effective tools to support AMA and HP communication.
- Capitalize on community leaders' willingness to support initiatives

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