

REPORT

Promoting Healthy Timing and Spacing of Pregnancy with Young Married Women in Northern Nigeria: A Short Report

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Abstract

The persistence of early and closely spaced pregnancies in Northern Nigeria contributes to maternal and child morbidity and mortality. A technical working group to WHO recommended that following a birth, a woman should space her next pregnancy by at least 24 months, and following a miscarriage or abortion, a woman space her next pregnancy by at least six months. UNICEF, UNFPA and WHO also recommend that a woman delay her first pregnancy until 18. These recommendations comprise the concept of Healthy Timing and Spacing of Pregnancy. The Extending Service Delivery Project (ESD) partnered with the Federation of Muslim Women Association of Nigeria and religious leaders to educate communities about the benefits of using family planning to practice HTSP in five local government areas. Informal discussions with 148 women and 28 men found high recall of the HTSP recommendations and favorable attitudes toward spacing and family planning although many remain concerned about the side effects of contraceptive methods (*Afr J Reprod Health 2012 (Special Edition); 16[2]: 263-269*).

Résumé

La persistance des grossesses précoces et étroitement espacées au nord du Nigéria contribue à la morbidité et la mortalité maternelle et infantile. Un groupe de chercheurs techniques qui travaille pour l'OMS a recommandé que suite d'un accouchement, il faut qu'une femme espace son prochain accouchement d'au moins 24 mois et suite d'une fausse couche ou un avortement, une femme doit espacer sa prochaine grossesse d'au moins six mois. L'UNICEF, l'UNFPA et l'OMS recommandent aussi que la femme atteigne l'âge de 18 ans avant sa première grossesse. Ces recommandations constituent le concept de l'Occurrence et l'Espacement Sains de Grossesse (OESG). Le projet de l'Extending Service Delivery (ESD) a collaboré avec la Federation of Muslim Women Association of Nigeria et les leaders religieux pour sensibiliser les communautés sur les avantages de l'utilisation de la planification familiale dans la pratique de l'OESG dans quatre Administrations Locales. Les discussions non formelles avec 148 femmes et 28 hommes ont montré que les participants se souviennent bien des recommandations de l'OESG et des attitudes favorables envers l'espacement et la planification familiale, quoique beaucoup d'entre eux se soucient des effets secondaires des méthodes contraceptives (*Afr J Reprod Health 2012 (Special Edition); 16[2]: 263-269*).

Keywords: Married adolescent, Reproductive health, Family planning, Spacing of pregnancy, Religious leaders

Introduction

In May of 2008, the Extending Service Delivery (ESD) Project and Pathfinder International Nigeria conducted a training of 25 outreach workers in the city of Kano, Nigeria, to orient them to the health

and psychosocial needs of young married women in Northern Nigeria. In one exercise, the participants were asked to draw a picture of a typical adolescent and to include in their drawing the health, social and cultural issues that confront young women each day. The participants were not allowed to use any words—only images. One

group sketched a young woman whom they named Aisha. Aisha had abnormally small eyes, small ears and a small mouth. When asked to explain their drawing, the participants replied that young women are repressed socially, culturally and economically, and are often controlled by external forces. Aisha cannot see or hear because she is isolated, has no access to information and cannot voice her own concerns or needs.

One of the major factors contributing to poor reproductive health outcomes in Nigeria is the persistence of early pregnancy. Thirty-four percent of Nigeria's population is between the ages of 10 and 24, which translates to over 45 million youth and adolescents. On average, 27.8 percent of all Nigerian women aged 15 to 19 are married and 23 percent have begun childbearing. Nine percent of women aged 25 to 49 have given birth by age 15, and 47 percent have become mothers by age 20.

These numbers, however, do not convey the regional variability in the country. Because Northern Nigeria is predominantly Muslim, early marriage is often sanctioned and the use of modern contraception may be frowned upon. Young women from Northern Nigeria are more likely to have had a live birth or be pregnant with their first child than young women from Southern Nigeria. Modern contraceptive use is extremely low: Only 2.4 percent of married women aged 15 to 19 use contraceptives. Low rates of contraceptive use also contribute to high rates of closely spaced births. Young women 15 to 19 years old have the highest rates of closely spaced births: among 15 to 19 year olds, 84.7 percent of births are spaced less than 36 months apart, and nearly 70 percent of women aged 20-29 also experience closely spaced births. Anecdotal evidence also suggests that once young women in Northern Nigeria marry, they face tremendous pressure from their husbands and family members to become pregnant and bear several children right away, despite abundant evidence that early and closely spaced pregnancies can be unsafe – and even fatal—for young women and their babies.

In 2005, a panel of 35 experts reviewed research findings on the effects of short pregnancy intervals as part of a technical

consultation to the World Health Organization (WHO). The panel concluded that short pregnancy intervals following a live birth were associated with adverse maternal and perinatal outcomes, including maternal mortality, induced abortion, stillbirth and miscarriage among women; and pre-term birth, small for gestational age and low birth weight for infants. The panel also agreed that short pregnancy intervals after a miscarriage or abortion were associated with increased risk of early membrane rupture, maternal anemia, and increased risk of preterm births and low birth weight babies. As a result of this review, WHO issued a Policy Brief on Birth Spacing, which included two recommendations from the technical experts:

- 1) *After a live birth, the recommended interval before attempting the next pregnancy should be at least 24 months (this is equivalent to a 33 month birth-to-birth interval) to reduce the risk of adverse maternal, perinatal and infant outcomes;*
- 2) *After a miscarriage or induced abortion, the recommended minimum interval to next pregnancy should be at least six months to reduce the risks of adverse maternal and perinatal outcomes.*

Additionally, USAID adopted a third message, based on recommendations from WHO, UNICEF and UNFPA that women should delay their first pregnancy until at least 18 years of age. These three messages make up the concept of healthy timing and spacing of pregnancy (HTSP).

FOMWAN Activities

ESD partnered with the Kano State Chapter of the Federation of Muslim Women Association of Nigeria (FOMWAN) to reach young married women, their families and the community with information about the benefits of family planning (FP) for HTSP, especially to reduce maternal and child mortality and morbidity. Known in the community through their work on numerous health and social issues, FOMWAN members were well-positioned to integrate the HTSP messages into their ongoing outreach activities to women (including influential

mothers-in-law) in household compounds, schools and the wider community.

Local religious leaders were involved from the beginning because of their influence over men, who play a major role in reproductive health decision-making for young married women. FOMWAN trained 30 imams and five representatives from the local Council of Ulama on the health needs of young married women and the benefits of FP and HTSP, antenatal care, postpartum care and well-baby services that are provided at health facilities.

Outreach was conducted in five local government areas (LGAs) in Kano State: Gwarzo, Bichi, Bebeji, Nassawara and Dala. Information on HTSP and FP was disseminated in two ways:

- *Trained religious leaders discussed HTSP and FP as part of their sermons to men during Friday prayers and through one-on-one counseling activities with men, couples and youth.*
- *FOMWAN members provided information about HTSP and FP through house-to-house visits with young women and their mothers-in-law; with young women attending Islamiyya schools; and during public gatherings, including weddings, naming ceremonies and other community events.*

Training and outreach activities took place between February 2009 and May 2010, and FOMWAN reported the following achievements to ESD:

- *More than 60,000 young married women, their mothers-in-law and other influential women in the community were reached with information on the health benefits to mothers and children of HTSP and FP;*
- *More than 60,000 community members were reached by the 30 trained imams during Friday prayers and through one-on-one counseling;*
- *An additional 1,000 imams were oriented to HTSP and FP in all 45 LGAs of Kano State as part of a roll-out training initiated and organized by the original 30 trained imams and five ulama representatives; and*
- *An estimated 500,000 community members were reached in all 45 LGAs by imams who*

participated in the HTSP/FP roll out training.

Following these activities, ESD and FOMWAN were interested and learning more about how the information on HTSP and FP was received and in identifying any additional opportunities or gaps for future programming efforts. ESD and FOMWAN conducted a series of informal discussions with women and men in a random sample of compounds in the project LGAs. ESD and FOMWAN developed a series of questions to stimulate discussions about HTSP and FP, especially for young married women under the age of 20. One on one discussions were held with 148 married women ranging in age from 15 to 55 and 28 men aged 20 to 55 (either the head the household or other male family members who happened to be present).

A starting point was randomly selected in each target LGA and the FOMWAN members visited every other compound until they had each discussed HTSP and FP with approximately 30 women. (Multiple women were usually reached in each compound.) Men were more difficult to reach at the compound level during the day, due to work or other responsibilities. Conducting their discussions in Hausa, FOMWAN members recorded the discussion content in English and sent the documentation of the discussions to ESD for review. Given the small number of women in men who participated in the discussions and their informal nature, this cannot be considered a representative sample and these findings cannot be generalized to the greater population. Nevertheless, the discussions suggest the possibility of greater openness to the health and social benefits of family planning among young married women, older women (senior wives or mothers-in-law) and men, especially when framed within the context of HTSP.

Findings

Twenty eight of the women who participated in the discussions were aged 15 to 20, and of this number 26 had been pregnant at least once, and 13 of the young women had been pregnant three or more times. Eleven had three or more children

and four had six children, suggesting that closely spaced pregnancies among young married women are still common. Nearly all of the young women were not actively trying to become pregnant, stating that they would like to wait one to two years before becoming pregnant again, yet about two-thirds were not currently using any modern or traditional FP method to prevent or space the next pregnancy. Of those who were using a method, injectables or pills seemed to be favored, with two young women reporting abstinence. A few women also mentioned the calendar method, IUDs, withdrawal or "Allah's method." When FOMWAN asked young women why they were not using a contraceptive method, young women mentioned pressure from a mother-in-law or spouse to become pregnant again, religious beliefs, and cost, and nearly all of the young women mentioned their concerns over the side effects of contraceptive methods. Interestingly, the men also expressed concern over side effects.

FOMWAN members invited the women and men to tell them what they knew about healthy timing and spacing of pregnancy (HTSP). Nearly everyone had heard of HTSP, whether from a FOMWAN worker, friends, spouses, at school, or at the mosque. Most men had heard about HTSP from their imam, while information sources for women seemed to be more related to where they spent most of their time (for example, at home, in school, or with friends at community events). With very little prompting, most could recall the HTSP messages, understood what HTSP advises women to do, and were aware of the benefits of HTSP for both mothers and children, with a few women specifically mentioning better nutrition for the baby and economic benefits to the family.

Discussion

Early and frequent childbearing are still common practice in Northern Nigeria, and most people understand the basic concepts and benefits of child spacing. Northern Nigeria has been a challenging region for family planning and reproductive health service delivery efforts in recent years. The Nigerian government's

stringent population control policies of the 1980s resulted in widespread resistance to any family planning and reproductive health services especially in the North. A number of international and non-governmental organizations have been quietly working with the government, religious leaders and community-based organizations over the past 10 years to overcome this resistance, and are beginning to see some initial success. The specific HTSP messages and the benefits of HTSP, however, have only recently been introduced. These informal discussions suggest that HTSP may be an acceptable and persuasive approach to promoting FP beyond a general recommendation to women to "space their children." HTSP emphasizes time-bound spacing practices to improve the health of mothers and babies, which is simple and easy to remember. The recommendation to space the next pregnancy by two years following a delivery gives very clear direction to women and men, and especially in this part of the world, is congruent with the teachings of Islam.

As FOMWAN members demonstrated, the HTSP messages can easily be integrated into ongoing outreach and community education efforts, especially those that reach women whose mobility is limited such as women who live in traditional communities or younger wives. FOMWAN members see themselves as bringing new ideas and innovations to women living in compounds, and believe their status as devout Muslim women, accords their views and recommendations with respect. FOMWAN members can equally speak with mothers-in-law, who are extremely influential over the childbearing practices of their daughters-in-law and with the young married women; their age and status also frees them to speak with men in the household about the benefits of HTSP and FP.

These messages can also easily be delivered by imams, who reach large numbers of men and women both directly and indirectly. Religious leaders play a powerful role in shaping community norms and behaviors, especially those of men. The HTSP messages, which emphasize the health of mothers, children and

families, may help imams to present a caring and sympathetic image to their followers. These types of household visits may also help overcome some of the concerns that both men and women seem to have about the side effects of contraceptive methods; these concerns are often reinforced by friends and family members. Short, rushed interactions with busy health care providers may not be enough to overcome the fears that many young women (and their husbands) may have about potential side effects, or that they may actually experience on their own. Many adolescents, whether married or unmarried, simply may not yet have the cognitive ability to absorb all the information that is provided in a clinic setting, or may not yet be assertive enough to ask questions of a provider when they do not understand something. FOMWAN members can support and reinforce the efforts of health care providers by offering information and education on FP and HTSP in a more relaxed and comfortable environment where young women (and even men) can ask questions and discuss their concerns around side effects or family pressures.

In fact, one specific area where FOMWAN could potentially do more is to help women and men better understand the relationship between breastfeeding and contraception. Breastfeeding is highly encouraged in Islam and women are expected to breastfeed for at least two years. When asked about their current breastfeeding and spacing practices/FP use, however, some young women responded that they were practicing child spacing *through* breastfeeding, while others stated they were not using an FP method *because* they were breastfeeding. Women may assume that they will not get pregnant if they are breastfeeding, yet women and men may not adequately understand the how breastfeeding works to prevent pregnancy. On the other hand, women may not know that a number of FP methods can safely be used by breastfeeding women.

Several young women spontaneously mentioned having had an abortion (abortion is illegal in Nigeria so it is highly likely that these were unsafe abortions). Some FOMWAN members believe that abortion is not uncommon

among young married women, especially if they get pregnant too soon after having given birth. FOMWAN members and several service providers interviewed by ESD also asserted that a young woman's decision to seek an abortion is often supported by her husband. Improved understanding of the value of spacing, the recommended spacing interval and more effective use of available FP methods could possibly contribute to efforts to decrease the rate of unsafe abortions.

Young women mentioned that they discussed child spacing with their friends and they felt these conversations were more permissible now than in the past. Many adolescents will behave as they believe their peers are behaving. If young married women increasingly perceive that the majority of their peers are using FP to delay and space pregnancy, and also understand and approve of the health benefits of FP and HTSP, this may contribute to efforts to increase FP use and spacing behaviors among the community at large. Many young women are now attending Islamiyya schools, which can also be a venue to reinforce and support healthy behaviors around HTSP, both from their peers as well as from respected members of the community.

Additional Thoughts

This small-scale activity in Kano suggests the possibility of a positive reception to the information on HTSP and FP and its benefits for both women and children. We speculate that this may be due to the following:

- *A very clear focus on the importance and health benefits of HTSP and FP, especially for young married women where rates of mortality and morbidity are high;*
- *The dissemination of clear, easy to remember information linked to established practices in multiple, targeted venues to key stakeholders;*
- *The engagement of respected members of the community, such as imams and FOMWAN members; and*
- *An effort to build on existing opportunities and programs (for example, FOMWAN's existing household outreach activities).*

Since ESD ended in September of 2011, it can no longer support further activities for FOMWAN and the religious leaders to promote FP and HTSP in Kano State. There are, however several opportunities to build on this preliminary effort:

- *An initial training of 30 Islamic religious leaders quickly spread across the state to reach approximately 1000 religious leaders, using resources provided by the Shari'a Commission and Council of Ulama. Since religious leaders are often the arbiter of community norms and practices, they are clearly an important pathway to reach men and women both directly and indirectly. Most religious leaders want to be good community leaders, and helping them to promote the health and wellbeing of their followers is one way to build their credibility as compassionate towards and supportive of their followers. The approach of orienting religious leaders to the health and social benefits of HTSP and its link to Islam's recommendation for women to breastfeed for two years can easily and inexpensively be rolled out to Islamic religious leaders across the country*
- *FOMWAN is a national organization with chapters in nearly every state of Nigeria. Members are well-respected women and opinion leaders who understand the issues of women and can be an important catalyst for positive change. The approach in Kano can be disseminated to other state chapters, and the national leadership can encourage its members to focus on reaching young married women, in concert with FOMWAN's ongoing efforts to eliminate child and early marriage.*
- *While HTSP information is being positively received, there are still information gaps and concerns that were revealed in the compound level discussions. FOMWAN members could address the expressed concerns about the side effects of FP, and could improve women's and men's knowledge about the correct use of Lactational Amenorrhea Method (LAM) (or*

other fertility-awareness methods) for pregnancy prevention/spacing.

- *Community education and clinical health services should be better targeted to reach young women. Married adolescents have often been overlooked by adolescent sexual and reproductive health programs, most of which are targeted to unmarried adolescents to help them prevent pregnancy or HIV. Married adolescents may have even less control over their sexual activity than unmarried adolescents, because they are expected to become pregnant soon after marrying, and may be expected to have several closely spaced pregnancies. Given the high rates of adolescent maternal mortality and morbidity in Northern Nigeria, clinic-based providers and outreach workers need to be better prepared to deal with the pregnancy- and childbirth-related problems and risks of young mothers and be able to help them decide if FP use is right for them. This can be most easily addressed by providing training and guidance to clinical providers to improve their ability to educate and counsel adolescent clients, whether married or unmarried.*

These informal discussions provided interesting insights, yet also generate many unanswered questions. Most specifically, does this kind of community approach that involves religious leaders, husbands and mothers-in-law as well as young married women contribute to an increase in FP use among young married women to both delay and space their pregnancies? Will these changes in community norms contribute to reducing maternal and infant mortality and morbidity among adolescent mothers? Regrettably, these questions cannot be completely answered without an additional investment of resources into the development of a comprehensive intervention with a rigorous evaluation component.

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 7. *The Federation of Muslim Women's Association of Nigeria (FOMWAN) is a national non-governmental organization that works to promote Islam and to improve the socio-economic status of women, youth and children in Nigeria through education, outreach, training, health and humanitarian services, micro-enterprise and advocacy. FOMWAN was a partner on the 2004 - 2009 Pathfinder International led COMPASS (Community Participation for Action in the Social Sector) Project implemented in four Northern Nigeria states and Lagos state to improve the quality of health and education services.*
 8. *An imam is a leader of congregational prayer in a mosque*
 9. *The Council of Ulama is the educated class of Muslim legal scholars engaged in the several fields of Islamic studies. They are best known as the arbiters of shari'a law and oversee the Shari'a Commission.*
 10. *Many FOMWAN members run Islamiyya schools, which integrate Qu'ranic teachings with basic literacy and numeracy education, especially for women.*
 11. *The initial training of religious leaders in February 2009 and their subsequent activities in the mosque and the community sparked the interest of other imams in the state, who requested similar training. Independently of ESD, the Shari'a Commission and the Council of Ulama trained nearly 1000 additional imams. Some imams have reported disseminating information on FP and HTSP to madrasas (Muslim schools) in Niger and Senegal.*

