

Background

Fertility and projected population growth are much higher in sub-Saharan Africa than in any other region of the world, and the decline in birth rates, which was already modest, has slowed even further over the past decade (Ezeh et al, 2009; Bongaarts, 2008; Casterline, 2001). Concern that uncontrolled population growth will hinder the attainment of development and health goals in Africa and the assumption is that fertility will decline only if the population at large adopts effective modern methods of contraception, as witnessed in other parts of the world.

The objective of this study was to synthesize systematically key findings from Family Planning (FP) research undertaken by INDEPTH HDSSs to inform progress towards the achievement of MDGs.

Methodology

The authors adapted the systematic review method. Peer-reviewed publications on Family Planning research conducted by INDEPTH member centres were identified from an existing publications database of INDEPTH from 1998 to 2013. The publications were based on data generated through the longitudinal health and demographic surveillance system (HDSS). Articles were included if they reported original research on FP which covered trends and patterns, continuation and discontinuation, FP and HIV, Sex preference and FP. Reviews or commentaries were excluded. 33 papers out of 65 papers initially identified were included in this study.

Key Findings

The findings revealed that age, marital status, education level and parity were associated with different contraceptive method choices. Contraceptive methods used included condoms, pills, injectable among others. Particularly condom use was greatly associated with perceived risk of HIV/STIs. Condoms were a key component of comprehensive HIV prevention. Menstrual resumption after birth acted as an initiator for contraceptive use with a peak of contraceptive initiation occurring shortly after the first month when menses are reported. Knowledge on emergency contraceptives was high and women who had sex on an infrequent basis usually chose to use Emergency contraceptive as a regular family planning method. The study also found an increase in hormonal contraceptive use among HIV-infected women due to hormonal contraceptive use which was associated with a reduced hazard of progression to the composite outcome of AIDS or death. Women who discussed contraception with partners were more likely to use family planning. Most women would neither use condoms within marriage nor refuse their partners sex even if they perceived a risk of acquiring HIV or unwanted pregnancies. Community based outreach and programmes on family planning were found to increase FP acceptance.

Knowledge contribution/conclusion

The review revealed an extensive contribution by INDEPTH to research evidence on FP particularly in the understanding of trends and discontinuation of methods, involvement of partners and communities information delivery. There however is need to consider the local context when planning and designing FP strategies and interventions through a more rigorous research to inform better policy formulation and implementation.