

# Determinants Affecting the Acceptance of Postpartum Family Planning Among Women of Reproductive Age in Mogadishu, Somalia

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## Abstract:

### ➤ *Background*

Postpartum family planning (PPFP) is essential for lowering maternal and infant mortality rates while enhancing women's health (Smith et al., 2019). Despite its critical importance, the adoption of PPFP remains alarmingly low in Mogadishu, Somalia (Ali & Ahmed, 2021). This study seeks to identify the key factors that influence the uptake of PPFP among women of reproductive age in the region.

### ➤ *Objectives*

The primary aim is to investigate the socio-demographic, cultural, and healthcare-related factors that affect the adoption of postpartum family planning among women in Mogadishu, Somalia.

### ➤ *Methodology*

A cross-sectional study was carried out involving women aged 15-49 in Mogadishu. Structured questionnaires were used to collect data from a sample of 400 women who had given birth in the past two years. The study employed both quantitative and qualitative methods to provide a holistic understanding of the factors influencing PPFP adoption. Statistical analyses, including logistic regression, were conducted to assess the significance of various factors (Johnson et al., 2020).

### ➤ *Findings*

The study identified several critical factors impacting the adoption of PPFP. Socio-demographic characteristics such as age, educational attainment, and marital status were found to significantly influence usage rates (Khan et al., 2022). Cultural beliefs and prevalent misconceptions regarding family planning methods emerged as significant barriers to adoption (Farah, 2020). Furthermore, access to healthcare services and the quality of postpartum counseling were crucial in facilitating the uptake of PPFP. Women with higher educational levels and those who received thorough postpartum counseling exhibited a stronger propensity to adopt PPFP methods (Omar & Yusuf, 2023).

### ➤ *Conclusion*

The adoption of postpartum family planning among women in Mogadishu is shaped by a complex interplay of socio-demographic, cultural, and healthcare-related factors. To improve the uptake of PPFP, it is essential to implement targeted interventions focused on enhancing educational outreach, addressing cultural misconceptions, and improving the quality of postpartum healthcare services (Elmi, 2021).

### ➤ *Recommendations*

Educational outreach should involve developing community-based programs that educate women about the benefits and methods of postpartum family planning, specifically tailored to local cultural contexts (Said et al., 2023). Additionally,

**there is a need to address cultural misconceptions by initiating campaigns that challenge and change beliefs surrounding family planning, utilizing local leaders and influencers to foster acceptance (Mohamed, 2022).**

**Enhancing healthcare services is also crucial; this includes improving access to quality healthcare and ensuring that postpartum counseling is comprehensive and sensitive to the needs of women (Hassan, 2021). Finally, training for healthcare providers should be prioritized, equipping them with the necessary skills to deliver effective and empathetic postpartum counseling, thereby increasing the likelihood of PFP adoption (Gedi, 2022).**

**Keywords:** Family Planning, Cross-Sectional Study, Intrauterine Contraceptive Device, Maternal and Child Health, Women in the Reproductive Age Group.

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## I. INTRODUCTION

A woman's ability to space and limit her pregnancies is crucial for her overall health and the outcomes of each pregnancy. Postpartum family planning (PFP) has been a vital component of family planning initiatives since its early development, with the first organized program established at Johns Hopkins Hospital in 1930 (Borda et al., 2020). Research highlights the numerous advantages of family planning, including improved women's status, enhanced empowerment, and a reduction in pregnancy-related complications, which ultimately helps preserve human resources and economic productivity (Obermeyer et al., 2021). The World Health Organization (WHO) recommends that couples wait at least two years after the birth of their last child before trying to conceive again, as this minimizes risks associated with adverse maternal, perinatal, and infant outcomes (WHO, 2022).

Family planning allows individuals and couples to achieve their desired family size by effectively timing and spacing births (Sonalkar et al., 2021). Available contraceptive methods encompass a range of options, including oral contraceptives, implants, injectables, patches, vaginal rings, intrauterine devices, condoms, sterilization (both male and female), lactational amenorrhea methods, withdrawal, and fertility awareness methods (Gonzalez et al., 2020). Despite some awareness of family planning, many women lack sufficient information regarding postpartum fertility and the contraceptive methods available to them (Kumar et al., 2021). Access to family planning services is influenced by various factors, including the proximity of services to health facilities, transportation options, distance from homes, service costs, and the availability of preferred contraceptive methods (Agha et al., 2020).

The quality of family planning services also plays a significant role in uptake. While service delivery is generally satisfactory, many users remain uninformed about potential side effects and show reluctance to return to service providers (Mishra et al., 2021). Effective communication with partners about family planning and receiving their financial support are critical factors

influencing the adoption of postpartum family planning (Pérez et al., 2021).

To enhance the uptake of postpartum contraception, interventions should leverage all available opportunities to educate women about its benefits (Obermeyer et al., 2021). Continuous training and motivation for service providers are essential for improving service delivery (Sonalkar et al., 2021). Additionally, policies encouraging male involvement in family planning can significantly enhance women's engagement with these services after childbirth (Borda et al., 2020).

During the postpartum period, new mothers undergo substantial physical, psychological, and physiological changes (Lopez et al., 2021). Physically, women typically experience weight loss as their bodies shed excess fat and fluids accumulated during pregnancy (Kumar et al., 2021). The abdomen gradually reduces in size as the uterus contracts, often accompanied by cramping and vaginal bleeding, which usually resolves within six weeks (WHO, 2022). Many women—between 25% and 85%—experience mood fluctuations, discouragement, and mild depression commonly referred to as the "baby blues" (Mishra et al., 2021). In some cases, these feelings may escalate to postpartum depression if they persist (Sonalkar et al., 2021). Physiologically, there is a gradual decrease in pregnancy hormones, with an increase in hormones that support lactation as the newborn begins breastfeeding (Gonzalez et al., 2020).

Globally, approximately one-third of pregnancies are unintended, with a considerable proportion occurring in developing countries (Kumar et al., 2021). This often happens because postpartum women may become pregnant before realizing their fertility has returned, and many do not utilize any form of family planning (Borda et al., 2020). Ovulation can occur before menstruation resumes, placing sexually active postpartum women at risk for unintended pregnancies (Mishra et al., 2021). Research indicates that ovulation can happen in 20% of women who bottle-feed and 45% of those who breastfeed before their first menstrual cycle (Obermeyer et al., 2021).

In recent decades, many developing nations have witnessed declines in fertility rates and maternal and infant mortality rates, largely due to increased use of modern family planning and enhancements in maternal and infant healthcare (Sonalkar et al., 2021). However, maternal and infant deaths remain alarmingly high (Kumar et al., 2021). An estimated 200 million women in developing countries have an unmet need for modern contraceptives, with 75 million experiencing unintended pregnancies, which can lead to unsafe abortions for 20 million women (Gonzalez et al., 2020). Each year, over half a million women die from pregnancy-related causes, and nearly four million newborns succumb to preventable conditions (Obermeyer et al., 2021).

Women often cite a range of complex reasons for not using modern contraceptives despite their desire to avoid pregnancy (Agha et al., 2020). A primary reason is the lack of information about postpartum family planning and its benefits during prenatal and early postpartum visits (Mishra et al., 2021). Many women report receiving no guidance about family planning at the time of delivery, leading to the misconception that they are not at risk of pregnancy (Pérez et al., 2021). For instance, in Mexico, where family planning advice is integrated into prenatal care, studies have shown that 47% of women used modern contraceptive methods (Borda et al., 2020). Conversely, in Sierra Leone, compromised care quality due to insufficient counseling skills among reproductive health staff has resulted in a lack of accurate information on family planning methods and inadequate referrals for side effects (Obermeyer et al., 2021).

In Burkina Faso, although women are often informed about potential side effects after selecting a method, essential details—such as the lack of STI/HIV protection from hormonal contraceptives—may be overlooked (Sonalkar et al., 2021). Furthermore, the information provided can be biased, affected by the provider's personal beliefs or experiences (Lopez et al., 2021). Certain contraceptive methods, like the female condom, may be underutilized due to perceived complications or lack of demand (Kumar et al., 2021). For example, a rural health center ceased ordering female condoms due to low interest (Mishra et al., 2021). Availability significantly influences women's willingness to seek family planning services after delivery (Agha et al., 2020). In rural Malawi, for example, Depo-Provera injections gained popularity among women for their discreet use (Pérez et al., 2021). Similarly, women in the slums of Kenya indicated that they were more likely to utilize high-quality services when preferred contraceptive methods were available (Obermeyer et al., 2021).

Addressing these barriers through improved education, enhanced counseling, and better availability of family planning options is crucial for increasing postpartum family planning uptake and improving maternal and child health outcomes (Sonalkar et al., 2021). During the postpartum period, a woman experiences significant psychological changes, making comprehensive support essential for her recovery and effective newborn care (Lopez et al., 2021). Family support is particularly vital during this time (Kumar

et al., 2021). In many African cultures, new mothers often return to their mothers' or close female relatives' homes, where they receive assistance with childcare, allowing them the necessary rest and recovery (Mishra et al., 2021).

While the desire to prevent unintended pregnancies is generally high among women in Africa, their partners' attitudes and responses can significantly influence their choices (Pérez et al., 2021). Research has shown that men often express supportive attitudes toward family planning; however, many women perceive their partners as being opposed to the idea (Sonalkar et al., 2021). The study found a positive correlation between open communication between spouses and the adoption of family planning methods (Gonzalez et al., 2020). Despite these insights, about 10% of married women report that their primary reason for not using contraceptives is their husbands' disapproval (Obermeyer et al., 2021). This highlights the importance of fostering supportive dialogue between partners regarding family planning, as it can significantly impact women's reproductive choices and overall well-being (Arrowsmith et al., 2021).

## II. OBJECTIVE

The primary objective of this study is to identify and analyze the socio-demographic, cultural, and healthcare-related factors that influence the uptake of postpartum family planning (PPFP) among women of reproductive age in Mogadishu, Somalia. By understanding these factors, the research aims to provide valuable insights that can guide the development of targeted interventions, ultimately increasing PPFP adoption and enhancing health outcomes for women in the region.

## III. METHODOLOGY

This cross-sectional study was conducted in Mogadishu, Somalia, targeting women aged 15 to 49 who had given birth in the past two years. A sample of 250 women was selected using a stratified random sampling technique to ensure representation from various socio-demographic groups.

Data collection was carried out through structured questionnaires administered by trained interviewers. These questionnaires were designed to gather information on participants' socio-demographic backgrounds, cultural beliefs, access to healthcare, and practices related to postpartum family planning (PPFP). They included both closed-ended and open-ended questions to capture quantitative data along with qualitative insights.

Quantitative data analysis utilized statistical methods, including logistic regression, to assess the significance of different factors affecting PPFP adoption. Qualitative data were analyzed thematically to reveal deeper insights into the barriers and facilitators influencing the use of PPFP.

By integrating both quantitative and qualitative methodologies, this study offers a thorough understanding of the factors impacting PFP adoption, laying a strong groundwork for recommendations to enhance family planning services and policies in Mogadishu.

#### IV. RESULTS

Demographic information of respondents This part presents the background information of the respondents who participated in the study. The purpose of this background information was to find out the characteristics of the respondents and show the distribution of respondents in the study.

**Table 1 Socio-Demographic Characteristics of the Study Sample**

Variables	Frequency	Percentage
<b>Age</b>		
A. < 20 years old	100	40%
B. 21 -41 years old	80	32%
C. 42-51 years old	50	20%
D. 52 years old above	20	8%
<b>Total</b>	<b>250</b>	<b>100%</b>
<b>Marital status</b>		
A. Married	240	96
B. Single	6	2%
C. Separated	4	2%
<b>Total</b>	<b>250</b>	<b>100%</b>
<b>Education level</b>		
A. None formal education	100	40%
B. Primary level	60	24%
C. Secondary level	20	8%
D. Tertiary level	20	8%
<b>Total</b>	<b>250</b>	<b>100%</b>
<b>Employment status</b>		
A. Unemployed	80	32%
B. Self employed	60	24%
C. Public sector employed	60	24%
D. Private sector employed	50	20%
<b>Total</b>	<b>250</b>	<b>100%</b>

##### ➤ Age

The data indicates that a significant portion of the respondents (40%) are under 20 years old, with the next largest group (32%) falling within the 21-41 age range. This highlights that the sample is predominantly comprised of younger individuals. In contrast, older age groups—those aged 42-51 (20%) and 52 and above (8%)—represent a smaller segment of the sample.

##### ➤ Marital Status

A striking 96% of respondents are married, while only 2% are single and another 2% are separated. This suggests that the sample is largely made up of married individuals, which may be a crucial factor in understanding their perspectives and experiences.

##### ➤ Education Level

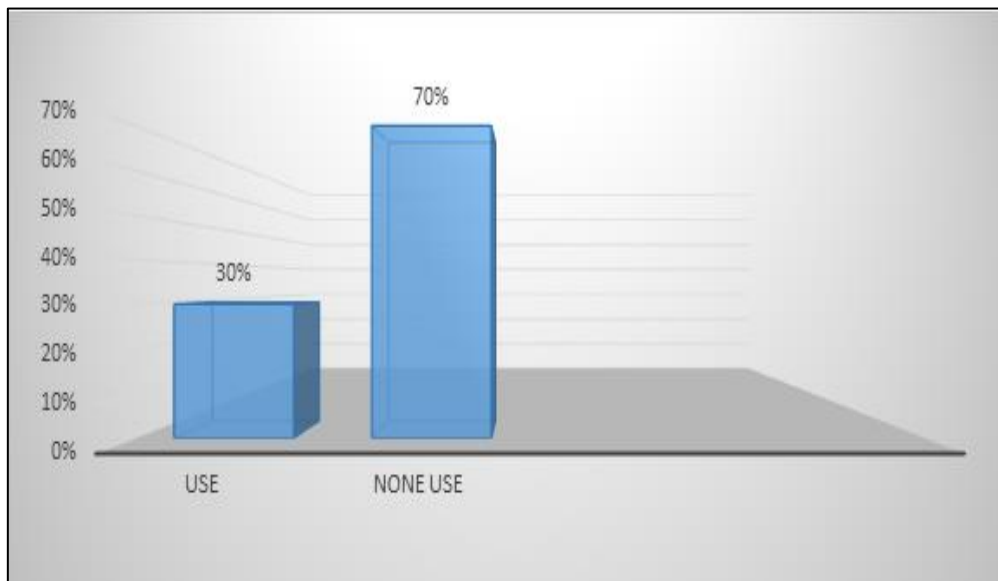
The findings show that 40% of respondents have no formal education, while 24% have completed primary education. A mere 8% possess secondary education, and another 8% have attained tertiary education. This indicates a

relatively low level of educational attainment within the sample, potentially affecting their access to information and resources.

##### ➤ Employment Status

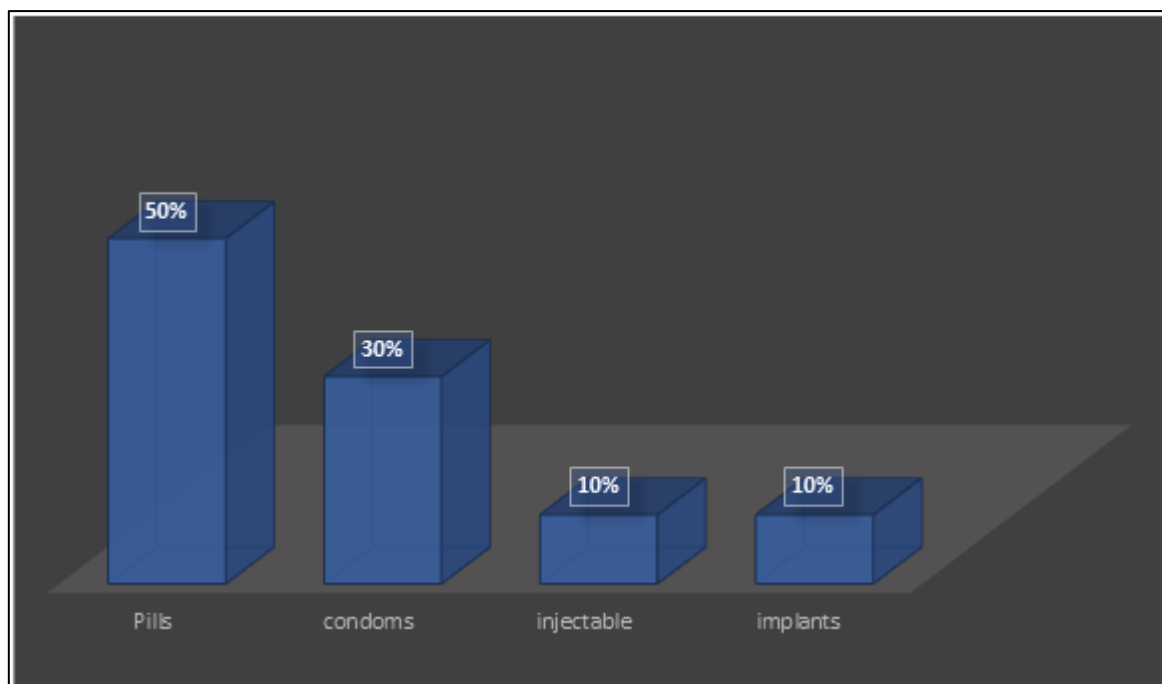
The largest segment of respondents (32%) are unemployed, followed by 24% who are self-employed, another 24% working in the public sector, and 20% in the private sector. This presents a varied employment landscape, with a notable proportion of individuals facing unemployment or engaging in self-employment.

Overall, the data offers a detailed snapshot of the demographic characteristics of the sample, encompassing age, marital status, education level, and employment status. These factors are likely to significantly influence the challenges faced by nursing students during their clinical placements in Mogadishu, Somalia, and should be taken into account in the research and any resulting interventions or policies.



**Fig 1: Contraceptive Uptake among Postpartum Women**

- **Primary Source:** The adoption of contraceptives among postpartum women is crucial for enhancing maternal and child health outcomes. Currently, only 30% of women utilize contraceptive methods, leaving 70% without any form of birth control. This disparity underscores the importance of addressing barriers such as knowledge gaps, cultural beliefs, limited access to services, and the quality of care provided. Implementing targeted public health strategies that focus on these areas can significantly increase contraceptive uptake and foster healthier family dynamics.



**Fig 2: Method Mix among Postpartum Women**

- **Primary Source:** The method mix among postpartum women reveals a diverse approach to contraception, with 50% opting for pills, 30% using condoms, and 10% each for injections and implants. This distribution highlights the preference for oral contraceptives, likely due to their accessibility and ease of use. However, the limited uptake of longer-acting methods, such as injections and implants, suggests a need for enhanced education and access to inform women about these options' benefits.

**Table 2 Relationship Between Being Informed About Family Planning and Postpartum Uptake**

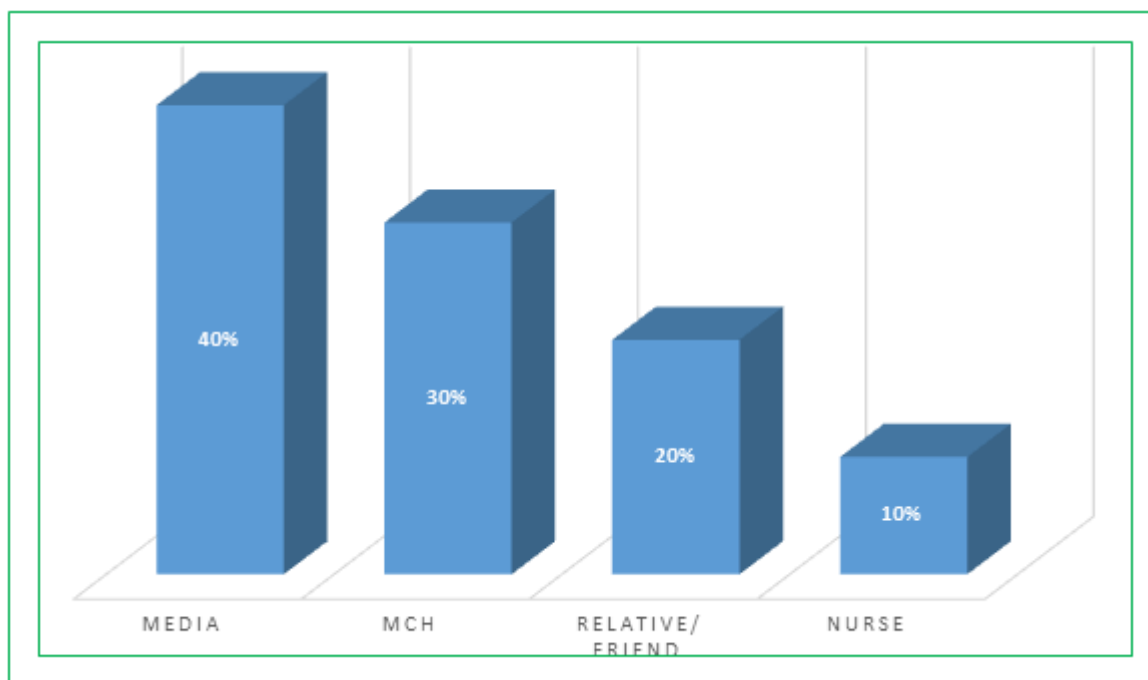
Variables	Frequency	Percentage
<b>Family planning awareness?</b>		
A. Yes	200	80%
B. No	50	20%
Total	250	100%
<b>Can recently delivered women use family planning ?</b>		
A. Yes	180	72%
B. No	70	28%
Total	250	100%
<b>Is it possible to get pregnant soon after delivery?</b>		
A. Yes	160	64%
B. No	140	56%
Total	250	100%

**Source of information about family planning**

- **Primary Source:** The data in the table sheds light on the awareness and knowledge of family planning among the respondents. A notable 80% of participants reported awareness of family planning, indicating a solid understanding of its concepts within the sample. This high level of awareness is a promising sign, as it is a crucial first step toward the adoption of family planning methods.

When queried about the ability of recently delivered women to utilize family planning, 72% responded affirmatively, reflecting a significant recognition of the importance of postpartum family planning for the health of mothers and their infants. However, the findings also highlight a concerning misconception, with 56% of respondents believing that pregnancy is not possible shortly after childbirth. This misunderstanding could lead to unintended pregnancies and negatively impact maternal and child health.

Overall, while the data demonstrates a generally favorable level of awareness and knowledge regarding family planning, there are areas needing improvement, particularly concerning the risks of post-delivery pregnancies. These insights can guide the creation of targeted educational and counseling initiatives to better address the community's needs.

**Fig 3 What are Sources of Information that Contribute to Awareness of Family Planning Among Individuals**

- **Primary Source:** The data reveals that media serves as the primary source of family planning awareness, representing 40% of respondents. This underscores the significant impact of mass communication in shaping societal views and sharing essential information. Following closely, Maternal and Child Health (MCH) programs account for 30%, highlighting the critical role of



organized health initiatives in educating communities about reproductive health. Nurses contribute 10%, emphasizing the importance of direct, personalized support in guiding individuals. Additionally, friends and relatives account for 20%, indicating that personal networks significantly influence people's understanding of family planning. Collectively, these insights suggest the necessity of a comprehensive educational strategy that utilizes multiple sources to effectively raise awareness and encourage informed decision-making.

**Table 4 Relationship between Accessibility of Service and Postpartum Family Planning Use**

Variable	Frequency	Percentage
<b>FP service location</b>		
A. Close to the hospital	160	64%
B. Far from hospital	140	56%
Total	250	100%
<b>Means of transport to health facility</b>		
A. By foot	200	80%
B. By private transport	50	20%
Total	250	100%
<b>Cost of transport</b>		
A. Cheap	100	40%
B. Expensive	80	32%
C. Affordable	70	28%
Total	250	100%
<b>Is Availability of FP methods sufficient?</b>		
A. Yes	150	60%
B. No	100	40%
Total	250	100%

- **Primary source:** The data presented in the table provides insights into how accessible and available family planning (FP) services are within the community. Notably, 64% of respondents reported that these services are located near hospitals, while 56% indicated that they are situated farther away. This reveals a mixed level of accessibility, with many individuals facing the need to travel longer distances for FP services.

Examining transportation methods, a significant 80% of respondents walk to health facilities, whereas only 20% utilize private transportation. This highlights the difficulties encountered, particularly by those living in remote or underserved regions, in reaching FP services due to limited transportation options.

Perspectives on transportation costs vary: 40% perceive the costs as low, 32% consider them high, and 28% find them moderate. This suggests that financial constraints could be a barrier for some community members in accessing FP services.

Regarding the availability of FP methods, 60% of respondents believe there are sufficient options, while 40% feel that the offerings are inadequate. This underscores the need for a consistent supply of diverse FP methods to meet the varied needs of the community.

In summary, while there are encouraging signs about the accessibility and availability of FP services, challenges persist, including service locations, transportation options, and cost-related issues. Addressing these concerns could greatly improve the community's ability to access and effectively utilize FP services.

## V. CONCLUSION

In alignment with the FP2020 initiative, the Somali government has undertaken significant measures to improve access to quality reproductive health services, specifically family planning (FP). In 2017, the goal was set to boost the availability of FP services from 50% to 80% across healthcare facilities by 2020. The World Bank's announcement in September 2018 of an \$80 million investment, alongside the expected demographic and health survey for 2018/2019, offers a promising opportunity to expand service delivery, enhance resilience against climate challenges, and improve economic prospects.

Among Somali women, key contraceptive methods include the lactational amenorrhea method (LAM), pills, injectables, implants, and condoms, with around 63% of married women aware of at least one contraceptive option (Directorate of National Statistics Federal Government of Somalia, 2020). Both combined hormonal and progestin-only oral contraceptives, which can also serve as emergency contraception, are available in Somalia (Office of Population Research, 2015).

Family planning encompasses the information, means, and methods that empower individuals to make informed decisions about childbearing. This includes various contraceptive options—ranging from pills and implants to intrauterine devices and surgical procedures—as well as non-invasive methods like the calendar method and abstinence. It also involves guidance on conception when desired and treatment for infertility.

The United Nations Population Fund (UNFPA) is instrumental in promoting voluntary family planning by securing contraceptive supplies, training healthcare providers in delivering sensitive and accurate counseling, and advocating for comprehensive sexuality education in schools. Importantly, UNFPA does not promote abortion as a method of family planning.

Access to safe and voluntary family planning is recognized as a fundamental human right, essential for achieving gender equality and empowering women. It is also critical for poverty alleviation. However, in developing regions, approximately 218 million women who wish to avoid pregnancy lack access to safe and effective family planning methods. This gap can result from insufficient information, inadequate services, or lack of support from partners and communities, which impedes their ability to secure a better future. To tackle these challenges, UNFPA is committed to ensuring a reliable supply of quality contraceptives, strengthening national health systems, advocating for supportive policies, and collecting data to inform these initiatives. Additionally, UNFPA provides global leadership in enhancing family planning access by collaborating with partners, including governments, to develop evidence-based policies and provide technical and financial assistance to developing nations.

### RECOMMENDATIONS

- Integrate Preventive Health Services: Leverage family planning visits to offer essential preventive care, such as screenings for breast and cervical cancer.
- Prevent Unintended Pregnancies: Reducing the incidence of unintended pregnancies can mitigate maternal health complications and related fatalities.
- Delay Early Pregnancies: It is vital to postpone pregnancies in young girls who are at risk from early childbearing and to prevent pregnancies in older women facing similar health challenges.
- Reduce Unsafe Abortions: By lowering the rate of unintended pregnancies, effective contraception can decrease the occurrence of unsafe abortions and limit the transmission of HIV from mothers to their newborns.
- Promote Country Ownership: Encourage initiatives driven by national stakeholders to enhance engagement and ensure sustainable outcomes.
- Translate Data into Actionable Insights: High-quality data should be distilled into clear, actionable information for decision-makers, guiding program planning, management, and policy development.

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