

Background

Timing, spacing and limiting of pregnancy are key outcomes of family planning (FP) whose role in promoting health of mothers and babies is evidence based. Despite the evidence, recent studies in Tanzania have reported a trend towards child birth in older age, non-adherence to standard inter-pregnancy spacing, and preference of large families in the background of a rising national contraceptive prevalence rate. We explored if the use of modern FP promotes healthy timing and spacing of pregnancy among women seeking antenatal services.

Design

Analytical Cross-sectional study

Methods

Women seeking antenatal services at Muhimbili National Hospital, Tanzania (August-October, 2012) were enrolled. We used a semi-structured questionnaire to obtain information from the women. Data were analyzed using SPSS version 19. Outcomes of interest were adherence to timing of first pregnancy and to inter-pregnancy spacing after normal childbirth. Use of modern FP prior to index pregnancy was the independent variable of primary interest. Bivariate and multivariate logistic regression analyses were conducted to obtain odds ratios (OR) and 95% confidence intervals (CI) as estimates of risk and clinical importance respectively. Ethical approval was obtained from the Research and Publications Committee at Muhimbili University of Health and Allied Sciences.

Results

In total 427 women were interviewed. Ages ranged 15–45 years, mean 29.2 (SD $\pm$ 5.1). Among all, 129 (30.2%) were primigravida, 298 (69.8%) multigravida. Of these 298 women, 51 (17.1%) lost pregnancies preceding the index. Overall, 179 (41.9%) had ever used modern FP, 103 (24.1%) were on modern FP just prior to index pregnancy.

Non-adherence to timing was increased for primigravida (AOR = 4.5, 95% CI: 2.1-9.6) and for women older than 29 years (AOR = 7.6 95% CI: 3.8-15.2). Non-adherence to spacing was increased with loss of the immediate past pregnancy (AOR = 2.5; 95% CI: 1.3-4.7). Use of modern FP was neither associated with adherence to timing (AOR = 1.0; 95% CI: 0.5-1.9) nor spacing (AOR = 1.0; 95% CI: 0.6-1.8).

Conclusion

Modern FP does not promote adherence to timing and spacing of pregnancy among women seeking antenatal services at MNH. Past obstetric experience was key to women's decisions on spacing. There is need to promote educational messages on timing and spacing of pregnancy for healthy outcomes.