



The Use of Lactational Amenorrhea as A Method of Family Planning in Eastern Turkey and Influential Factors

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Although the lactational amenorrhea method (LAM) is commonly used for contraception, it frequently fails and pregnancy ensues. This descriptive study was conducted to determine the status of the use of breastfeeding as a method of family planning and the influential factors that may have contributed to the success or failure of LAM. The research sample was comprised of 188 women with 6-month-old infants in eastern Turkey. A semi-structured interview form was used for data collection in face-to-face meetings with the women during visits in their homes. In this study, 34% of the women used LAM to prevent pregnancy after childbirth. However, it was observed that only 17.2% of women using LAM fulfilled the LAM criteria with success, and 82.8% did not fulfill one or more of the LAM criteria. The pregnancy rate of women using this method was 32.8%. Two of the three basic criteria necessary for LAM to be effective were not met by the women: having menses (43.8%) and starting supplemental feeding (70.3%).

Prenatal and postnatal counseling services need to be integrated and include information and education about the criteria that are necessary for LAM to be used effectively. These services should be given to women who choose to use LAM for contraception. *J Midwifery Womens Health* 2010;55:e1–e7 © 2010 by the American College of Nurse-Midwives.

keywords: breastfeeding, lactational amenorrhea, family planning methods

INTRODUCTION

The World Health Organization (WHO) considers breastfeeding to be a potential family planning method in women's and children's health programs in developed and developing countries.¹ In 1999, WHO conducted a multinational study to clarify the relationships between infant feeding practices, lactational amenorrhea, and pregnancy rates. Women who met the criteria for practicing the lactational amenorrhea method (LAM) had cumulative pregnancy rates of 0.9% to 1.2%, which is equivalent to the protection provided by many nonpermanent contraception methods.²

The LAM has three basic criteria that must be met: the woman must be 1) fully breastfeeding; 2) amenorrheic since birth; and 3) less than 6 months postpartum. In addition, the contraceptive effect of breastfeeding increases when three additional criteria are met: 1) there are no supplemental feedings; 2) the duration of every breastfeeding episode is longer than 4 minutes; and 3) the interval between each breastfeeding episode is no more than 3 hours during the day and no more than 6 hours at night.^{1,2}

In Turkey, nearly all (97.8%) infants are breastfed after birth. For LAM to be effective, it is necessary that the infant not be given additional feedings. However, only

16% of infants are breastfed for 2 to 3 months, and only 10.6% are breastfed for 5 months. This indicates mothers begin to give their infants supplemental feedings before their infants are 6 months old.³ Many women in Turkey think that breastfeeding prevents pregnancy in the postpartum period and do not believe that they need to use any method of family planning for a long period of time.¹ The purpose of this study was to investigate the status of the use of LAM as a family planning method by women with 6-month-old infants and the factors influencing its use.

BACKGROUND

In the 2003 Turkey Demographic and Health Study, 16% of women used breastfeeding as a method of family planning.³ In contrast, Gölbaşı et al.⁴ and Tokuc et al.⁵ found that 47.1% and 20.7% of women, respectively, used breastfeeding for family planning. These two studies were conducted in different regions of Turkey (i.e., Marmara and Central Anatolia), and the socioeconomic statuses, cultural characteristics, and social statuses of women living in these regions are different than the national sample used in the Turkey Demographic and Health Study. It has been suggested that the reason why women who are breastfeeding get pregnant is inadequate knowledge and practices related to the use of breastfeeding as a method of family planning.

In Turkey, 78% of childbirth takes place in a health care facility.³ Unfortunately, the majority of women are discharged from maternity wards without having received adequate information about the use of family

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planning methods or about the effect of these methods on the mother's and/or the child's health.⁶ For breastfeeding to be an effective family planning method, women need to receive counseling about the effective use of LAM before being discharged from health care facilities, and health care providers need to know more about these women to craft effective counseling strategies and content.

A few authors have investigated the relationship between education services that discuss LAM and LAM efficacy.⁷⁻¹¹ Erenel et al.⁷ found the lactational amenorrhea period of women who had postnatal lactation education was longer than those who did not receive counseling; however, the difference was not statistically significant.

Savina and Kennedy⁸ evaluated the effect of prenatal education and found that while the lactation education provided in prenatal period for the women who live in urban areas and decided to lactate can be sufficient, the lactation rate decreases after the first few months in women who live in rural areas—this despite living in a social environment that supports breastfeeding. Therefore, it is important to provide lactation education in the postnatal period.

Hardy et al.⁹ noted that before LAM was introduced to postpartum women as an alternative contraceptive method, the pregnancy rate in the postpartum period was 14.3%; this rate dropped to 7.4% ($P < .001$) after LAM was introduced. Vural et al.'s¹⁰ demographic analysis of women's knowledge noted that 48.2% of women accepted LAM as a contraceptive method. López-Martínez et al.¹¹ stated that postpartum consultancy about using LAM as a family planning method has a significant effect on subsequent use. These studies are important in that they show that lactation education and consultancy services make LAM use more efficient and effective. Therefore, we sought to learn more about the status of the use of LAM and the factors influencing its use.

METHODS

Approval to conduct this study was obtained by the Hacettepe University Research Ethics Committee. The women in this study delivered at a provincial maternity and children's hospital in the city of Kars, which is located

in Turkey's Eastern Anatolian region. The fertility rate in this province is high (38/100,000), and the use of family planning is low (57%, with 33% being effective and 24% being ineffective).¹² Using the formula for the observed frequency of an event when the population is known,¹³ the decision was made to include 188 women with 6-month-old infants in the study.

Data were collected between February 2006 and April 2006 using a semistructured interview form that was developed by the researcher after a review of related literature and after receiving expert opinion. The semistructured interview form contained both multiple choice and open-ended questions in three different sections. The first section included nine items about the women's sociodemographic characteristics, such as age, education level, and income. In the second section, there were six questions about the women's pregnancy and childbirth history, such as previous pregnancies, abortions, and type of delivery. The third and final section featured 39 questions about the newborn infant and the women's sexual lives. The LAM criteria were included in the third section and presented questions that addressed the return of menses after the birth, the time of first sexual intercourse after birth, the use of any family planning method after birth, the use of LAM as a family planning method, pregnancies while using LAM, infant feeding practices (anything other than breast milk, including water), whether supplementary food was given plus the time of starting these foods and the type of supplementary foods, frequency of lactation and whether nursing at night, and the status of feeding the infant with both breasts.

Information containing the home addresses and telephone numbers of the women were obtained from hospital records. They were telephoned and told about the purpose and method of the research. The women who agreed to participate were visited in their homes where they gave written consent. Face-to-face interviews were conducted to complete the interview form; these interviews took approximately 25 to 30 minutes.

The data obtained were analyzed by researchers using SPSS for Windows (version 11.0; SPSS Inc., Chicago, IL). Descriptive statistics were used (frequency, percentage, mean, Pearson chi-square, and the Fisher exact tests). The last analysis was carried out with 1 sample *t* test and the Student *t* test to determine whether or not there was a difference in using LAM and pregnancy status.

RESULTS

This study was conducted in the city of Kars in the Eastern Anatolia region, which is one of the seven geographical regions of Turkey. There are 14 cities in Eastern Anatolia, and Kars is the sixth most developed among

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