



Transition from the Lactational Amenorrhea Method to other modern family planning methods in rural Bangladesh: Barrier analysis and implications for behavior change communication program intervention design



Robin Anthony Kouyaté^{a,*}, Salahuddin Ahmed^{b,1}, Jaime Haver^c, Catharine McKaig^c, Nargis Akter^d, Angela Nash-Mercado^c, Abdullah Baqui^b

^a Academy for Educational Development, 1825 Connecticut Ave., NW, Washington, DC 20009, USA

^b Department of International Health, Johns Hopkins Bloomberg School of Public Health, 615 N Wolfe Street, Baltimore, MD 21205, USA

^c Jhpiego, 1615 Thames Street, Baltimore, MD 21231-3492, USA

^d Shimantik, 581 Shewrapara, Mirpur, Dhaka 1216, Bangladesh

ARTICLE INFO

Article history:

Received 14 February 2014
Received in revised form 30 October 2014
Accepted 7 November 2014
Available online 3 December 2014

Keywords:

Contraception
Postpartum family planning
South Asia
Lactational Amenorrhea Method
Qualitative Research Methods
Barrier analysis

ABSTRACT

The timely transition from Lactational Amenorrhea Method (LAM)² to another modern family planning method contributes to healthy spacing of pregnancies by increasing the adoption of family planning during the first year postpartum. Yet, literature suggests challenges in completing a timely LAM transition. To guide program implementation in Bangladesh, this study identified factors influencing women's transition decisions.

Eighty postpartum women, comprising 40 who transitioned from LAM³ and 40 who did not,⁴ participated. Half of each group participated in in-depth interviews to explore the decision-making process. All participants responded to a "Barrier Analysis" questionnaire to identify differences in eight behavioral determinants.

More than half of transitioners switched to another modern method before or within the same month that LAM ended. Of the 18 transitioners who delayed,⁵ 15 waited for menses to return. For non-transitioners, key barriers included waiting for menses to return, misconceptions on return to fertility, and perceived lack of familial support. The LAM transition can help women prevent unintended pregnancy during the first year postpartum. Increased emphasis on counseling women about the risk of pregnancy, and misconceptions about personal fertility patterns are critical for facilitating the transition. Strategies should also include interventions that train health workers and improve social support.

© 2015 Published by Elsevier Ltd.

1. Introduction

Family planning is widely acknowledged as essential in any strategy aimed to improve maternal and child survival. Research suggests that thirty-two percent of maternal deaths and ten percent of childhood deaths could be averted if couples used family planning in countries with high total fertility rates (Cleland et al., 2006). Programs have historically highlighted family planning for

its role in preventing unintended pregnancies to improve maternal health; however, evidence also shows that family planning leads to improved health outcomes for children, largely through its

² The lactational amenorrhea method, also known as LAM, is a modern, temporary contraceptive method based on natural infertility resulting from patterns of breastfeeding.

³ In this article, these women are referred to as "transitioners," which is defined as women who transitioned from LAM to another modern contraception method.

⁴ In this article, these women are referred to as "non-transitioners," which is defined as women who did not transition from LAM to another modern contraception method.

⁵ In this article, these women are referred to as "delayed transitioners," which is defined as women who delayed the LAM transition beyond the month during which the first criteria changed.

* Corresponding author. Present address: WellDoc, 1501 St. Paul Street, Suite 118, Baltimore, MD 21202, USA. Tel.: +1 410 241 3997.

E-mail address: kouyate03@msn.com (R.A. Kouyaté).

¹ Present address: CARE Bangladesh, 20-21, Kawranbazar, Dhaka 1215, Bangladesh.

emphasis on optimal birth-to-pregnancy spacing. Recent studies have suggested that birth-to-pregnancy intervals of 24 months or less are associated with increased risk of poor perinatal, neonatal, child, and maternal health outcomes, including increased risk of prematurity, low birth weight, neonatal mortality, and stunting in children (Maternal, Infant and Young Child Nutrition and Family Planning Working Group, 2011; Rutstein, 2005).

Despite the compelling evidence for the benefits of family planning, many countries continue to experience challenges in effectively addressing unmet need for contraception. Available evidence suggests that factors which influence contraceptive uptake include lack of access to services (Robey, Rutstein, & Morris, 1993), insufficient knowledge of modern contraceptive methods (Konje & Ladipo, 1999), fear of side effects, as well as socio-cultural factors such as social or familial disapproval (Bongaarts & Bruce, 1995) and child marriage (Kamal, 2012), among others. According to Wambui and Alehagen (2009), economic capability influenced perception of contraception among men with low income status.

Globally, the unmet need is particularly high in the year following birth (Ross & Winfrey, 2001). Ross and Winfrey further reported that the proportion of women 0–12 months postpartum with unmet need for family planning ranged from 54% in Latin America, 62% in Asia, and 74% in Sub-Saharan Africa. Pregnancies that occur in the first year postpartum are more likely to have adverse outcomes for the mother and baby; therefore, addressing unmet need in this period is vital for any maternal and child health strategy.

The Lactational Amenorrhea Method, also known as LAM, is a modern, temporary contraceptive method based on natural infertility resulting from patterns of breastfeeding. Since the 1990s, research on LAM has steadily grown, showing its efficacy and effectiveness as a method for pregnancy prevention. Results from clinical trials indicate that LAM is at least 98% efficacious when the woman adheres to three criteria: she is fully or nearly fully breastfeeding, she is postpartum amenorrheic, and she is less than six months postpartum (Labbok et al., 1997). When one of the three criteria is not met, the woman is advised to return to a health provider and immediately start using another contraceptive method.

There is strong rationale for including LAM as a component of postpartum family planning programming, notably its effectiveness, availability for immediate use after delivery, contribution to a wider method mix, child survival benefits from its linkage with exclusive breastfeeding, and maternal health benefits. The method has also been cited as an introductory method, or a “gateway method” to other family planning methods during postpartum period. The use of LAM by previous non-users of family planning can serve as an entry point for facilitating discussion and subsequent use of other methods, thereby extending the total duration of modern contraceptive use. As such, the timely transition from LAM to other contraceptive methods is strongly emphasized by its proponents. When a woman is no longer eligible to use LAM, ideally she will have already selected her next method, thereby increasing the likelihood that she will begin using the next method immediately with no gap in effective protection against pregnancy.

While there are many benefits of LAM as a contraceptive method, an effective transition to another modern contraceptive method is critical for protecting LAM users against unplanned pregnancies during the postpartum period. In controlled settings, two-thirds of women who use LAM transition to another modern method effectively (Peterson et al., 2000); however, studies also suggest that a variable proportion of women – between 48% and 86% – that use LAM successfully transition to another contraceptive method, indicating some challenges within the transition period (Hight-Laukaran et al., 1997; Labbok et al., 1997; Peterson

et al., 2000). Delays in transition have been attributed to waiting for menses to return in programs (Bongiovanni et al., 2005) and other studies (Salway & Nurani, 1998). Health providers who refuse to provide contraceptive methods until menses returns may serve as another barrier to the LAM transition (Stanback & Reynolds, 2002). Although the available literature suggests that women face challenges in achieving a smooth and timely transition, less is known about the factors that influence women's decision to transition to another method of contraception.

Sylhet division in Bangladesh has experienced moderate declines in fertility and increases in family planning indicators. The total fertility rate in Sylhet division declined from 4.2 in 2004 to 3.1 in 2011 and current contraceptive use (any method) increased from 22% to 45% in the same period (National Institute of Population Research and Training (NIPORT), Mitra and Associates, and ORC Macro, 2005; NIPORT, Mitra and Associates, MEASURE DHS, ICF International, 2011). Nevertheless, Sylhet division has not achieved progress in family planning indicators commensurate with Bangladesh as a whole.

Globally, there is a substantial unmet need for contraception in the first year following delivery. A secondary analysis of 2004 and 2007 Bangladesh Demographic Health Survey data (Borda M, Winfrey W, McKaig C, Futures Group, Washington, DC, Jhpiego, Baltimore, Maryland, personal communication, May 3, 2010) found that unmet need for family planning is high among all Bangladeshi women during the first year postpartum, with 49.6% having unmet need between delivery and 12 months. Duration of breastfeeding is long; however, the duration of exclusive breastfeeding is low and sharply declines in the first six months postpartum (NIPORT, Mitra and Associates, Macro International Inc., 2009). Data also indicates increases in sexual activity during the three- to six-month postpartum period. In the first six months postpartum, 88% of women resume sexual activity; this percentage increases steadily through the first year, totaling about 93.7% of women at 12 months postpartum (Borda, Winfrey, & McKaig, 2010). This data suggests that the period when women should transition from LAM coincides with the timeframe that many women are, often unknowingly, at risk for pregnancy.

In this context, the Healthy Fertility Study (HFS) was designed with the aim to: (a) design and test an integrated service delivery approach in Sylhet District, Bangladesh; (b) assess the strengths and limitations of integrating family planning into an ongoing community-based maternal and newborn health care program; and (c) assess the impact of a community-based integrated family planning and maternal and newborn health intervention package (Ahmed et al., 2013). The subject of this paper is a sub-study within the HFS, which aimed to identify and gain further insight into the factors affecting women's decisions to transition from LAM to other modern methods of contraception in selected sites in Sylhet District. Understanding the barriers and factors that facilitate the transition will offer an important opportunity to reduce the risk of unintended pregnancies during the first year postpartum. In consideration of Sylhet's rural context, where there is an unmet need for contraception and a demand for community-based health care services, the results of this study were intended to help inform the strengthening of the intervention package within the HFS, with the potential for scale up throughout Bangladesh and use in other low-resource countries.

2. Methodology

The HFS has been following a cohort of 4504 women in four intervention unions (union is lowest administrative unit with average 20,000 population and a first level health center) and four control unions in Sylhet District from pregnancy to 36 months

Download English Version:

<https://daneshyari.com/en/article/319403>

Download Persian Version:

<https://daneshyari.com/article/319403>

[Daneshyari.com](https://daneshyari.com)