



Patient perception, preference and participation

Findings from the use of a narrative story and leaflet to influence shifts along the behavior change continuum toward postpartum contraceptive uptake in Sylhet District, Bangladesh



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ARTICLE INFO

Article history:

Received 13 February 2014
Received in revised form 28 July 2014
Accepted 10 September 2014

Keywords:

Stages of change
Narratives
Entertainment education
Family planning
Postpartum family planning
Postpartum care
Breastfeeding
Behavior change communication
Steps to behavior change
Bangladesh

ABSTRACT

Objectives: Postpartum women face uncertainty about timing of return to fecundity. Many women wait to use contraception until menses return, resulting in unintended pregnancies. This study explored the use of behavior change communication to address perceptions of postpartum return to fecundity and contraceptive adoption.

Methods: This study, which took place in Sylhet District in Bangladesh, explored knowledge and perceptions about postpartum return to fecundity and used the Steps to Behavior Change framework to assess the reported influence of a leaflet and fictional story (“Asma’s Story”) incorporated within community health activities. The study relied on in-depth interviews and focus group discussions.

Results: The study revealed nearly universal exposure to Asma’s Story. Reported shifts in perceived susceptibility to pregnancy, benefits of pregnancy spacing, and increased social support for postpartum family planning (PPFP) were noted. However, only approximately one third of women were using a modern contraceptive method.

Conclusions: Using a fictional story offers a promising approach for motivating shifts along the continuum.

Practice implications: It is recommended that Asma’s Story be incorporated within future efforts to scale up PPFP in Bangladesh, and that similar approaches be tailored and tested in other countries.

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1. Introduction

1.1. Background

Postpartum women and their families have unique needs when it comes to family planning (FP). Closely spaced pregnancies pose serious health risks to mothers and their children [1,2]. A multi-country analysis of Demographic and Health Surveys indicated that more than nine of 10 women during their first year postpartum desire to delay the next pregnancy at least two years, or not get pregnant at all, yet there is high unmet need for FP during this period [3].

Many factors affect women’s use of contraception in the first year postpartum, including: resumption of sex; breastfeeding practices and resulting postpartum amenorrhea; awareness of the lactational amenorrhea method (LAM)¹ or circumstances for transition from LAM to another modern contraceptive method; and understanding of return to fecundity. Providers, women, and families are often unaware that women’s fecundity can return in the early months after birth [4] and with timely initiation most contraceptive methods are safe for breastfeeding mothers [5]. Women often wait to initiate contraception until after menstruation resumes, considering themselves at no risk of

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¹ The lactational amenorrhea method (LAM) is a natural, modern method of FP which requires that three criteria be met: (1) the baby is exclusively breastfed; (2) the baby is less than 6 months; (3) the mother’s menses have not returned. Women practicing LAM should transition to another modern method of FP before any of these three criteria no longer apply.



When can Asma become pregnant again

Suppose:

In Jamurail village Asma has three children, she has three years space for every child. When her youngest baby was three months old, the CHW reminded her, "Soon LAM will no longer prevent you from getting pregnant, so you should go to nearby health centre and take a modern family planning method after discussing with health provider." Asma replied, "In the past, my menses returned two years later after every birth and I have not become pregnant again without menses; this has happened after the birth of each of my children. My mother and mother-in-law told me that without menses returning, I can not become pregnant. I have no need of using any modern method now. When my menses will return, I will take a modern method."

Six months later Asma's sister-in-law (Bhabi) came to Asma's house to visit her. Bhabi asked, "How are you?" Asma said, "We are well." Then Bhabi took Asma's baby in her lap and asked, "Asma, What is your condition! Are you pregnant again?" Asma replied, "I am five months pregnant." Asma's Bhabi again said, "Your baby is too young but you are pregnant again. Had you not taken any modern method?" Then Asma said, "I did not believe that I could become pregnant again without first seeing my menses because, this never happened to me before." Bhabi said, "My mother and mother in law also told me that without menses I could not become pregnant but after I learned from the CHW that actually you can become pregnant even before your menses return, I took a modern method and avoided becoming pregnant again."

When did Asma's believe that she could become pregnant again?

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When do you think you can become pregnant again after a delivery?

Messages

Remember:

- You may become pregnant before your menses return!
- When you can become pregnant after a delivery may differ for every pregnancy.
- If you do not breastfeed your baby after delivery, you may become pregnant as soon as one month after you deliver your baby.

- Even if you are exclusively breast feeding:

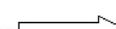
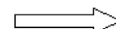
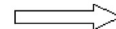
If your menses return

or

If you start to give food or other liquids to your baby

or

If the age of your baby is more than six months



You may get pregnant again at any time

Benefits/advantages waiting at least two years before becoming pregnant:

- It is healthy for you and your baby.
- You can breast feed your child full two years.
- You can take care of your baby properly.
- You can do all the duties of your family perfectly.



Actions:

- Before you are at risk for pregnancy, take a modern family planning method for healthy spacing of your next pregnancy.
- Even if your menses has not yet returned, take a modern family planning method discussing with your health provider which is suitable for you.



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Fig. 1. Asma's Story (English translation).

pregnancy during amenorrhea, although ovulation can occur prior to appearance of menses [6,7]. Misconceptions about timing of return to fecundity and factors affecting postpartum pregnancy risk can lead to delays in timely contraceptive initiation [4].

This study is a sub-study of the Healthy Fertility Study (HFS),² which was conducted in Sylhet District in northeastern Bangladesh [8]. In Sylhet District, in 2011, almost half (46.5%) of non-first births occurred at short intervals of less than 36 months since the previous birth [9]. Under-five and neonatal mortality and total fertility are higher, and contraceptive prevalence is lower in Sylhet Division compared to the rest of Bangladesh [9].

HFS promoted optimal pregnancy spacing by integrating postpartum family planning (PPFP) within a community-based maternal and newborn health program. Within HFS, female community health workers (CHWs) counseled women on PPFP and provided contraception to women during household visits. Community mobilizers convened group discussion sessions with women, husbands, mothers/mothers-in-law, and other community members.

In order to address noted gaps in PPFP knowledge and understanding, the HFS study team developed a leaflet including "Asma's Story" and a pictorial on one side, and critical messages

about return to fecundity on the reverse. The leaflet and story (Fig. 1) were shared and discussed with women during counseling sessions with postpartum women and group meetings with mothers-in-law, postpartum women, and men. Asma's Story tells how one woman ("Asma") incorrectly assessed her risk of pregnancy to be minimal during the months before her menstruation returned. Asma says she will wait until her menstruation returns before starting a modern FP method, but then becomes pregnant. She learns that conception can occur before menstruation returns, and it is important to start using an FP method soon after giving birth.

This study was designed to assess: knowledge and perceptions regarding return to fecundity among postpartum women, husbands, and mothers/mothers-in-law; short-term outcomes of efforts to raise awareness about postpartum return to fecundity and encourage PPFP use; and the ways in which the approach may have affected postpartum women's progression along the steps to behavior change (SBC) continuum toward modern contraceptive use. The study aimed to contribute to emerging global knowledge about behavioral approaches for PPFP in order to inform future efforts in Bangladesh and globally.

Postpartum women were the main respondents for this study. Focus groups with husbands and mothers/mothers-in-law were also included with the understanding that decisions about contraceptive use are not necessarily taken by the woman alone. Formative research conducted at the outset of HFS identified husbands and mothers/mothers-in-law as key influencers of FP decisions [10].

² For more information about the Healthy Fertility Study, please see Ahmed S, Norton M, Williams E, Ahmed S, Shah R, Begum N, et al. Operations research to add postpartum family planning to maternal and neonatal health to improve birth spacing in Sylhet District, Bangladesh. *Glob Health Sci Pract* 2013;1(2):262–276. (<http://dx.doi.org/10.9745/GHSP-D-13-00002>).

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