

KNOWLEDGE, AWARENESS AND PRACTICE OF LACTATIONAL AMENORRHOEA AMONG WOMEN OF CHILDBEARING AGE IN AKOKO SOUTH-WEST AREA, ONDO STATE, NIGERIA

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Abstract

Little is known about lactational amenorrhea as a contraceptive method among women of childbearing age. Our study aims at examining the level of awareness, knowledge, and practice of LAM by women especially nursing mothers visiting the Primary Health Care Clinics around Akoko South West Local Government Area of Ondo State, Nigeria. A cross-sectional design was used for this study. Random sampling technique was used to select 130 women of childbearing age. Data were collected with a self-developed validated questionnaire; the collected data were analyzed. The result reveals that majority of the respondents are within 26 to 35 years, Christians and their educational status is secondary school leaving certificate. Lastly majority of the respondents are public servants. The result further shows that the perception level of women on Lactational Amenorrhea Method as a form of contraceptive method is low (39.82%), the knowledge level is poor (32%), and lastly, the barriers to the adoption and practice of Lactational Amenorrhea Method as a form of contraceptive method are that LAM is for a short time, lack of knowledge and lack of motivation. It is therefore recommended that radio and television jingles, the use of community health educators and other personnel with individual decision to adhere strictly to its adoption and practice are the most cited possible intervention methods for promotion of lactational amenorrhea adoption and practice among women of childbearing age.

Keywords: Breastfeeding; Childbearing; Women; lactational amenorrhea, contraceptive.

Introduction

The natural contraceptive effect of breast feeding has been known for hundreds of years. The lactational amenorrhea method (LAM) is highly effective for preventing subsequent pregnancy (98%) during the first 6 months postpartum method of contraception for postpartum women [WHO, 2015]. Effective contraception use among postpartum women is critical for preventing adverse perinatal outcomes resulting from inadequate inter pregnancy intervals (DeFranco, Ehrlich & Muglia, 2015; DeFranco, Seske, Greenberg & Muglia, 2015). Unmet need for postpartum contraception, though, remains high in many settings: an analysis of Demographic and Health Surveys conducted in 21 low- and middle-income countries reveal that 61% of postpartum women did not want to become pregnant in the next year and yet are not using contraception (Moore, Pfitzer, Gubin, Charurat, Elliott & Croft, 2015). Data from the U.S. National Survey of Family Growth shows that few postpartum women use long-acting contraception and that those who use fewer effective methods have increased rates of unintended pregnancy (White, Teal, Potter, 2015). In case of breastfeeding women, these services should include counselling on modern methods that are safe to use while nursing, as not all methods are recommended in the early post-partum period (Centers for Disease Control and Prevention (CDC), 2011; World Health Organization, 2015). Guidelines from the Centre for

Disease Control (CDC) indicate that breastfeeding women who are less than 6 weeks postpartum should not use combined oral contraceptives, but that the advantages of the use of progestin only pills, implants and injectables outweigh any theoretical or proven risks associated with these methods (Centers for Disease Control and Prevention (CDC), (2011).

In contrast, WHO does not recommend the use of injectable contraceptives among breastfeeding women prior to 6 weeks postpartum (World Health Organization, 2015). Attempts to provide fertility awareness-based method of family planning to breastfeeding women led to the development of lactational amenorrhea method (LAM) of postpartum contraception, which is the practice of using Exclusive Breastfeeding to prevent pregnancy (Singh, Sedge & Hussain, 2010). In view of this, it means the baby's suckling plays an important role in suppressing ovulation and expressing the milk or pumping the milk is not as effective as the main suckling from the breast.

Nationally, about 15% of Nigerian women are reportedly practicing different forms of contraception despite widespread knowledge and ongoing efforts to increase usage. Whereas the prevalence of lactational amenorrhea methods (LAM) for contraceptive purposes is reported to be about 5%, The reason for the low use of this method among lactating mothers

is yet to be investigated. Unintended pregnancy is currently one of the greatest challenges faced by women of reproductive age in most developing countries of the world (Singh, Sedge & Hussain, 2010). It has become a public health concern in some countries like Nigeria, because its effects are not limited to women, but also to families in the society. To the best of our knowledge, the level of knowledge and awareness of Lactational Amenorrhea as a means of natural contraceptive has not been researched among women of reproductive age around the Akoko Area of Ondo State. This study therefore, sets out to determine the level of perception, knowledge, and practice of LAM by women especially nursing mothers visiting the Primary Health Care Clinics around Akoko South West Local Government Area of Ondo State, Nigeria.

Objectives of the study

1. To assess the perception of women on Lactational Amenorrhea method as a form of contraceptive.
2. To determine the level of knowledge of women on Lactational Amenorrhea method as a form of contraceptive.
3. To determine the practice level of Lactational Amenorrhea method as a form of contraceptive among women of childbearing age.
4. To identify the barriers to the practice of Lactational Amenorrhea method as a form of contraceptive.

Methodology

This study adopts a cross-sectional descriptive design. The study was conducted in two selected Government sponsored Primary Health Care Centers in Akoko Southwest Local Government Area of Ondo State, Nigeria. The target population for this study are women of childbearing age who have had a live birth once or more times before in the selected study areas. A sample size of 130 respondents calculated from fisher’s formula was used for the

study, and respondents were randomly selected for the study. A self-designed questionnaire was used to collect data for this study. It has 38 items with six sections, section A consists of demographic variables of the respondents, section B consists of questions on awareness of lactational amenorrhea method (LAM), section C consists of questions on perception of LAM, section D is made up of questions on the acceptance of LAM, section E consists of the barriers to LAM and section F consists of the questions on interventions that promotes lactational amenorrhea. The instrument was validated by the experts.

Also, the reliability of the instrument was obtained ($\alpha = 0.75$). All ethical procedures were adhered to during the process of this study. Respondents were informed adequately about the purpose of the study and were told that participation in the study was voluntary. Respondents were informed that they are free to withdraw from the study at any stage of the study without any consequence. Written informed consent was obtained from each respondent before the commencement of the study.

Results

The results on Table 1 show the demography of the respondents. This study reveals that 35% of respondents are within 15 to 25years of age, 56% are within 26-35years and 8% with 36-45years. Findings show that 72% are Christians while 28% are Muslims. Educational status of respondents further reveals that 18% of the respondents have primary school education. 45% have secondary school education and 36% have tertiary education. Lastly, the occupational status of respondents shows that 26% of the respondents are public servants, 25% business women, 2% farmers, 12% housewives, 10% students and 24% artisans. The study therefore concludes that majority of the respondents are within 26 to 35years, Christians and their educational status is secondary school leaving certificate. Lastly majority of respondents are public servants.

Table 1: Demographic information of the respondents

Variables	Category	N	%
Age	15-25	46	35.38
	26-35	73	56.15
	36-45	11	8.46
	Total	130	100
Religious	Christianity	94	72.30
	Muslim	36	27.70
	Total	130	100
Educational Status	Primary	24	18.46
	Secondary	59	45.38
	Tertiary	47	36.15
	Total	130	100
Occupational Status	Public Servant	34	26.15

Businesswomen	33	25.38
Farmers	3	2.30
Housewives	16	12.30
Students	13	10
Artisans	31	23.84
Total	130	100

Objective one

To find out the perception of women on Lactational Amenorrhoea method as a form of contraceptive.

Table 2 shows that 10% of respondents strongly agree that Lam is limited in its application time, 6.92% agree, 77.69% are undecided, 4.61% disagree while 0.77% strongly disagree. Further findings show that 49.23% of the respondents strongly agree that Lam is limited in its effectiveness, 17.69% agree, 28.46% are undecided, 2.30% disagree while 2.30% strongly disagree. Lastly,

20.30% of respondents strongly agree that Lam is limited in its effectiveness. Where LAM is used, information provided must include the physiological mechanism of lactation and its control on reproductive function, 15.33% agree, 20% are undecided, 20.61% disagree while 20% strongly disagree. This study observes that perception level of women on Lactational Amenorrhoea Method as a form of contraceptive method is low (39.82%).

Table 2: Perception of women on *Lactational Amenorrhoea* method as a form of contraceptive

Perception indices	Strongly agree (%)	Agree (%)	Undecided (%)	Disagree (%)	Strongly disagree (%)
Lam is limited in its application time	10 (49.23)	6.92 (17.69)	77.69 (28.46)	4.61 (2.30)	0.77 (2.30)
Lam is limited in its effectiveness Where lam is used, information provided must include the physiological mechanism of lactation and its control on reproductive function	20.30 (26.51)	15.33 (13.31)	20.00 (42.05)	20.61 (9.17)	20.00 (7.69)

Objective two

To determine the level of knowledge of women on Lactational Amenorrhoea method as a form of contraceptive.

Table 3 observes that 42.3% of respondents opine that LAM is defined as the informed use of breastfeeding as a contraceptive method by a woman who is still amenorrhoeic while 57.7% disagree. 17.7% of respondents are of the view that good maternal nutritional status also mitigates lactational suppression of ovarian, while 82.3% disagree. 26.6% of respondents said that women who are interested actually implement the method and are successful with it while 73.4% disagree. 42.3% of respondents agree that most people adopting LAM are employed while 57.7% disagree. 35.4% of the respondents agree that most people adopting LAM are virtually aware of it while 64.6% disagree. 22.3%

of the respondents agree that mothers who practice exclusive breast feeding have zero chance of being pregnant during the first 3 months, while 77.7% disagree. 24.65% of respondents agree that previous knowledge of LAM does not guarantee its active practice, while 75.4% disagree. 24.6% of respondents agree that LAM costs nothing and it is also easy to use, while 75.4% agree. 42.5% of respondents agree that LAM does not require clinic visits or external drugs, while 57.5% disagree. 40% of respondents agree that no hormones interfere with breastfeeding while 60% disagree. 35% of respondents agree that LAM does not interrupt sexual intercourse, while 65% disagree. This study therefore concludes that the knowledge level of women about LAM as a form of contraceptive method is poor (32%).

Table 3: Knowledge of Women on *Lactational Amenorrhoea* method as a form Contraceptive

S/N	Items	Yes	No
1	Lam is defined as the informed use of breastfeeding as a contraceptive method by a woman who is still amenorrhoeic	55(42.3%)	75(57.7%)
2	Good maternal nutritional status also mitigated lactational suppression of ovarian	23(17.7%)	107(82.3%)
3	Women who were interested actually implemented the method and were successful with it	35(26.6%)	95(73.4%)

4	Most people adopting lam are employed.	55(42.3%)	75(57.7%)
5	Most people adopting lam are virtually aware of it.	46(35.4%)	84(64.6%)
6	Mothers who practiced exclusive breastfeeding had a zero chance of being pregnant during the first 3 months,	29(22.3%)	101(77.7%)
7	Previous knowledge of lam does not guarantee its active practice.	32(24.6%)	98(75.4%)
8	Lam costs nothing and it is also easy to use.	32(24.6%)	98(75.4%)
9	Lam doesn't require clinic visits or external drugs.	55(42.5%)	75(57.5%)
10	no hormones interfere with breastfeeding.	52(40%)	78(60%)
11	Lam does not interrupt sexual intercourse.	45(35%)	85(65%)
		32%	68%

Objective three

To find out if women of childbearing age practice Lactational Amenorrhea method as a form of contraceptive.

As presented in FIG 1, the result on the practice of Lactational Amenorrhea helps to determine the position of its popularity and practice among women of child bearing age within the two study communities. Result shows that 75.38% of the respondents affirm that the practice of lactational amenorrhea has not helped them in preventing pregnancy before. This study observes that the practice of LAM is low

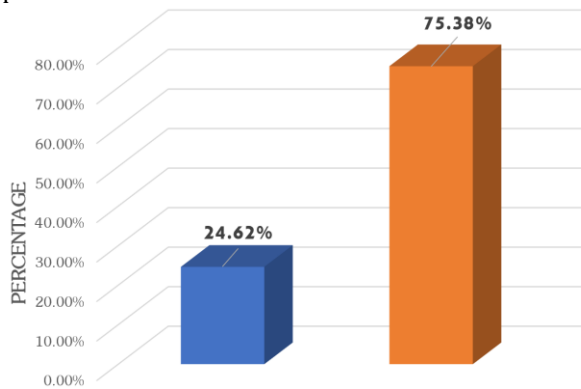


Figure 1: Practice of Lactational Amenorrhea method

Objective four

To examine the barriers to the practice of Lactational Amenorrhea method as a form of contraceptive Table 4 shows that 82.3% of respondents agree that LAM is for a short while 17.7% said no.42.5% of respondents agree that effectiveness can be reduced if breastfeeding is not exclusive while 57.5% disagree. 35% of respondents agree that return to fertility is uncertain while 65% disagree. 40% of respondents agree that LAM cannot be used by women with HIV infection, while 60% disagree. 69.2% of respondents agree that lack of knowledge is a barrier to LAM, while 30.8% disagree. 64.6% of respondents agree that lack of motivation is a barrier to LAM, while 35.4% disagree. This study therefore indicates that only LAM is for a short time, Lack of knowledge and Lack of motivation are the barriers to the adoption and practice of Lactational Amenorrhea method as a form of contraceptive method.

TABLE 4: Barriers to the practice of *lactational amenorrhea* as a pregnancy prevention method

S/N	ITEMS	Yes	No	Sig
1	LAM is for a short time	107(82.3%)	23(17.7%)	**
2	Effectiveness can be reduced if breastfeeding is not exclusive	55(42.5%)	75(57.5%)	
3	Return to fertility is uncertain	45(35%)	85(65%)	
4	LAM cannot be used by women with HIV infection	52(40%)	78(60%)	
5	Lack of knowledge	90(69.2%)	40(30.8%)	**
6	Lack of motivation	84(64.6%)	46(35.4%)	**

Discussion

This study determines the level of perception, knowledge, and practice of LAM by women especially nursing mothers visiting the Primary Health Care Clinics around Akoko South West Local Government Area of Ondo State, Nigeria. The demographic characteristics of respondents reveal that majority of the respondents are within 26 to 35years, Christians and their educational status is secondary school leaving certificate. Lastly majority of respondents are public servants.

The result of this study shows that the perception of women on Lactational Amenorrhea method as a form of contraceptive method is low. This result could be so because respondents are not enlightened about LAM and it did appear, they have not received adequate prenatal counselling on postpartum contraception.

The findings from this study indicate that respondents still have low knowledge about LAM as a natural

means of contraception. This finding supports the report of Tazhibayev et al., (2004) who reveal that correct knowledge about the methods or criteria for effective practice of "LAM" is still very low in Sub-Saharan Africa this study also agrees with Omololu and Akokuwebe (2014) who observe that the use of LAM as contraceptive is generally low.

Findings also reveal that respondents' practice of lactational amenorrhea is low. The writers perceived that this finding may be due to poor understanding of how LAM could be used as natural means of contraceptive. This study is consistent with the findings of the Federal Ministry of Health (2014) which show that only 5% of the women are into active practice of "LAM" for contraception purposes. Contrary to the above finding on LAM'S effectiveness, Kazi et.al. 1995; Singh, Sedge & Hussain, 2010; Moore et al., (2015), observe that there is a growing amount of evidence that when LAM is used perfectly postpartum (correct and consistent), it provides 98 to 99% contraceptive effectiveness while typical use (incorrect and inconsistent) provides 95% effectiveness. A higher rate of unintended pregnancies is only observed among the defaulters who are unable to adhere strictly to the tenets for the proper use of the method as approved by the World Health Organization (WHO, 2015).

This study indicates that the barriers to the adoption and practice of Lactational Amenorrhea Method as a form of contraceptive method are LAM is for a short time, lack of knowledge and lack of motivation. This study is consistent with the result of Omololu and Akokuwebe (2014) where ignorance and lack of adequate motivation are the barriers to the adoption and practice of LAM.

Conclusion and recommendations

Our findings reveal that women have low level of perception and poor knowledge of Lactational Amenorrhea Method as a natural means of contraceptive. Radio and TV jingles, use of health educators in the community and individual decision to practice it are the suggested ways to promote LAM practice among women of childbearing age. We recommend that the principles of usage or application (tenets of practice) of this method of contraception should be introduced to women during ante-natal and post-natal clinics in all government and private hospitals. The issue of family planning and contraceptives usage should be officially and fundamentally treated as public enlightenment through radio and television jingles and social media, and by direct contact of health personnel with women during ante-natal and post-natal clinics and stop being

addressed as issue of personal concern. Future study should address more facts on the awareness, perception, adoption and practice of exclusive breastfeeding and lactational amenorrhea to weigh the impacts of previous government interventions on the subject matter and chart a new course for the sustainable health and social revolution in the State and Nigeria as a whole.

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