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To assess the prevalence of knowledge level and practice of Lactational Amenorrhea Method (LAM) as a method of contraception among women admitted in postnatal ward of a tertiary care teaching hospital

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Abstract

Background: Lactation is a natural defence against pregnancy. As long as a mother is nursing, she is delaying the return of fertility. This study aimed at evaluating the state of knowledge, among mothers of infants aged 0-6 months, on lactational amenorrhea as a contraceptive method, as well as these women's breastfeeding habits

Methods: In this study, a total of n=300 mothers were included. A questionnaire was used to interview one-on-one the mothers of infants aged 0-6 months, who had consented to such an interview.

Results: Out of 300 total respondents, only 121(24%) of them had prior knowledge about LAM and 201 of them had prior knowledge about contraceptive methods. About 276(92.0%) were housewives by occupation and 24(8.0%) were working mothers. Primigravidas used contraception in the past and also had prior knowledge about LAM as compared to Multigravidas. Anganwadi workers provided knowledge to 17 of the totals, 40 of them got knowledge from relatives, Medical and paramedical workers educated 49 of them, 3 got it from the internet and 7 of them were self-acquired.

Conclusion: This study although small in size localized in a particular geographical area and covering almost similar socioeconomic profile, has a strong message that if proper and sustained counselling is done the dual purpose of exclusive breastfeeding and a method of natural family planning can be achieved.

Keywords: Contraception, exclusive breastfeeding, Lactational amenorrhea method

Introduction

The average birth interval is longer in people that breastfeed than in populations that do not breastfeed, meaning that breastfeeding still contributes significantly to the overall decline in fertility [1]. The lactational amenorrhea method (LAM) is a tool that enables each woman to make use of breastfeeding physiology to assist in spacing out her pregnancies [2]. The LAM has proven to be quite effective for family planning [3-7]. According to a 1988 Bellagio Consensus Meeting, women who fully or nearly breastfeed and are amenorrheic for the first six months after giving birth have a 2% likelihood of becoming pregnant [8]. In 1995, the Bellagio II Conference evaluated prospective clinical studies of LAM and discovered that the risk was typically lower in practice [9].

Programs to promote breastfeeding that include counselling have an impact on how long a woman breastfeeds and can help with LAM use [10-14]. This kind of contraception is affordable, safe for women, and gives newborns the best nutrition and disease-fighting abilities [15, 16]. Using LAM correctly requires three criteria to be met: The infant must be under six months old, have postpartum amenorrhea, and be fully or nearly fully breastfed, which requires feedings at least every four hours during the day and every six hours at night [17]. Several studies have shown that LAM is effective at 98% or higher among women who meet all of these requirements [18-20].

LAM is founded on the natural physiology of lactational infertility and codified for effective usage; it is widely recognized that breastfeeding has an impact on the suppression of ovulation, fertility after childbirth, and consequently on the birth interval. Although the method's effectiveness had already been proven in several populations the present research is designed to demonstrate the method's acceptance and use in a wider range of populations admitted to tertiary care hospitals.

Materials and Methods

The prospective cross-sectional study was conducted on n=300 patients after obtaining approval from the ethical committee. Postnatal mothers admitted to the postnatal ward and ready to give informed consent were recruited into the study and informed consent was obtained. Whereas, women with abortion, neonatal death, stillbirth and non-remedial lactational failure were excluded from the study.

A pre-validated questionnaire was used to obtain data. The surveys were administered in the face-to-face interview by trained interviewers. Postnatal mothers were given knowledge about LAM. It included counselling for a contraceptive method which is the most feasible method to follow without any expenses and hindrances. Data collected was analyzed using simple statistical measures like percentage and proportion. A descriptive statistical analysis was done.

Results

Table 1: Distribution of the respondents by education and prior knowledge of LAM

			Prior Knowledge of LAM		Total
			No	Yes	
Education	Uneducated	Count	4	2	6
		%	2.2%	1.7%	2.0%
	Secondary	Count	144	90	234
		%	80.4%	74.4%	78.0%
	Graduate and above	Count	31	29	60
		%	17.3%	24.0%	20.0%
Total		Count	179	121	300
		%	100.0%	100.0%	100.0%

Table 1 showed that out of 300 total respondents, 121 (24%) of them had prior knowledge about LAM, out of which 29 (24%) were graduated and above education level, 90 (74.4%) respondents had secondary education level and 2 (1.7%) were

Table 4: Distribution of the respondents by occupation and weaning from breastfeeding in the last pregnancy

			Weaning From Breastfeeding in a prior pregnancy					Total
			No BF	1-3 Months	3-6 Months	> 6 Months	No knowledge.	
Occupation	Housewife	Count	2	13	86	15	160	276
		%	100.0%	100.0%	94.5%	100.0%	89.4%	92.0%
	Working	Count	0	0	5	0	19	24
		%	0.0%	0.0%	5.5%	0.0%	10.6%	8.0%
Total		Count	2	13	91	15	179	300
		%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Out of the total 276 housewives in our study, 160 did not have any knowledge about weaning from BF, 86 of them weaned between 3-6 months, 15 weaned after 6 months, 13 weaned between 1-3 months and 2 of them never breastfed. Similarly, out of 19 working mothers, 19 of them did not know and 5 of them weaned off between 3-6 months (table 4).

Table 5: Distribution of the respondents by Gravida status and Contraception in past

			Contraception in Past		Total
			No	Yes	
Gravida	Primi	Count	153	21	174
		%	61.2%	42.0%	58.0%
	Multi	Count	97	29	126
		%	38.8%	58.0%	42.0%
Total		Count	250	50	300
		%	100.0%	100.0%	100.0%

uneducated. Similarly, those who did not have any prior knowledge about LAM were 179 (17.3%).

Table 2: Distribution of the respondents by education and prior knowledge of Spacing methods

			Spacing Method		Total
			No	Yes	
Education	Uneducated	Count	2	4	6
		%	2.0%	2.0%	2.0%
	Secondary	Count	88	146	234
		%	88.9%	72.6%	78.0%
	Graduate and above	Count	9	51	60
		%	9.1%	25.4%	20.0%
Total		Count	99	201	300
		%	100.0%	100.0%	100.0%

Out of 300 total respondents, 201 of them had prior knowledge about Spacing methods, out of which 51 (25.4%) were graduated and above, 146 (72.6%) respondents had a secondary education level and 4(2%) were uneducated. Similarly, those who did not have any prior knowledge were 99 respondents (table 2).

Table 3: Distribution of the respondents by occupation and prior knowledge of Spacing methods

			Spacing Method		Total
			No	Yes	
Occupation	Housewife	Count	95	181	276
		%	96.0%	90.0%	92.0%
	Working	Count	4	20	24
		%	4.0%	10.0%	8.0%
Total		Count	99	201	300
		%	100.0%	100.0%	100.0%

Out of 300 total respondents, 276(92.0%) were housewives by occupation and 24(8.0%) were working mothers. Further out of those housewives, 90% were aware of spacing methods but only 10% out of working mothers were aware (table 3).

Out of 174 (58%) primigravidas, 42% used contraception in the past and 61.2% did not use any method of contraception. Out of 126 multigravidas, only 29% used contraception in the past and 97% did not use it (table 5).

Table 6: Distribution of the respondents by Gravida status and Knowledge about LAM

			Knowledge about LAM		Total
			No	Yes	
Gravida	Primi	Count	112	62	174
		%	62.6%	51.2%	58.0%
	Multi	Count	67	59	126
		%	37.4%	48.8%	42.0%
Total		Count	179	121	300
		%	100.0%	100.0%	100.0%

Out of 174 Primigravidas, only 62 had prior knowledge about LAM and 112 did not know. Out of 126 multigravidas, 59 of

them had prior knowledge about LAM and 67 had no knowledge (table 6).

Table 7: Distribution of the respondents by Knowledge Provider and Interest in Knowledge

				Interest in Knowledge		Total
		No	Yes	No	Yes	
Knowledge Provider	No	Count	33	151	184	
		%	76.7%	58.8%	61.3%	
	Anganwadi	Count	1	16	17	
		%	2.3%	6.2%	5.7%	
	Doctor	Count	2	37	39	
		%	4.7%	14.4%	13.0%	
	On her own	Count	0	7	7	
		%	0.0%	2.7%	2.3%	
	Internet	Count	0	3	3	
		%	0.0%	1.2%	1.0%	
	Nurse	Count	0	10	10	
		%	0.0%	3.9%	3.3%	
	Relatives	Count	7	33	40	
		%	16.3%	12.8%	13.3%	
Total		Count	43	257	300	
		%	100.0%	100.0%	100.0%	

Out of a total of 300 respondents, 184 of them had no knowledge providers but still 151 out of them were interested in getting knowledge about LAM. Anganwadi workers provided knowledge to 17 of the total mothers and 16 of them were happy to get it. About 40 of them got knowledge from relatives and 33 out of them were interested. Nurses educated about 10 of the total crowd and all were interested in acquiring. Doctors educated 39 of the mothers and only 2 were not interested. Internet-acquired knowledge was among 3 of them and self-acquired was among 7 of them (Table 7).

Discussion

Breastfeeding is one of the best gifts provided by the nature to mankind. Breastfeeding not only provides the essential nutritional needs of the baby but also provides a very competent method of contraception during the initial period after childbirth. As no medication is needed or any device is used, if properly adhered to the basic principle of absolute breastfeeding, it is the best way of contraception. In our study, the knowledge regarding LAM and spacing was more in educated women compared to minimally educated or illiterate women. Similar findings were reported in the studies of Abraha *et al.* [21] and Tiwari *et al.* [22]. These findings suggested that awareness and prior knowledge about LAM are associated with education level. Out of the total respondents, the majority (92.0%) were housewives by occupation followed by working mothers 24 (8.0%). Further out of those housewives, 90% were aware of spacing/contraception methods however, only 10% out of working mothers were aware which was a little strange but this could be related to their education level. There was a significant difference in knowledge about spacing/contraception between respondents having primary and secondary and above the level of education which was similar to the Dhaka study [23]. Out of the total 276 housewives in our study, 160 did not have any knowledge about when to wean from breastfeeding in the last pregnancy which is an indirect marker of awareness about LAM and 19 of the working mothers were also unaware. This shows the ignorance about LAM as maximum mothers did not know to make use of breastfeeding duration as natural contraception which was also an important observation in a study by Catherine *et al.* [24] Most of the primigravidas used contraception in the past and also had prior knowledge about LAM as compared to

the multigravidas in our study similar to the observations by Tiwari *et al.* [22] but contrary to the Nigerian study [25] wherein multigravidas were more aware of it. This finding is not significant as to the gravida status and again proves that if prior knowledge about LAM in previous pregnancies was given would have been helpful.

Out of a total of 300 respondents, 184 of them had no knowledge providers but still 151 out of them were interested in getting knowledge about LAM. Anganwadi workers provided knowledge to 17 of the total respondents, and 40 of them got knowledge from relatives. Nurses educated about 10 of them and Doctors educated 39 of the mothers. Internet-acquired knowledge was amongst 3 of them and self-acquired was amongst 7 of them. These findings were coherent again with the Ethiopian study [21] and the Nigerian study [25].

Conclusion

This study, although only very small in size localized in a particular geographical area and covering mothers of the almost similar socioeconomic profile, has a strong message that if proper and sustained counselling is done the dual purpose of exclusive breastfeeding and a method of natural family planning can be achieved. With birth spacing, the Infant and Young child feeding practices can be followed successfully and thus we can be able to achieve a better healthy future generation of the country.

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Declaration

Contribution of Authors

Conception and Design: AA and DA, Planning and Conduction of Study: AA, SB and AR.

Data Collection and Supervision: AR and SB, Analysis and Interpretation: AA and DA

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