Barriers Analysis and LAM Transition in Guinea and Uganda

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Overview of Presentation

- Guinea and Uganda context for barrier analysis
- Results from Guinea
- Preliminary findings from Uganda
- Lessons learned and program implications
## Background

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<thead>
<tr>
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<th>Guinea</th>
<th>Uganda</th>
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<tbody>
<tr>
<td>Unmet need</td>
<td>21%</td>
<td>41%</td>
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<tr>
<td>CPR</td>
<td>5.7%</td>
<td>18%</td>
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<tr>
<td>TFR</td>
<td>6.4</td>
<td>6.7</td>
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<td>Birth to birth intervals &lt; 24 months</td>
<td>11.5%</td>
<td>25.2%</td>
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<td>Birth to birth intervals &lt; 36 months</td>
<td>32.3%</td>
<td>68.8%</td>
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<tr>
<td>Median duration EBF (mean) Mean duration</td>
<td>0.6 months (3.1)</td>
<td>3.1 months (4.3)</td>
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<td>Median duration of any BF (mean)</td>
<td>22.4 months (22.7)</td>
<td>20.4 months (19.6)</td>
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<td>Socio-cultural</td>
<td>Muslim, polygamous</td>
<td>Christian</td>
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Methodology: In-depth interviews and barrier analysis (semi-structured questionnaires)

**Barrier analysis**
40 LAM transitioners/40 LAM non-transitioners

- Perceived susceptibility to pregnancy during the first two years postpartum
- Perceived severity of closely spaced births
- Perceived efficacy of LAM and transition to space pregnancies
- Perceived social acceptability of the transition (i.e. – FP use)
- Perceived self-efficacy in the transition
- Cues for Action - LAM and to transition
- Perceived importance of transitioning when each criteria changes
- Perception of divine will
- Positive attributes of transitioning
- Negative attributes of transitioning

**In-depth Interviews**
20 LAM transitioners/20 LAM non-transitioners

- Breastfeeding
- LAM
- Transition
- Return to sexual activity
- Couples communication
- Influence of marital status (polygamy/monogamy)
Findings from Guinea
Timing of transition

- 60% of the transitioners switched to another method within the same month that the 1st criteria changed
- among those who delayed, 31% waited for menses
Perceived risk of pregnancy: Timing of return to fertility

How long after a delivery can you become pregnant if you do not use LAM or another FP method?

I will not stop using LAM until my child is 1 year and 5 months. …if I don’t see my menses, I cannot become pregnant. (High parity mother – 4 children)
Almost all transitioners and non-transitioners reported having resumed sexual activity.

Transitioners were more likely to have resumed sexual activity at an earlier date: more than half by 3 months postpartum as compared to 5 months for non-transitioners.
In-depth interviews: reasons for not transitioning

Main reasons for not transitioning:
- Lack information (on other modern methods, when to transition) (5)
- Difficulty accessing methods (5)
- Waiting for menses/fertility pattern (3)
- Not sexually active due to marital difficulties (3)

Very few women mentioned financial constraints

“The members of the VHC no longer have methods and I have to go 25 km [to the health center]. I did not have anyone to accompany me there and I was afraid to go alone” (High parity mother)
Support for decision to transition

Spousal involvement:
- Transitioners tended to perceive or receive support from their husbands for the transition
- All but two non-transitioners reported making the decision not to transition without anyone’s assistance.

Other social support:
- Interviews show potential for positive influence on younger co-wives
- Barrier analysis suggests co-wives can be a barrier as well

I was happy that he told me to use a method so we could be sexually active without becoming pregnant (high parity transitioner)

I discussed it with my co-wife. She said to my husband we should plan. So I will ask at the health center and discuss it with my co-wife so we can make the decision together. (Young, low-parity woman)
Early findings from Uganda

Differences with Guinea in social context:

- Resumption of sexual activity at 2 months due to pressure from husbands potentially also due to concerns about extramarital infidelity
- Broader range of social influences: Female influentials include mother, aunt in addition to mother/sister in law & neighbors; religious leaders may also influence
- Higher literacy levels (min 5 years of education)
Lessons learned and insights for future programming

- Need for more information to support transition from LAM to other FP methods
- Both similarities and differences in factors that influence decision making related to transition
  - Resumption of sexual activity and perceived risk of pregnancy is similar
  - Social support for transition – not a “one size fits all”
- Implications for programs
  - Need for counseling to clarify issues related to return to fertility
  - Need for additional postpartum contacts to clarify information about PPFP
  - Need health education to include gatekeepers such as husbands, MIL and other influentials