Menstrual pattern, sexual behaviors and contraceptive use among postpartum women in Nairobi slums

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Introduction

- Historically, postpartum women in the developing world relied on traditional birth spacing methods
  - Lactational amenorrhea &
  - Postpartum sexual abstinence
  - Long breastfeeding durations

- Today there is reduced role of traditional birth spacing mechanisms due to
  - Introduction of modern contraceptives,
  - Cultural transformations,
  - Increasing urbanization

Why study postpartum women?

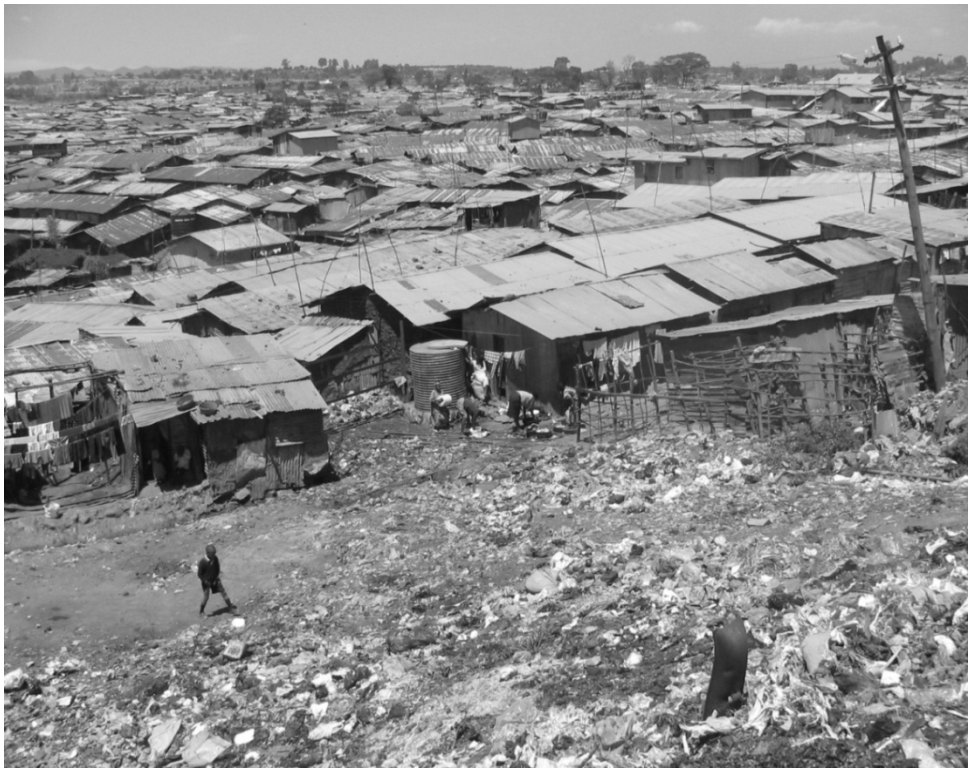
- Nearly one third of women in SSA
  - exposed to the risk of pregnancy (sex + no contraceptives) within 2 years of childbirth.
- Short birth intervals and unwanted pregnancies
  - Decrease survival chances for the born baby
  - Present worse health outcomes for mother
  - Unwanted pregnancies - increasing abortion
- Challenges of unmet need
  - Highest in the first year of the postpartum period (Ross and Winfrey 2001)
  - High among poor and less educated women (Ashford 2003; Westoff 2006)

Why RH needs for urban poor?

- Urban populations projections
  - Annual growth rate of 2.4% (UN-HABITAT 2008).
  - Leading to rising poverty, inadequate shelter; access to safe water, sanitation, education and health services.
  - Increasing urban populations means future population growth depends on the RH policies adopted for urban areas today.
  - Understanding the RH needs of urban poor contributes to MDGs on maternal and child health.
  - Mapping timing of the initiation of postpartum FP is essential in designing better FP programs for urban poor.

Example: Kenya urban slums

E.g. Kenya, rising urbanization is reflected in the many informal settlements that house over 50% of the Nairobi city population.



- characterized by congestion, disease, crime, poor hygiene, violence, poverty, early sexual debut, etc.
- Slum TFR is 4.0 (2000) vs 4.9 (Kenya national 2003)
- Slum maternal mortality ratio=706 per 100,000 live births.
- Slum HIV prevalence is 11.5 vs 7-8%(National 2007)

Research objectives

- To clarify the extent and nature of postpartum protection against pregnancy afforded
  - by amenorrhea &
  - sexual abstinence among urban slum women.

- Investigate contraceptive use modalities especially
  - the timing of contraception in relation to resumption of menses,
  - does timing influence method choice.

Data and Methods

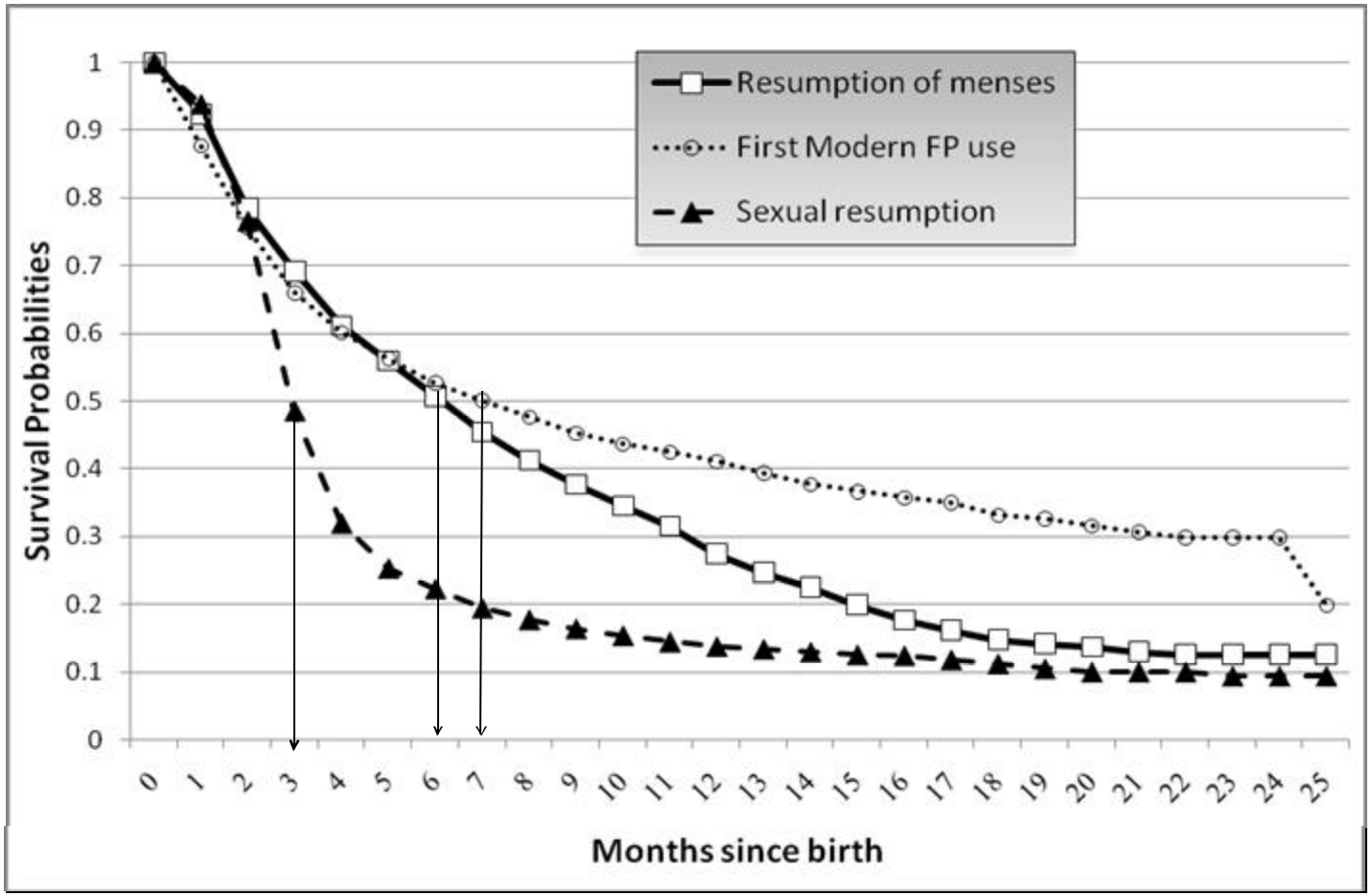
- Eligibility criteria
  - birth since September 2006 (last 12 months).
  - Births in study area (2 Nairobi slums).
- Open-cohort
  - Follow-up interviews conducted every 4months thereafter.
- A monthly calendar type questionnaire used
  - Administered retrospectively to cover period since birth to interview
  - Data on sexual behaviour, menstrual resumption, breastfeeding patterns, and contraceptive was collected.
- Descriptive statistics and survival analysis techniques are used for the analysis.

Sample characteristics

	Baseline	Wave 2	Wave 3	Wave 4
	Feb-Apr 07	**Jul-Aug 07**	**Oct07-May08**	**May-Aug 08**
Cohort 1	**617**	490	312	233
Cohort 2		**458**	344	258
Cohort 3			**948**	691
Cohort 4				**971**

Characteristic	%
Currently married	78.6
With primary education	70.9
Used any method of contraception since birth	41.9

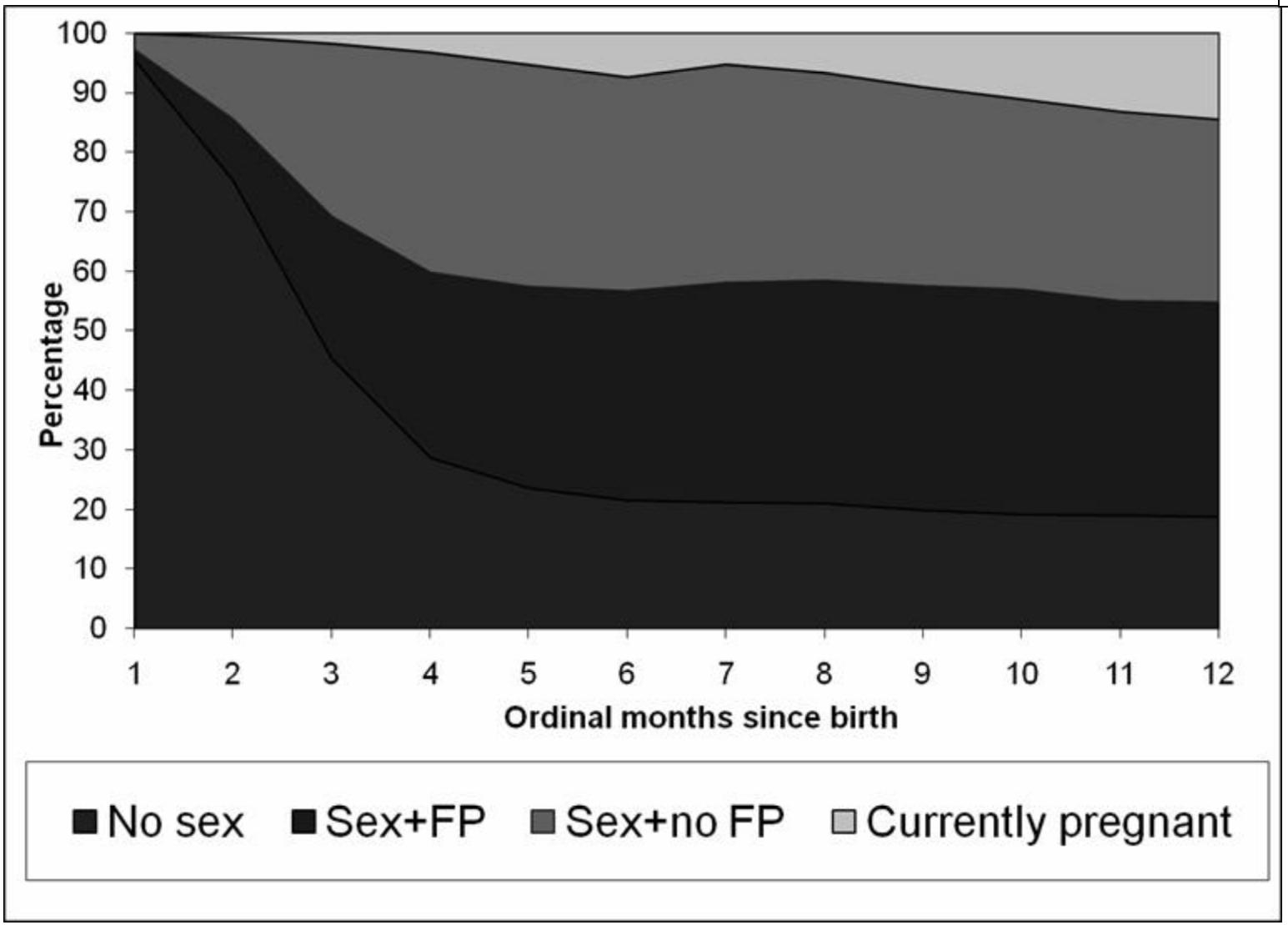
First menstrual resumption, first use of modern contraceptives & sexual resumption



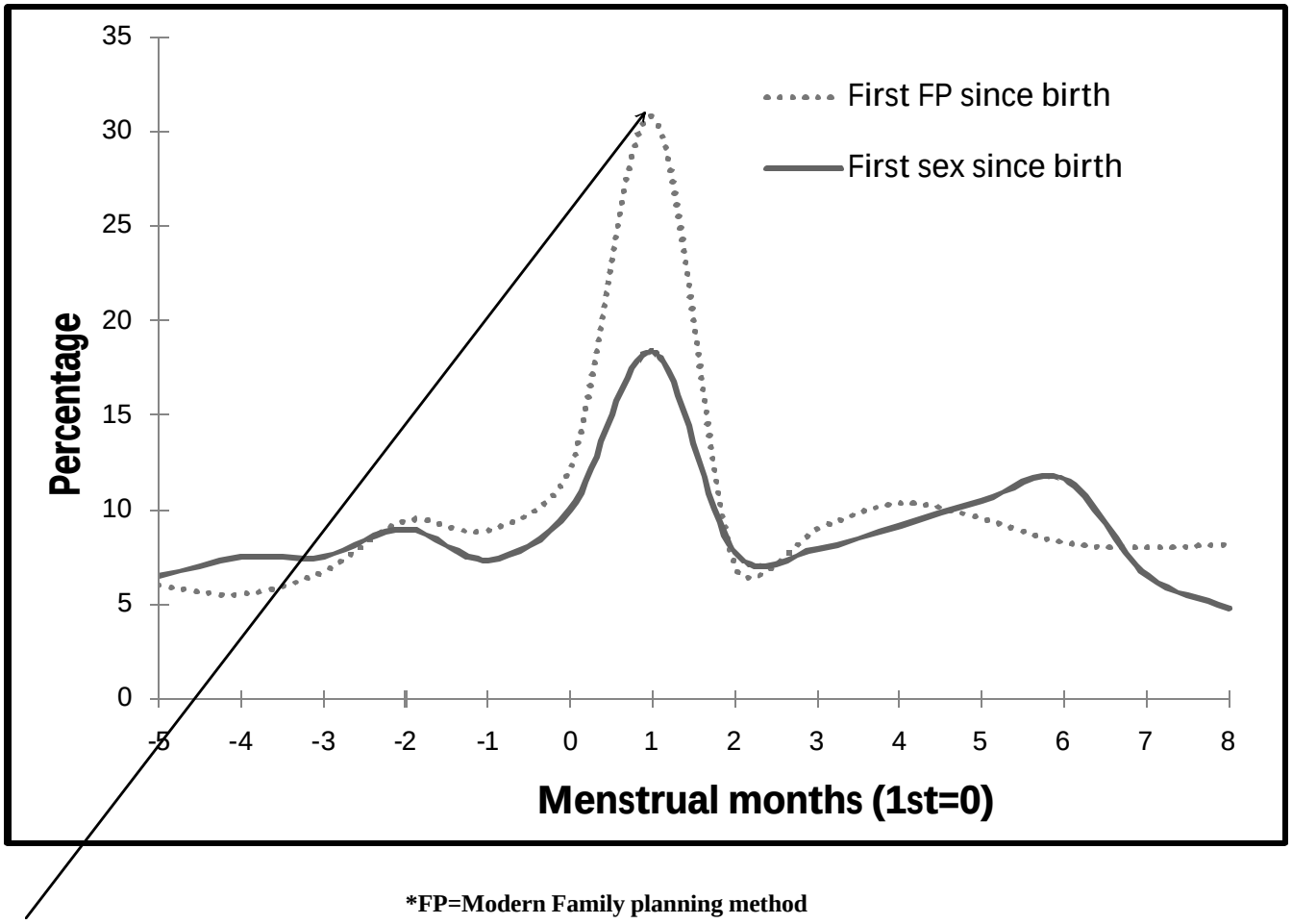
Postpartum & contraception

Protection categories of Postpartum months	No FP (%)	Modern FP (%)	Traditional FP(%)	Total (N)
Protected(amenorrhea+ sex)	87.6	10.8	1.6	7549
Protected(no sex+has menses)	76.2	21.3	2.5	2904
Low protection(Amenorrhea + sex)	52.8	39.3	7.9	8237
Exposed(has menses+sex)	27.5	63.3	9.2	6907
Currently pregnant	98.0	1.4	0.6	350
Total	59.4	34.9	5.7	25947

Cumulated postpartum women-months of exposure and protection against pregnancy



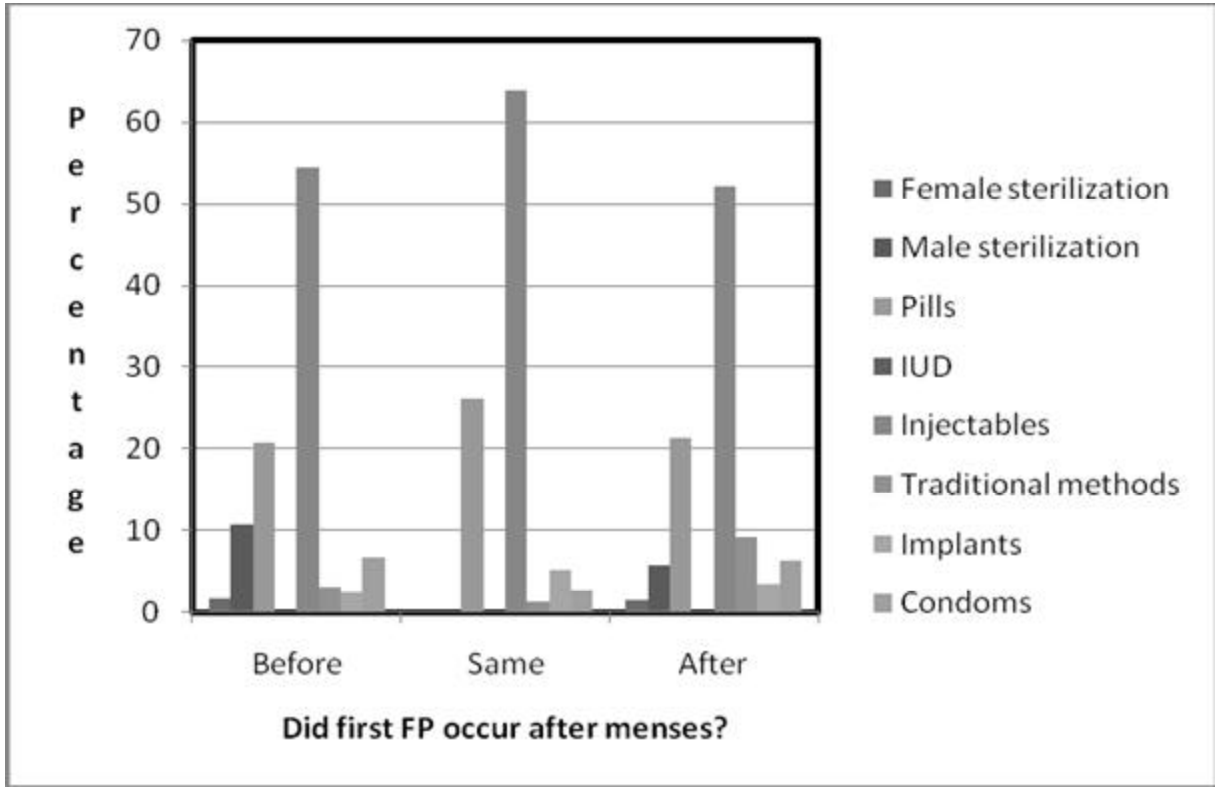
Resumption of Menses and timing of first modern contraceptive use and first sexual intercourse.



***FP=Modern Family planning method**

- Majority of the postpartum women initiate
  - contraceptive use during the months following their first menstrual cycle

Choice of first contraceptives & timing of menstruating among women in informal settlements.



***FP=Family planning**

- Injectables (12 monthly average of 48%) and pills (22%) remain the most common methods used during the 1st 12 months.
- Condom use is low

Key results

- **Sexual resumption seems to occur earlier than**
  - menses resumption
  - postpartum contraceptive resumption.

- **Menses resumption acts as a trigger for initiating postpartum contraceptive use**
  - heightened peak of first contraceptive use occurs shortly after the first menses.

- **Minimal differences in contraceptive method choice are observed**
  - between early adopters vs late adopters in respect of menstrual resumption.

- **Few women use condoms,**
  - a method for dual protection against STI /HIV and pregnancy.

- **For months where women were exposed to the risk of pregnancy (resumed sexual relations and menses)**
  - about 28% were months where no contraceptive method was used.

Conclusions

- Contraceptive use high, adoption of FP is early but there a few who face the risk of pregnancy
- Condom use is low – expected if compared to national averages
- Postpartum poor women need increased access to family planning and reproductive health services
  - in order to reduce the numbers of unwanted births, abortions
  - increase the length of subsequent birth intervals and better maternal health outcomes.
- Postnatal visits and other subsequent health system contacts are promising opportunities for serving postpartum women with a desire to use family planning services in Nairobi urban slums.

Acknowledgements

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