



Concordance between intention to use and current use of contraceptives among six-month postpartum women in Brazil: The role of unplanned pregnancy

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ARTICLE INFO

Keywords:

Unplanned pregnancy
Contraception
Postpartum
Family planning

ABSTRACT

Objective: to examine the effect of pregnancy planning status in the concordance between intention to use and current use of contraceptives among postpartum women.

Design and setting: a prospective study was conducted in 12 primary health care facilities in São Paulo, Brazil, from November 2013 to September 2014.

Participants: A total of 264 women aged 15–44 years old completed a face-to-face interview when they were pregnant (baseline), and were interviewed by phone at 6 months postpartum.

Measurements: At baseline, participants were questioned about the contraceptive method they would prefer to be using at 6 months postpartum. At 6 months postpartum, they answered about the contraceptive method they were currently using. Pregnancy planning status was measured using the Brazilian Portuguese London Measure of Unplanned Pregnancy. We conducted logistic regression, considering contraceptive preference-use concordance as the dependent variable and the main covariate as pregnancy planning status.

Findings: Only 28.9% of postpartum women were using the method they preferred to use when they were pregnant. The agreement between preference and contraceptive use was higher for injectables (60.9%) and lowest for IUD, as nobody who preferred it was actually using it. Women who were not sure about what method they intended to use after childbirth more frequently reported no use at six months postpartum. Multivariate logistic regression showed that postpartum women whose pregnancy was unplanned were less likely to use the contraceptive methods that they intended to use when they were pregnant [aOR=0.36; 95%CI=0.14–0.97].

Conclusions and implications for practice: Brazilian women were able to access contraceptives in the postpartum period. However, there is a considerable discordance between their contraceptive intention to use and use at the sixth postpartum month. A higher unmet demand for IUD and sterilization should be highlighted. The pregnancy planning status is associated to postpartum contraceptive preference-use concordance, so interventions before pregnancy may affect postpartum contraceptive use. Women with unintended pregnancies present an important opportunity to offer additional family planning counseling.

Introduction

Postpartum family planning has the potential to significantly reduce the number of unintended pregnancies and to promote an increase in intergestational intervals (Speroff and Darney, 2005; Thiel de Bocanegra et al., 2014; Moore et al., 2015), which are recommended to be at least 24 months to improve maternal and child health indicators (World Health Organization, 2013). Therefore, the contraceptive needs of postpartum women should be addressed and should be aligned with their reproductive intentions and clinical guidelines

(World Health Organization, 2013).

The first postpartum months are the period in which women are more motivated to prevent pregnancy (Potter et al., 2014; Tang et al., 2014). Although increased contact with health professionals is expected in the first year after childbirth during postpartum, child immunization, and well-child care visits (World Health Organization, 2013), these points of contact with health services may not result in positive outcomes concerning contraceptive use (Speizer et al., 2013; Mody et al., 2014). One reason for the lack of positive outcomes is that amenorrhea, sexual abstinence and breastfeeding are supposed to

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protect postpartum women from pregnancy (Moore et al., 2015). Additionally, in several contexts, many postpartum women have poor access to family planning services, and thus they may not be able to access the contraceptive methods that they intend to use (Yee and Simon, 2011; Tang et al., 2013; Potter et al., 2014; Singh et al., 2014). An analysis of data from the Demographic and Health Surveys in 21 countries found that only 31% of postpartum women were using contraceptives, most of which were short-acting methods (Moore et al., 2015).

Understanding the factors that influence postpartum contraceptive use could inform strategies to reduce unplanned and rapid repeat pregnancies. Although researchers have recognized that sociodemographic factors alone are not predictive of contraceptive choice and use in the postpartum period (Tang et al., 2013), there is extensive literature about the key factors for postpartum contraceptive use that has shown effects of the structure and organization of health services; social and medical norms regarding family planning counseling; the range of contraceptive methods available; the return of menses and the resumption of sexual intercourse (Khan et al., 2008; Kestler et al., 2011; Sonalkar et al., 2014; White et al., 2014; Lauria et al., 2014; Ahmed et al., 2015; Zapata et al., 2015; Zerden et al., 2015; Rutaremwa et al., 2015; Abera et al., 2015). However, studies that evaluated postpartum contraceptive choices showed that women's intentions to use contraceptives and their reproductive intentions have received little attention (Ross and Winfrey, 2001; Tang et al., 2013).

In fact, few studies have examined the role of reproductive intentions on contraceptive use among postpartum women. Unintended pregnancies are associated with many negative outcomes in reproductive health, for both women and children (Cheng et al., 2009), but there is scarce knowledge about their effect on postpartum women's decision making regarding contraceptive use. As the purpose of postpartum family planning is to provide women and couples the ability to initiate and continue to use their intended contraceptive method (World Health Organization, 2013), women with unintended pregnancies present an important opportunity to offer additional family planning counseling (Yee and Simon, 2011).

For this study, we present data from Brazil, a middle-income country with a low fertility rate (1.8 births per woman), a high contraceptive prevalence rate (80.6%) (Brazil Ministry of Health, 2009), and also a high proportion of unintended pregnancies (55.4%) (Viellas et al., 2014). It is unclear whether Brazilian women are using their preferred or intended contraceptive method. The types of contraceptive methods used nationally are basically pills, condoms and female sterilization and reflect poor access to other methods, especially long-acting reversible methods (LARC); this situation may prevent women overall, and postpartum women in particular, from attaining their fertility goals. Consolidating data on the unique reproductive health needs of postpartum women from low- and middle-income countries provides a robust direction to address the public health interest in longer birth intervals (Moore et al., 2015).

In this paper, our objective is to examine the effect of pregnancy planning status in the concordance between intention to use and current use of contraceptives among postpartum women. To identify missed and optimal opportunities to intervene and promote evidence-based public health strategies in postpartum family planning, an important question to address is whether postpartum women are actually using their intended contraceptive method when they were pregnant. If yes, this means that women had the opportunity and were able to access the range of methods appropriate for their life cycle and reproductive needs and plans. If not, this means that the unique reproductive health needs of postpartum women still face barriers to full implementation.

Methods

Design

We conducted a prospective study of pregnant women recruited at primary health care facilities (PHCFs) in 2013 in Sao Paulo, Brazil.

Participants and procedure

Women aged 15–44 years at any stage of pregnancy were eligible to participate in this study and completed interviews at two time points: the first when they were pregnant (baseline), and the second at 6 months postpartum. The baseline interview was conducted as part of a larger study that aimed to assess the determinants of non-use of emergency contraception among women with either unplanned or ambivalent pregnancies (Santos et al., 2014). A convenience sample of pregnant women from all 12 PHCFs from a district in the municipality of São Paulo was selected based on proportional sampling considering the proportion of pregnant women enrolled in each PHCF in 2012. All women waiting for prenatal care on specific weekdays from April to July 2013 at these PHCFs were invited to participate in the study. Those who agreed to participate responded to a 15-minute face-to-face interview. In total, we recruited 474 participants who completed the baseline interviews. The initial baseline questionnaire collected information about the contraceptive method they intended to be using at six months after childbirth as well as their sociodemographic characteristics, including age, education, cohabitation with a partner, and employment, and reproductive events such as the number of pregnancies, previous abortions, pregnancy planning status, and contraceptive use before pregnancy. At the end of the baseline interview, women were invited to answer another questionnaire six months after birth. All of them agreed.

Losses to follow-up were due to changes in phone number. To minimize these losses, we tried to contact women by address; therefore, printed questionnaires were sent by mail. After this approach, some women replied with completed questionnaires.

At six months after childbirth (November 2013 to September 2014), the participants answered questions on the phone about birth history, breastfeeding practices, contraceptive practices and future reproductive intentions. As in another study (Moore et al., 2015), we chose not to exclude women who had not resumed sexual relations because we realized that they could soon be in need of contraception even if they were not necessarily at risk of pregnancy at the time of the survey. Trained nurses conducted all interviews.

Study data were managed in FormsUS electronic data capture tools hosted at the Brazilian Ministry of Health information system, which is open access and available at <http://formsus.datasus.gov.br/site/default.php>.

The institutional Ethics Research Committee approved this study, and formal consent was obtained from all participants. Women under 18 years of age signed an assent form, and their parents signed the formal consent.

Data analysis

Our main variable was *concordance between contraceptive preference-use*. It was coded yes if the woman was using - at six months after childbirth - the same contraceptive method she preferred when she was pregnant (dichotomous variable). The questions allowed women to report more than one method. For this study, we considered only the most efficient contraceptive reported (Trussell and Guthrie, 2011), i.e. one choice per women at baseline and at six months postpartum.

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