

Return of menses following childbirth and family planning use: *Findings from Ghana, India, Rwanda, and Zambia*

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Presentation objectives

- Present findings on return of menses following childbirth and family planning use from six separate studies in four countries;
- Discuss implications for meeting the contraceptive needs of postpartum women.

Ghana, India, Rwanda, Zambia: Common research themes

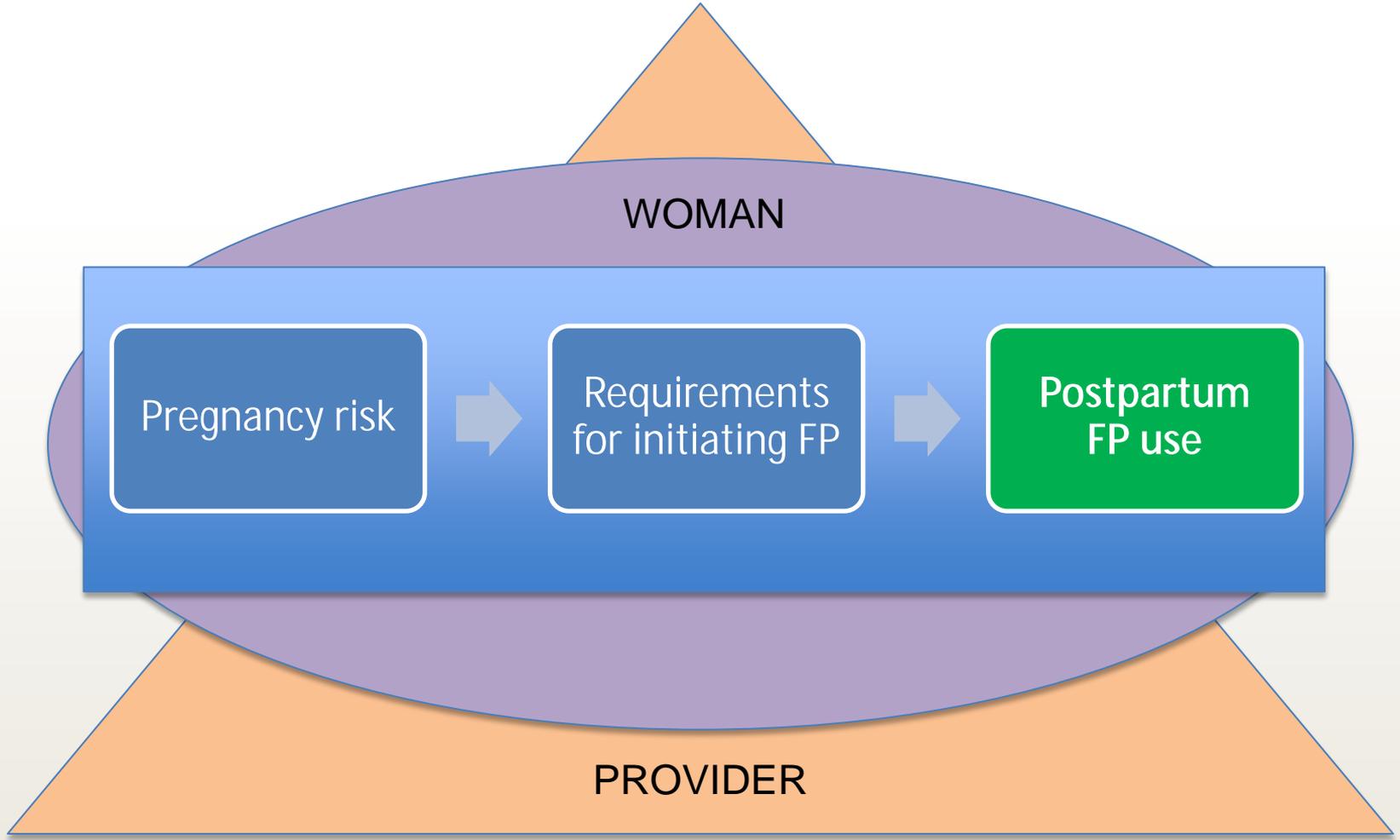
- Identify and test strategies for reaching women with high unmet need in **family planning**
- Integration of FP and immunization services
 - Ghana, Rwanda, Zambia – intervention
 - India – formative assessment
- Rwanda
 - Feasibility of PPIUD insertion services – intervention
 - Formative research on reasons for non-use
- **Return of menses following childbirth** emerged as an important theme across studies

Data sources

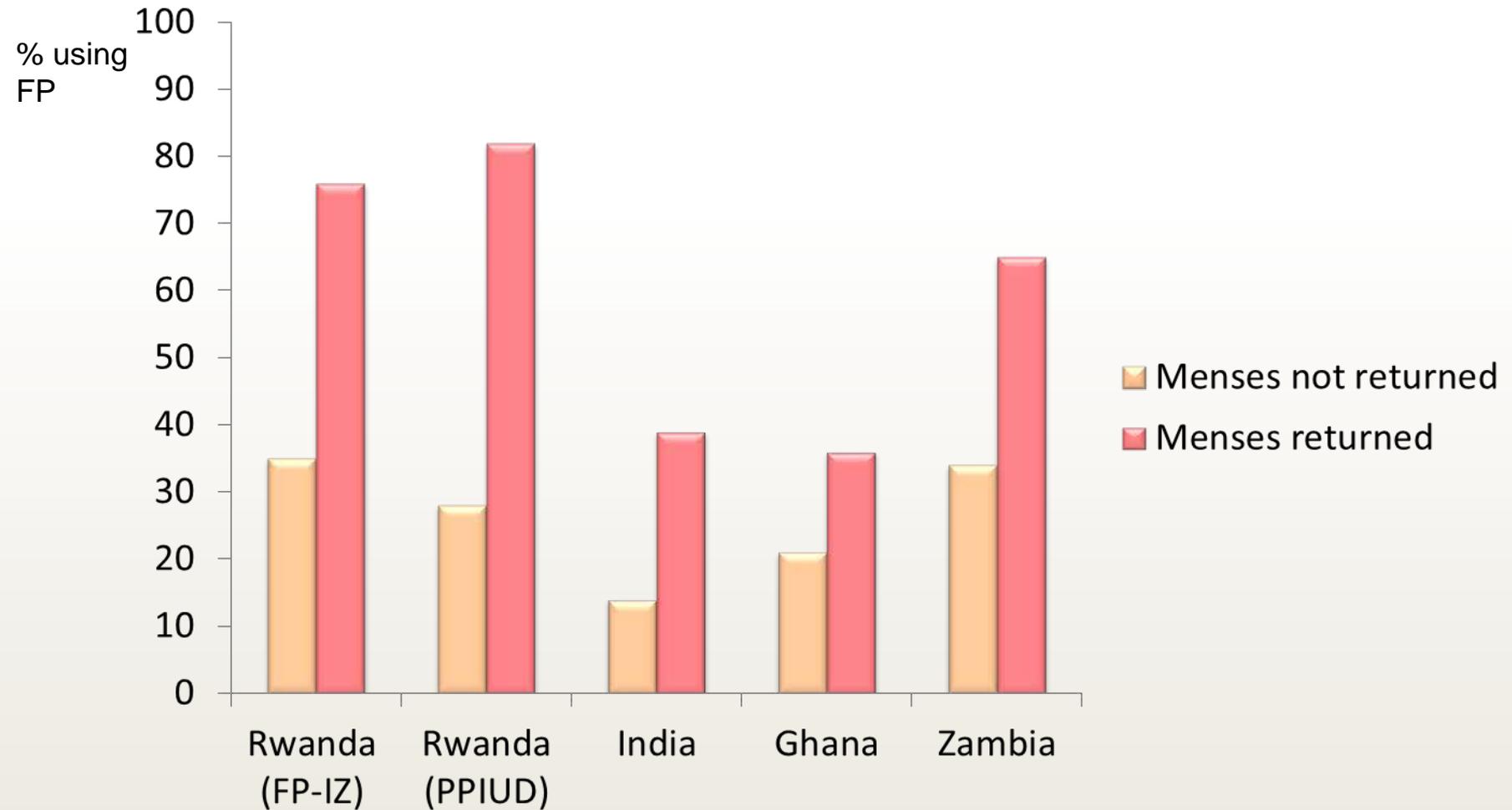
	Ghana (FP-IZ) Baseline	India (FP-IZ) Formative	Zambia (FP-IZ) Baseline	Rwanda (FP-IZ) Baseline	Rwanda (PPIUD) Post intervention	Rwanda (NUFP) Formative
Women	1465	125	4033	806	277	637*
Months PP	9-12	0-12	9-12	6-12	3-5	n/a
Providers				63 FP&IZ	64 Mat&ANC	
Year	2009	2011	2009	2011	2011	2009/10

Clinic-based
Community-based

* Also included 54 in-depth interviews



Postpartum FP use is higher among women with menses than among amenorrheic women



Main reason for non-use depends on whether menses have returned in Ghana and Zambia

	Menses*	No Menses*
Ghana	n=418	n=211
	FP causes side effects 24 %	Menses not returned 31%
Zambia	n=584	n=768
	Partner approval issue 22%	Menses not returned 37%

* Among women who have resumed sexual activity after childbirth

Menses commonly reported as a factor influencing postpartum family planning use

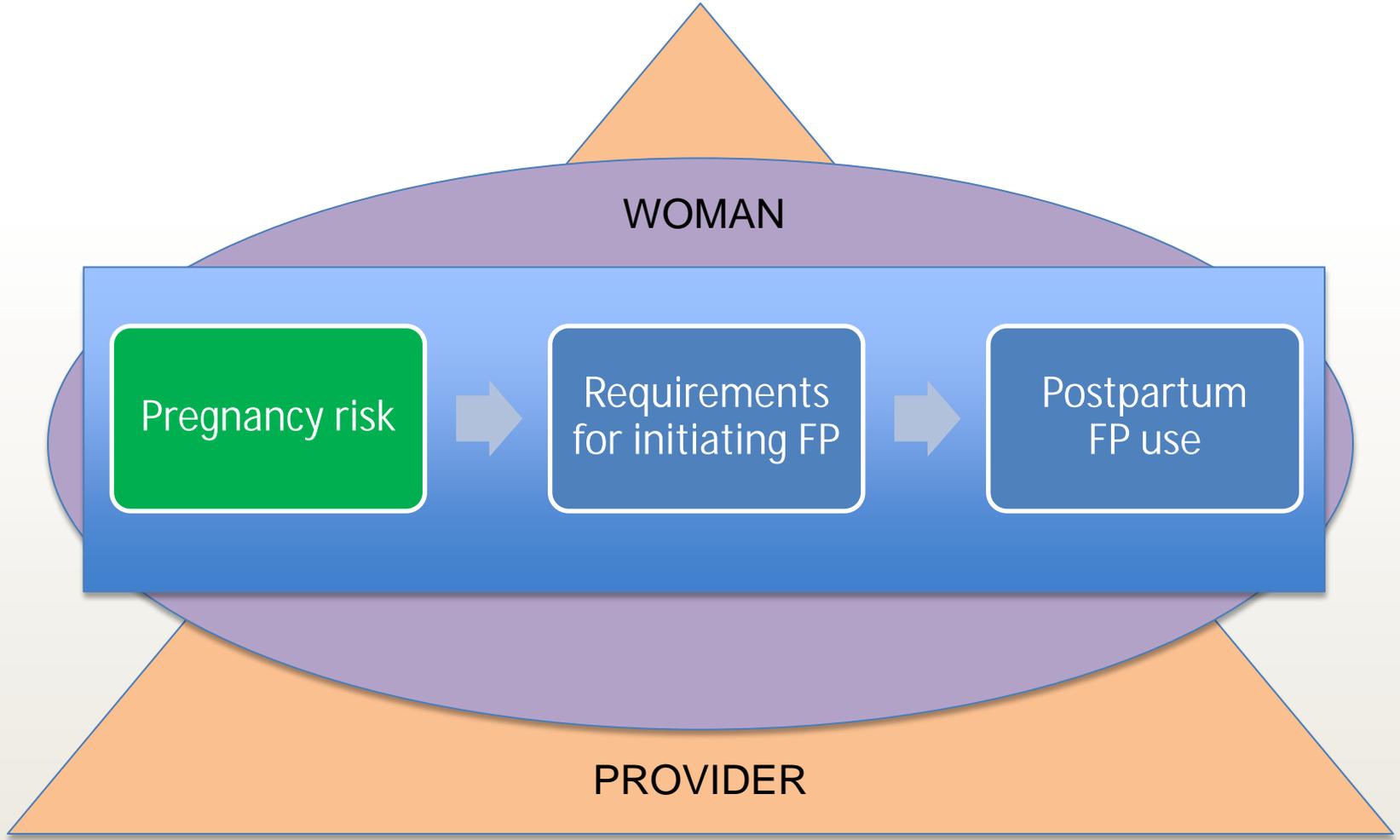
Proportion of non-users who cited awaiting return of menses as a reason for current non-use of FP

PPIUD
(n=149)
42%

FP-IZ
(n=376)
44%

NUFP*
(n=214)
58%

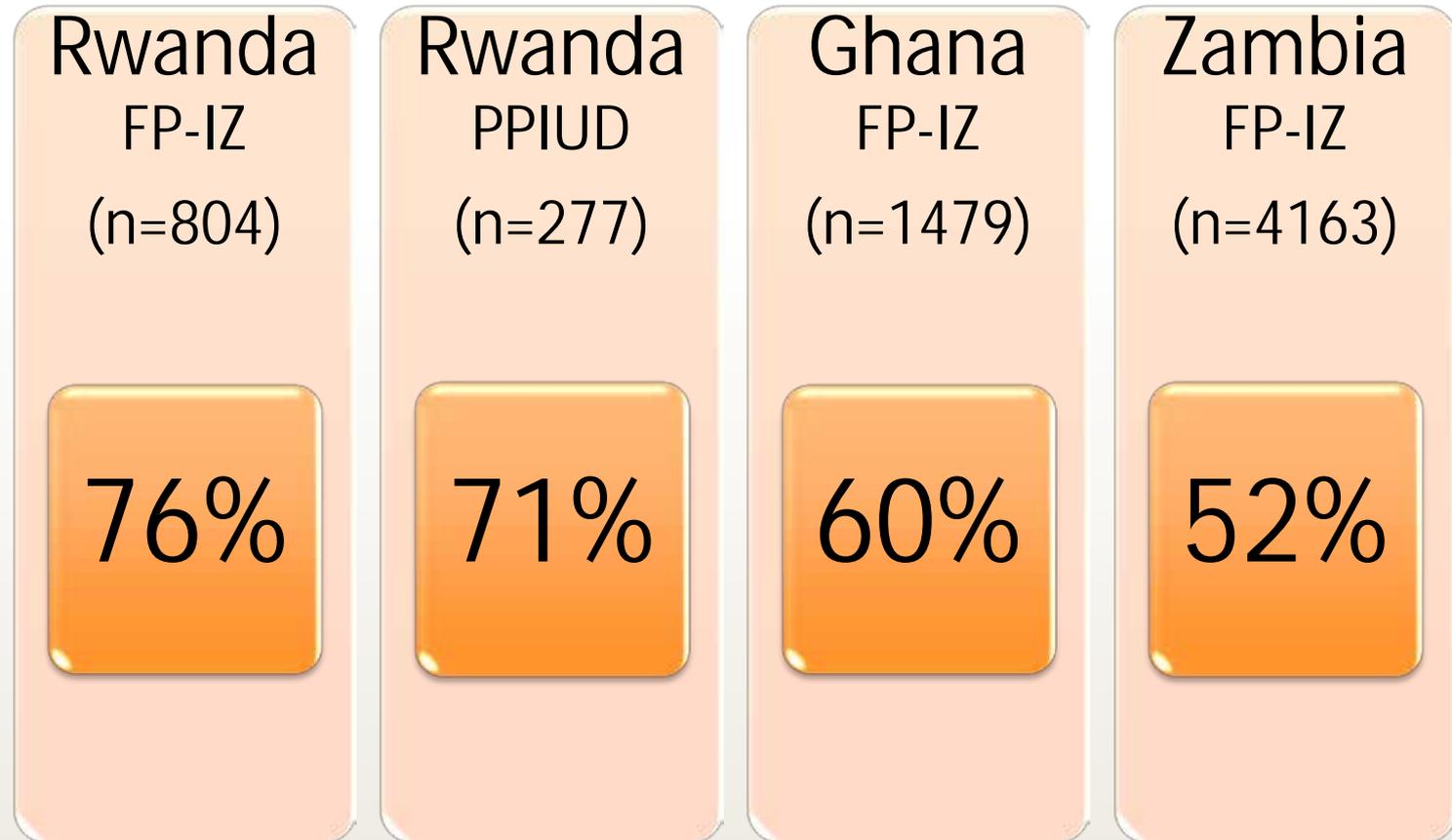
* Among women who intend to use a method in the future



Providers' knowledge that a woman can be at risk of pregnancy before return of menses (Rwanda PPIUD)

- **98%** of interviewed ANC and maternity providers
- Message is communicated:
 - **83%** of observed ANC group education sessions
 - **33%** of observed ANC individual counseling sessions
 - **28%** of observed maternity shifts

Women's knowledge of pregnancy risk before return of menses after childbirth*



* Question wording varies across studies

Perceived pregnancy risk and return of menses (India FP-IZ)

Non-users who think that, if they have sex within the next month:

They can get pregnant	Yes (n=13)	No (n=87)
Why	<ul style="list-style-type: none">- Menses returned: 92%- Resumed sex : 85%	<ul style="list-style-type: none">- Menses not returned: 85%- No sex: 44%- Baby < 6 months: 27%- Breastfeeding: 6%

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- *“Sometimes you are not menstruating, you wait, and out of bad luck, you get pregnant before your period comes back...they say that menses make it possible to conceive, I don't know what happened that the woman got pregnant without menses...it is not time yet, I haven't had my period to go get a method or use a condom”* (23-year old woman with one child, Rwanda NUFP)

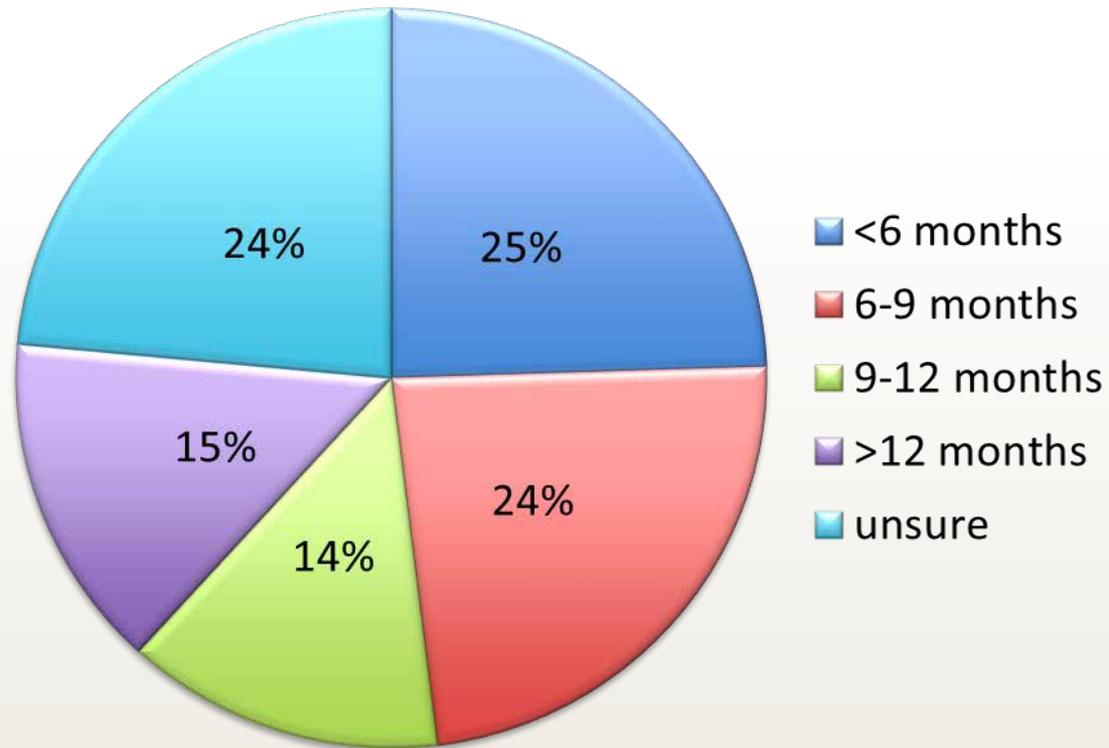
Limited understanding of increased pregnancy risk over time (Rwanda NUFP)

- 73 out of the 120 women who cited awaiting return of menses as a reason for current non-use were more than 6 months postpartum

➔ Increased risk of pregnancy

“Me, I had the return of menses three years after delivery. So this child that I have is only five months. I think that even after a year, I cannot get pregnant. I know it.” (37-year old woman who recently gave birth to 4th child)

Intended timing postpartum of FP initiation (Rwanda PPIUD)



n=110

Emerging question

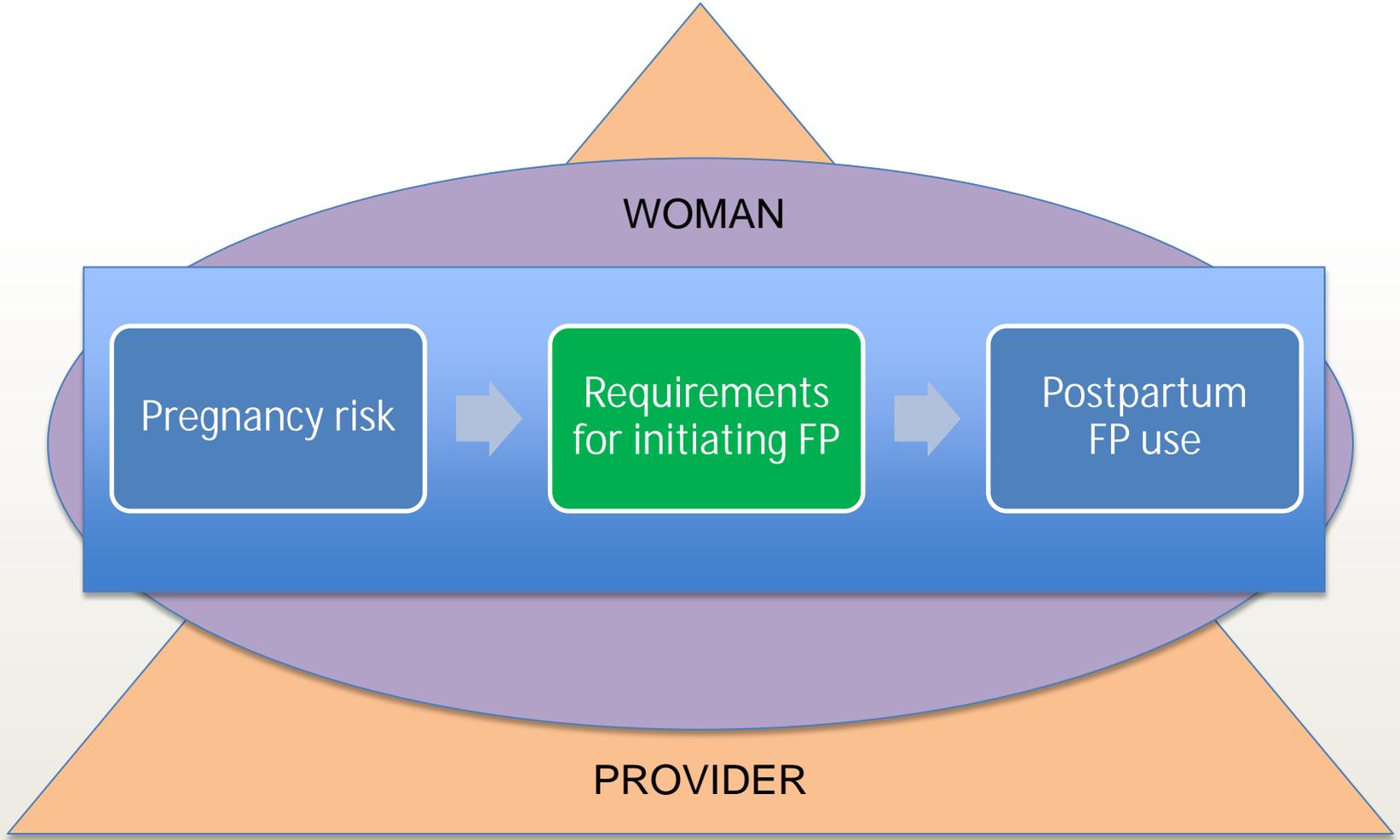
- Awaiting return of menses is a key reason for non-use
- Some women do not understand that there is a risk of pregnancy prior to return of menses
- Others do



Why are they still waiting?

Knowledge-behavior gap among amenorrheic women 9-12 months postpartum in Ghana and Zambia

- There is no evidence that **knowledge** of pregnancy risk is associated with **FP use** among sexually active amenorrheic women
- Women who are **aware of pregnancy risk** are as likely to cite awaiting return of menses as a **reason for non-use** than women who are not



Menstruation requirement for providing FP methods

- 53% of IZ providers were unsure or agreed with the statement *“a woman must be menstruating to start a FP method”* (Rwanda, FP-IZ)
- 43% of women agreed with the statement *“If I go for FP, the nurse will ask to see my pad”* (Rwanda, NUFP)

Menstruation requirement can lead to denial of method (Rwanda NUFP)

- 7 out of 35 current or past FP users in the qual. sample reported being asked to show proof they were menstruating or told to come back during next period

“When you get there for the first time, they ask if you are having your period. When it is no, they give you another appointment. But when it is yes, they give you cotton wool and you go somewhere discreet to put some blood and come back to show it to the provider. It is only then that the provider shows you the methods.” (49 year-old injectable user)

“My child just turned 2 years and six months, my menses have not yet returned...This is why I had this hope not to get pregnant and also I wonder how I can go to the health center get a method since I haven't yet had my period” (36 year-old woman with 3 children, Rwanda NUFP)

“I also heard that one must wait for the return of menses to go get a method, but for me it is taking a long time...All my children get to the age of two before I get my period.” (30-year old mother of five, Rwanda NUFP)

Why menses may be the postpartum catch-22

The scenario:

- A postpartum woman is amenorrheic
- She doesn't want to get pregnant but
- She can't get a method because
- The provider won't give it to her because
- She is amenorrheic

What does this all mean?

- Confirms the relationship between resumption of menses and use of FP among postpartum women
- Highlights misperceptions about pregnancy risk among amenorrheic women
- Suggests avenues to explore:
 - Knowledge-behavior gap around risk of pregnancy vis a vis return of menses
 - Denial of methods to postpartum amenorrheic women

Where does this lead us?

- Better messaging to women about:
 - **Their** pregnancy risk vis-à-vis return of menses
 - **Their right to a method even if they are not menstruating**
- Better training and supervision of providers:
 - To ensure **knowledge** of pregnancy risk and method eligibility
 - Knowledge/use of **protocols** for assessing risk (checklist, pregnancy test) and providing methods