

Assessing the Knowledge, Attitude and Practice of Lactational Amenorrhea Method among Women of Reproductive Age in Ibadan South West L.G.A, Oyo State, Nigeria

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Abstract

Nigeria like other parts of Africa is experiencing increasing population growth stemming from very high fertility rate of 5.1. To deal with the challenge family planning options were deployed as strategies including Lactational Amenorrhea method (LAM) which uses exclusive breastfeeding to bring about infertility during the first six months of after a woman gives birth. The objective of this study was to ascertain the knowledge, attitude and practice of LAM in Women of Reproductive Age in Ibadan South West Local Government Area, Oyo State Nigeria. The study was a cross-sectional study that used copies of questionnaire to gather information based on relevant variables in the study. The results from the study indicate that while knowledge of LAM is relatively high (68.8%), attitudes are mixed which seemed to have affected the level of usage of the method. Hence, the study recommended more awareness about the study to improve not only knowledge but to improve attitude, thus promoting usability of LAM. Also, there is need to provide more information on the method through deployment of mass media, as this will also enhance knowledge, improve attitude and subsequent usage of LAM.

Keywords: Lactational Amenorrhea Method, Women of Reproductive Age, Knowledge, Attitude & Practice.

Introduction

Nigeria is not immune to the rapid population growth, like other countries in Central, East, Southern, and West Africa. The country's current population, according to UNFPA data (2023), is roughly 223,800,000. This is in line with the five most populous countries in the world, which are: India (1,428,600,000), China (1,425,700,000), the United States (340,000,000), Indonesia (277,500,000), and Pakistan (240,500,000), making her the 6th most populated country in the world. The high population in Nigeria and other Africa countries is attributed to high fertility rates that have increased the population beyond comfort level. These rates are influenced by their childbearing patterns, uptake of family planning/contraceptive prevalence, specifically the frequency and timing of births as well as other related reproductive behaviors like union formation. (Bongaarts & Hodgson, 2022a; Bongaarts & Hodgson, 2022b; Fauser *et al.*, 2024). For example, Nigeria, which is in West Africa, has a fertility rate of 5.1 children born to every woman, compared to the global fertility rate of 2.3. The 5.1 fertility rate per woman is the same as that of Angola, surpassing only Niger (6.7), the Democratic Republic of the Congo (6.1), Chad (6.1), and the Central African Republic (5.8) (UNFPA, 2023).

The high population has posed some of the problems experienced in Nigeria and other Africa countries. These problems take the forms of increasing unemployment, poverty, poor health

condition, malnutrition, food insecurity and a list of others. Conscious and concerted efforts are needed to control population growth. Population control has been handled differently in different countries mainly through executives and legislations policies, birth control/family planning, sex education advocacy, enlightenment and social trust benefits. From the mounting challenge of population growth, there is urgent need to address population growth and high fertility in Nigeria through expanded family planning program (Ogunjuyigbe *et al.*, 2009). Family planning is essential for women and their children's health. It can speed up a nation's progress toward eradicating poverty and accomplishing its development objectives. Given its significance, Goal 3 of Good Health and Wellbeing of the Sustainable Development Goals (SDGs) includes family planning as an objective (Target 3.1) for universal access to reproductive health services, including family planning (Van der Wijden & Manion, 2015). The promotion of family planning practices will slow than the fertility rates which scholars say are presently very high (Omoyeni *et al.*, 2008). Studies revealed that Ffamily planning is practiced in Nigeria through several techniques including the traditional and modern methods such as abstinence, withdrawal, use of charms, exclusive breastfeeding, pills and IUDs, including the use of Lactational Amenorrhea Method (LAM) which combined family planning and breastfeeding in postpartum women (Ofurum *et al.*, 2023).

Lactational Amenorrhea Method (LAM) is a modern and temporary contraceptive method that is based on the natural infertility that results from breastfeeding. It is a contraceptive method available and accessible to many women. LAM was defined during the 1988 Bellagio Consensus Conference in Italy as the informed use of breastfeeding as a contraceptive method by a woman who is still amenorrheic and does not feed her baby with supplements for up to six months after delivery. LAM is a transitional form of contraception and is most effective in women planning to breastfeed exclusively during the first six months (Van der Wijden & Manion, 2015). LAM, is part of the World Health Organization's (WHO) list of accepted and effective methods of family planning, which has been widely accepted as a natural family planning method that demands no abstinence. It is used as an introductory method for the postpartum period for the breastfeeding woman who hesitates to use a hormonal or chemical method. It has the added benefit of encouraging optimal breastfeeding behaviour, providing support for the health of the mother and the child (Hakik *et al.*, 2021). Lactational Amenorrhea Method (LAM) is a highly efficient tool for the individual woman to utilize physiology to space births. For Lactational Amenorrhea Method to work, it has been suggested that that: (1) the baby must be under six months of age. (2) The mother must not have had a period and (3) the baby must be exclusively breastfed i.e. no added supplementation should be done, even during night. Further, it has been suggested that for best utilization of this opportunity as a method of contraception the mother must breastfeed her baby at least every four hours during day time and at least every six hours during night (Tiwari *et al.*, 2018). In pursuance to the World Health Organization, the effectiveness of this LAM contraception reaches 98% for mothers who breastfeed exclusively during the first 6 months postpartum and before menstruation after childbirth (Wahyunnisa *et al.*, 2021). When used properly, LAM can be a valuable family planning tool, particularly in low-income countries; however, the degree to which LAM is used correctly and characteristics associated with its use have not been well documented.

The correct use of LAM provides an effective and affordable contraceptive option for breastfeeding women, while also providing an opportunity for linkage and transition of mothers to other Family Planning methods and services. Furthermore, LAM use does not require replenishment of contraceptive supplies or a healthcare provider after appropriate LAM counseling

is given. Therefore, LAM can play an important role in preventing unwanted pregnancies during the postpartum period and consequently maternal deaths (Birabwa *et al.*, 2022). Exclusive breastfeeding should be distinguished from “full breastfeeding” because providing the infant too much water can render LAM ineffective. When women exclusively breastfeed, LAM is an effective family planning option. LAM stands as a unique and natural contraceptive option that leverages the temporary infertility associated with exclusive breastfeeding. By taking advantage of the body's physiological response to nursing, LAM offers a potential means of birth control for women who meet its specific criteria. As a method rooted in biology, LAM aligns with the principle of working with the body's natural rhythms to prevent unintended pregnancies (Msoka *et al.*, 2019). However, it's important to recognize that LAM's effectiveness depends on strict adherence to its conditions, including exclusive breastfeeding, frequent nursing, and the absence of menstruation. While LAM can provide a valuable option for postpartum women, its reliability diminishes as breastfeeding patterns change and fertility gradually returns. Therefore, for individuals seeking long-term, consistent contraception, combining LAM with other methods or transitioning to a more reliable form of birth control may be necessary.

LAM as a family planning method relies on breastfeeding, provides contraception for the mother and breastfeeding for the baby. It is a birth control that depend on the hormones that your body makes while breastfeeding with the advantages that as long as the mother breastfeeds the child fully, chances of conception is almost none existence. The mother does not have to take any pills or devices for birth control, as its side effects are also almost zero. LAM featured prominently at the 1988 Bellagio Consensus conference in Italy. According to the Bellagio consensus, the chance of pregnancy is less than 2% in the first six months of post-partum in amenorrheic women who are fully breastfeeding or nearly fully breastfeeding. Thus, LAM represents additional contraceptive option for low-resource communities and developing countries where the mother is informed and supported in how to use breastfeeding for contraception. This method is available and accessible to many women in developing nations like Nigeria; and it is a significant family planning choice (Hakik *et al.*, 2021). Lactational Amenorrhea Method is unquestionably cost-effective because breastfeeding alone provides sufficient nutrition and fluid intake for the first six months, because breast milk is thought to be a healthy option for newborns in low-resource settings, than its substitutes. An earlier study conducted with the goal of studying LAM acceptability revealed that about 84% of lactating women were satisfied with it. Furthermore, compared to standard modern contraceptive methods, LAM offers at least comparable protection against pregnancy within the first year following delivery (Afifi, 2007). LAM is effective in preventing pregnancies and because it extends the range of contraceptive choice especially, in low resource communities.

Studies on Lactational Amenorrhea Method as family planning option are still scanty in literature especially on contraception. Breastfeeding has clinically demonstrated contraceptive effect primarily before the menses. Most African mothers have relied on this method of delaying their next pregnancy. This is often accompanied with a period of abstinence from sex. Studies on the use of exclusive breastfeeding as a contraceptive otherwise known as Lactational Amenorrhea Method (LAM) have shown that in many African countries like Egypt, Ghana, about 80% of married couple know about LAM as contraception but only less than 10% actually practiced it (Hakik *et al.*, 2021). Despite the importance and advantages of LAM as a contraceptive and its place in helping in reducing fertility rate and thus assisting in population control and benefits as

enunciated in many or the above-mentioned studies, especially its safety, effectiveness and its economy (less expensive); to what extent do women know of this method? What is their attitude toward the method and how many of them are using the family planning method and challenges? These are the tasks the study undertook by answering the questions about LAM knowledge, attitude and practice in Ibadan South West Local Government Area of Oyo State.

Study Area

Ibadan is the capital and most populous city of Oyo State, in Nigeria. It is the third-largest city by population in Nigeria after Lagos and Kano, with a total population of 3,649,000 as of 2021, and over 6 million people within its metropolitan area. It is the country's largest city by geographical area. Ibadan is located in south-western Nigeria, 128 kilometres inland northeast of Lagos and 530 kilometres southwest of Abuja, the federal capital. It is a prominent transit point between the coastal region and areas in the hinterland of the country. Ibadan had been the administrative centre of the old Western Region since the early days of British colonial rule, and parts of the city's ancient protective walls still stand to this day. The principal inhabitants of the city are the Yoruba people, as well as various communities from other parts of the country.

Methodology

This study employed a cross-sectional research design utilizing quantitative data from a copy of questionnaire. A cross-sectional design had been selected because the method enabled the collection of data from a population at once, analyze the data collected, and make inferences based on the data collected. The study population consisted of all mothers with children below 2 years of age ($\leq 24months$) who are currently breastfeeding their children. Others include health officers including clinical officers/nurses, and health practitioner (Doctors, Matrons) located in the selected local government. The study made use of the principle of social inclusion; for this reason, the study was nondiscriminatory in nature. Every individual within the population of the study who satisfied the criteria for the study had a chance of being included. The total population of mothers attending the breastfeeding clinic within the period of three months (August-October) is 1500 women. The sample size of the study was determined by using the Slovin formula thus: $n = \frac{N}{1 + Ne^2}$ Where: n = Sample Size; N = Population; e = accepted margin error (0.05) with 260 as the sample size.

Sampling Technique, Data Collection/Data Analysis

This study adopted a multi-stage sampling procedure. By the first stage, Local Government Area was selected randomly using the lottery method. The second stage, health centers (hospitals) were purposively selected. The selection of the healthcare centers was guided by two major pre-conditions such as: (1) The health centers should have attendants from diverse background; (2) The number of post-natal clients must be sufficient and large to allow good random selection of respondents with respondents sub-sampled according to the following groups based on purposive methods; (1) Breastfeeding women; (2) Males (husbands of breastfeeding women) and (3) Healthcare workers. The study used questionnaire having information on (A) demographic questions such as age group, religions, and marital status; (B) The knowledge of Lactational Amenorrhea Method as contraception among lactating mothers; (C) Women's attitude/perception

towards LAM as a contraceptive and (D) Practice of LAM in the study area. Copies of questionnaire were self-administered and distributed to collect data. Data collected for this study were analyzed with SPSS Version 25 using descriptive statistical methods. Descriptive methods such as mean and percentages were employed to describe breastfeeding and Lactational Amenorrhea information. Cross-tabulation, chi-square analyses and other statistics were used to determine significance differences and relationships between variables.

Ethical Consideration

Ethical approval was obtained from the Oyo State Ministry of Health. Ethical principles, including informed consent, anonymity, and confidentiality, were taken seriously in this research. Participants in this study were properly informed about the research's purpose, which contributed to the body of scientific knowledge. The identity of the respondents was concealed as part of the ethical rules in social science research. Where necessary, permission from ruling authorities or leadership was sought for the smooth running of research activities in the study location.

Results and Interpretation

Socio-demographic and economic profile of respondents

Table 1 presents the socio-demographic and economic attributes of the respondents (260). The table indicates that the highest numbers of respondents are between the ages of 25-29 years (46.9%). This was followed by the age 21-24 years (34.6%), and 15-20 years (9.2%). The table further showed that 89.2% are married and 10.8% of the entire population is single, this revealing that the majority of the surveyed population is married. Table 1 also indicates that for those who are married, most of the marriages are relatively new with 37.7% and 32.3% revealing that they were married 1-3 years and 4-6 years respectively. Only 6.3% had their marriages in the last 10 and more years. This shows that most of the respondents had relatively recent marriages. The table equally points out that a vast proportion of the respondents are well educated as 78.5% of them have one form of tertiary education or the others. Others have 19.2% and 2.3% secondary and primary education respectively. As the Table 1 further shown, 55.4% of the respondents are into, business/trading, 24.6% are civil servants, while about 13.1% and 6.9% of the sample were students and not working correspondingly. The majority of the respondents (80.7%), belong to household with 1 or 4 persons while 16.9% and 2.3% of households have 5 and 6 persons accordingly. This shows that the households are relatively small size. Not surprisingly, a preponderant of the households (80.8%) has 1 or 2 children while 16.9 and 2.3 have 3 or 4 children. This is connected to the small size households earlier on observed on the table and perhaps the high level of persons with tertiary education. A greater proportion of the respondents (70%) are in the income group of persons that earn 101,000 naira or more while 29.2% and 0.8% earn 51,000 to 100,000 and less than 20,000 naira respectively. Thus, 99.2% of the respondents earn above the 30,000-naira minimum wage in Nigeria.

Table 1. Socio-Demographic and Economic characteristics of Respondents

Variable	No (260)	%
Age		
15-20 Years	24	9.2
21-24 Years	90	34.6
25-29 Years	122	46.9
30 and above Years	24	9.2
Marital Status		
Single	28	10.8
Married	232	89.2
Duration of Marriage		
1-3 Years	98	37.7
4-6 Years	84	32.3
7-9 Years	34	13.1
10-12 Years	8	3.1
13 years and above	8	3.1
Not Applicable	28	10.8
Educational Attainment		
Primary	6	2.3
Secondary	50	19.2
Tertiary	204	78.5
Occupation		
Not working	18	6.9
Business/Trading	144	55.4
Civil Servant	64	24.6
Student	34	13.1
Household size		
2 Persons	18	6.9
3 Persons	90	34.6
4 Persons	102	39.2
5 Persons	44	16.9
6 Persons	6	2.3
Number of children		
1 child	98	37.7
2 children	112	43.1
3 children	44	16.9
4 children	6	2.3
Monthly income		
Less than 20,000 Naira	2	0.8
51,000 - 100,000	76	29.2
101,000 - 150,000 Naira	100	38.5
150,000 and above	82	31.5

Source: Author's Field Work, 2024.

Respondents that have heard of LAM and the sources of their Information.

Table 2 reveals that 76.2% respondents have heard about LAM, leaving 23.8% that has not heard about the family planning method. For the group of persons that heard about LAM, their information was mostly from healthcare providers (67.7%). Other sources were: friends or family (15.2%), internet (13.1%) and radio programmes (4.0%). Thus, the 76.2% of persons that have heard of LAM were mostly informed by healthcare workers and 15.2% by friend or family. That 23.8% of persons have not heard of the method means that there is need to increase awareness of the method as a family planning alternative by using radio which is only 4% as source of LAM. With increasing population and the desires to cut down on births, every available method must be harness to achieve population desire results of what is optimum and manageable. The finding in this study run contrary to Olaleye *et al* (2009), that radio and family are two major media of information to communities but more respondents get information healthcare workers and from friends/families in this study. The situation might be due to the sample population who were mostly hospital antenatal attendees in direct contact with healthcare providers. In Nigeria, it is common to see healthcare providers especially nurses and community health extension workers talk to mothers about family planning and safe health tips to manage their lives, hence, it is not surprising that they constituted the greater source of LAM information to the respondents as this study depicts.

Table 2: Respondents who have heard of Lactational Amenorrhea Method and their source of information.

Variable	No (n=260)	%
Have you heard about Lactational Amenorrhea Method as a contraceptive method?		
Yes	198	76.2
No	62	23.8
What is the source of your LAM as a contraceptive method Information?		
Health care providers	134	67.7
Friends or family	30	15.2
Internet	26	13.1
Radio programme	8	4.0

Source: Author's Field Work, 2024.

Knowledge level of Lactational Amenorrhea Method

One of the objectives of the research was to ascertain the level of respondents' knowledge on LAM. As captured in Table 3, in about 7 variables that relate to level knowledge of the family planning method, the aggregate and average of such variable indicate that at least 64.8% of the respondents are knowledgeable about LAM. These include 97% of them that know that LAM relies on exclusive breastfeeding to provide a natural contraceptive effect; 49% of them that acknowledged that Long intervals between breastfeeds while a mother is at work affect LAM's effectiveness; 43.1% of respondents that recognized that acceptance and promotion of LAM as a contraceptive option may lessen the problems of providing appropriate contraceptive choices for breastfeeding women; 58.8% that know that Breastfeeding and LAM are not the same thing; 91.1%

of respondents who answered correctly that LAM does not protect against HIV; 60.8% nthat believe that LAM cannot be considered a sustainable and reliable long-term contraceptive option for lactating mothers and 76.5% of respondents that are aware that exclusive breastfeeding is a key factor for the effectiveness of LAM. It is evident from the foregoing that, the respondents in the study area (64.8%); are relatively knowledgeable on the subject of LAM. This may not be entirely surprising as a preponderant (78.5%) of the study participants were educated with tertiary qualification. However, the level of knowledge of 68.8% of LAM is lower than those of Hakik *et al* (2021) in their study in Upper Egypt and the one in the study on contraceptive knowledge by Ukoji et al (2022) where knowledge was 82% in South-South of Nigeria. Nevertheless, knowledge in this study (68.8%) is greater than that of Eticha *et al* (2023) in their lactation amenorrhea method study among postpartum women in Ethiopia where knowledge of LAM was 40.6%. The over 35% of the women who might not be knowledgeable of the family planning method calls for increase awareness raising for them to take advantage of the method.

Table 3. Knowledge level Lactational Amenorrhea Method

Variable	No	%
Do you know that LAM relies on exclusive breastfeeding to provide a natural contraceptive effect?		
Yes	192	97.0
No	6	3.0
Total	198	100.0
Long intervals between breastfeeds while a mother is at work do not affect LAM's effectiveness		
True	52	51.0
False	50	49.0
Acceptance and promotion of LAM as a contraceptive option may lessen the problems of providing appropriate contraceptive choices for breastfeeding women		
True	44	43.1
False	52	51.0
Not Sure	6	5.9
Breastfeeding and LAM are the same thing		
True	36	35.3
False	60	58.8
Not Sre	6	5.9
LAM provides protection against HIV		
False	98	96.1
Not Sure	4	3.9
LAM be considered a sustainable and reliable long-term contraceptive option for lactating mothers		
True	34	33.3
False	62	60.8
Not Sure	6	5.9
Are you aware that exclusive breastfeeding is a key factor for the effectiveness of LAM?		
Yes	78	76.5
No	22	21.6
Not Sure	2	2.0

Source: Author's Field Work, 2024.

Averaging of Correct answers to knowledge: $97 + 49 + 43.1 + 58.8 + 96.1 + 60.8 + 76.5 = 68.8\%$

Attitudes of People towards Lactational Amenorrhea Method as a Contraceptive Method.

The views and perceptions of respondents which captured their attitudes toward LAM are presented in Table 4, which seem to have mixed views about the family planning method. From the table, 100% each indicate that LAM is a very convenient and cost-effective contraceptive method and that using LAM is safe for both the mother and baby respectively. Added to this, is the opinion that manually expressing milk for the infant when mother is unable to breastfeed is not as effective as sucking to suppress ovulation, as 80.4% of the respondents held this position. Furthermore, Table 4 also indicate that exclusive breastfeeding which is one of the key factors of LAM is not very difficult (76.5%) compared to 17.6% that thought otherwise. All these attests to the faith that the respondents who know the family planning method place on it – revealing a seemingly positive attitude. Nevertheless, this overwhelming positive outlook seems to be superficial as other of their responses show. For example, as the table also reveals, as against the 100% of the respondents that see LAM as convenient and safe for mother and baby, less than half of the respondents (47.1%) see the method as effective. Another 56.9% were of the opinion that LAM is not 100% effective when used correctly as against 41.2% that believe that LAM is 100% effective when used correctly. Additionally, 49% see LAM as still in vogue while 43.1% see it as outdated, thus LAM while some respondents see it as what is current; others do not – those, who may have moved on with other family planning methods. Other perceptions of respondents relating to their attitudes on LAM also include: that there is no sufficient information on LAM from health care providers (66.7%), and there are risks associated with relying solely on LAM for contraception (58.8%). All, the foregoing, again tells of the mixed nature of how respondents perceived LAM, revealing that while some may be positively disposed to it usage due to factors which are positives, stemming from their experiences, others might not be so comfortable with the family planning method due to their own perception which might influence their attitudes and usability of LAM.

Table 4. Attitudes of People towards Lactational Amenorrhea Method as a Contraceptive Method.

Variable	No (102)	%
LAM is a very convenient and cost-effective contraceptive method		
True	102	100.0
Using LAM is safe for both the mother and baby		
True	102	100.0
Manually expressing milk for the infant when mother is unable to breastfeed is effective as sucking to suppress ovulation.		
True	14	13.7
False	82	80.4
Not Sure	6	5.9
Exclusive breastfeeding is very difficult.		
True	18	17.6
False	78	76.5
How effective do you think LAM is as a contraceptive method?		
Effective	48	47.1
Ineffective	42	41.2
Not Sure	12	11.8
LAM is 100% effective when used correctly		
True	42	41.2
False	58	56.9
Not Sure	2	2.0
LAM is outdated		
True	44	43.1
False	50	49.0
Not Sure	8	7.8
There is no sufficient information on LAM from health care providers.		
True	68	66.7
False	30	29.4
Not Sure	4	3.9
There are risks associated with relying solely on LAM for contraception		
True	60	58.8
False	40	39.2
Not Sure	2	2.0

Source: Author’s Field Work, 2024.

Practice of LAM, and Associated Challenges

Respondents practice of LAM come in various formats. As Table 5 reveals, current usage of LAM stands at 51% while 48.5 are not currently using the family planning method, pointing at the fact that, the prevalent opinions and attitudes are also playing out in the practice as seen in Table 4 where mixed attitudes were observed. For those using the method, it appears as the table further showed that 51.5% uses LAM, the usage is very recent as high as 70.6% of the respondents points

to the usage in the last one year and 21.6% in the last two years, thus revealing that a preponderant of the respondents 92.2% are recent users, in which case the usability of LAM might enduring consist among current users, especially as method that has short lifespan of six month at least. As a testimony to the commitment to LAM, those who are currently using the method revealed that they are frequent (90.2%) in using the method, thus showing that, they are more likely to succeed in LAM because, frequent breastfeeding correlate with the effectiveness of the method. The positivity in the continuously application of LAM could also be seen in the fact that a vast proportion of the respondents (70.6%) have no challenge using LAM.

Though there seems be positive approval of LAM by the users, there appears limitations due to the relatively short duration of the usage of the method, as some of the respondents indicate from their interrogations. For example, 78.4% indicated that they have challenges in implementing LAM, which include pain in the breast during breastfeeding (40%), menstrual Irregularities (32.5%) and breastfeeding inconveniences (27.5%). Furthermore, 80.4% of the respondents show that they use other contraceptive method alongside LAM. This might not be unconnected to longer durations that some women desire to continue with family planning, and the reported failure that have been reported of the method. The family methods used along LAM are more of IUD (39%) and Pills (31.7%). Others are: Diaphragm (12.2%); condom (9.8%) and birth control rings (7.3%). The use of other family planning methods may be linked to failure of LAM during usage. For example, Table 5 also indicate that 76.5% respondents experienced a return of menstrual periods while using the lactational amenorrhea method as 69.2% of the 76.5% that experienced return of menstrual periods experienced this within 20 to 59 days within the usage of LAM. Limitation of LAM during usage also meant that 21.6% of respondents were involved in unplanned pregnancies while still using the method which resulted from return of menses and inconsistent breastfeeding pattern with 54.5% and 45.5% respectively. These seeming disadvantages might discourage the use of LAM even though people know about it, therefore supporting the position of Ukoji *et al* (2022) and Birabwa *et al* (2022) that despite high contraceptive knowledge, it did not translate into actual practice among women of reproductive age in the Nigeria's Niger-Delta and in adolescent mothers in Uganda respectively.

Table 5. Practice of Lactational Amenorrhea Method as a Contraceptive Method and its effectiveness.

Variable	No	%
Are you currently using LAM as a method of contraception?		
Yes	102	51.5
No	96	48.5
Total	198	100.0
What is the duration you have relied on LAM as a contraceptive method?		
1 Year	72	70.6
2 Years	22	21.6
3 Years	6	5.9
4 Years	2	2.0
Total	102	100.0
How often do you breastfeed your child?		
Frequently	92	90.2
Occasionally	10	9.8
Total	102	100.0
Has there been any problem reported with the use of this method?		
Yes	30	29.4
No	72	70.6
Total	102	100.0
Do you use other contraceptive method alongside LAM?		
Yes	82	80.4
No	20	19.6
Total	102	100.0
Have who used other contraceptive method other than LAM, What are they?		
IUD	32	39.0
Diaphragm	10	12.2
Condom	8	9.8
Pills	26	31.7
Birth control rings	6	7.3
Total	82	100.0
Have you experienced a return of menstrual periods while using the lactational amenorrhea method?		
Yes	78	76.5
No	22	21.6
Nil	2	2.0
If yes, how soon did your menstrual periods return? (78)		
20 - 39 Days	12	15.4
40 -59 Days	42	53.8
60 days and above	24	30.8
Have you experienced an unplanned pregnancy while using this method? (102)		
Yes	22	21.6
No	72	70.6
Nil	8	7.8
If yes please specify the reason(22)		

Return of Menses	12	54.5
Inconsistent breastfeeding pattern	10	45.5
How consistently have you followed the method? (102)		
Consistent	38	37.3
Inconsistent	58	56.9
Nil	6	5.9
Were there any challenges in implementing this method? (102)		
Yes	80	78.4
No	22	21.6
For those with challenges implementing LAM, what were the challenges? (80)		
Menstrual Irregularities	26	32.5
Breastfeeding Inconveniences	22	27.5
Pain in the breast during breastfeeding	32	40.0

Source: Author's Field Work, 2024

Discussion

Lactational Amenorrhea Method as a form of contraceptive among lactating mothers in Ibadan, result obtained shows that the awareness level and practice of LAM as a contraceptive method among lactating mothers in Ibadan is high, by implication it means that women put their babies to breast regularly, probably because they have good knowledge of what breastfeeding can do to their health and that of their baby. WHO and UNICEF agreed that for lactation amenorrhea to be used as reliable contraceptive, the baby must receive all of its nutrition from the breast, no bottle supplements or solid foods and the baby feed at least every four hours during the day and every six hours at night. Emphasis laid on giving information on reproductive attitudes and motivation may be helpful in understanding the factors that affects breastfeeding and fertility according to Hakik *et al* (2021), Nigeria is among countries with high maternal mortality rates, yet contraceptive uptake rates are relatively low in the country. Only about 10% of currently married Nigerian women use modern forms of contraception including the Lactational Amenorrhea Method (LAM). Breast feeding may pose a further challenge to the uptake of contraception by possibly restricting use of certain methods for either real, or perceived risks of possible side effects. Maternal perception on LAM is another major factor influencing its use as recommended. The perception is built especially when the mothers are provided with the right and adequate information on the numerous benefits of Lactational Amenorrhea Method during the antenatal clinic visits. (Mohammed-Durosinlorun *et al*, 2016)

Family planning is the most effective method to control the continuing growth of the population. The study findings relate to previous studies that also show a low prevalence of LAM use among women of reproductive age in general and adolescents in particular. Low correct use of LAM is a result of not fulfilling one or more of the three criteria, which also influence the effectiveness of LAM as an FP method. Generally, the wide variety of results can be explained by the difference in socio-demographic and cultural factors in different areas and settings in which various studies have been conducted (rural and urban settings) and access to information and the services. Education and income level and number of children ever born had significant impact with the use of LAM (Birabwa *et al.*, 2022).

The interest in men's involvement in reproductive health has continued to increase since the International Conference on Population and Development (ICPD) in 1994. Despite this, low levels of men's involvement in family planning services continues to be a major barrier to achieving a high rate of use of modern contraceptive in sub-Saharan Africa. The role of the Husband's supports in the successful contraception of LAM shows a good result. The majority of people who succeed in exclusive breastfeeding have Husband's support with the success of LAM as contraception. The Husband's support is some effort made by the Husband to give attention, comfort, and strong self confidence that can provide emotional benefits and support to the recipient's behaviour. The Husband's support is a social source that the wife needs when facing pressure and some problems, it can be in the form of appreciation and interest for the wife, tolerance, and attitudes that show affection.

Conclusion

Lactational Amenorrhea method (LAM) is one of the family planning choices that is very cost effective for low-income earners. It is safe, effective and less expensive. The objectives of the study were to find out the knowledge, attitude and use of LAM in Ibadan South West Local Government Area of Oyo State. The result reveals over 70% people have heard about the method, with information from healthcare providers. However, about 23% of the people have not heard about the family planning method. The study also revealed that the attitudes of the people are mixed- ranging from positive negative which is connected to their varying experiences of LAM. The observed attitudes influence the use of the method as current usage and non-usage were almost equal at 51.5% and 48.5% respectively. Usage LAM was influenced by age of respondents, occupation, monthly income, and misconceptions of fear for use of LAM, lack of access to healthcare facilities, lack of information and knowledge of LAM, side effects that could discourage use of LAM and family support. Therefore, despite knowledge of LAM being high, issue of attitude seemed to have diminished the usability of the LAM effectively.

Recommendations

Based on the findings of the study, the following recommendation s were made:

- i. In order to increase public awareness of family planning, its impacts, and the efficacy of its many forms, effective education campaigns must be implemented. In order to promote women's awareness and practice of FP, the health sectors of the regions and other stakeholders should bolster the health extension program. A family planning policy should be established by the government to direct the community and service providers. Given that lactating women in Ibadan have a positive attitude on family planning.
- ii. Promote the Formation of Peer-to-Peer Support Networks: Encourage the formation of LAM-using and competent individuals to form peer-to-peer support networks. Urge those who have successfully used long-acting maternity minerals (LAM) to share their stories and perspectives with others who might be considering this type of birth control. Peer support networks can present individuals with beneficial chances to share knowledge, give and receive assistance, and learn from one another. Through the employment of peer support, the community's current understanding and application of

- LAM can be strengthened even more. Additionally, individuals can feel more empowered and supportive of one another.\
- iii. Health professionals should provide community women with comprehensive family planning education to increase the use of family planning techniques and information including a variety of contraceptive choices, including LAM. This entails outlining each method's operation, efficacy, advantages, possible drawbacks, and usage considerations. People can make judgments based on their own tastes, requirements, and situations by being given a thorough overview.
 - iv. Promote Shared Responsibility and Involvement: Men should be encouraged to take on a shared responsibility for contraception within their relationships which includes actively participating in contraceptive decision-making, planning, and implementation. Men can contribute by educating themselves about contraceptive methods, including LAM, and understanding their roles and responsibilities in ensuring their effective use. Encouraging men to take an active interest in reproductive health fosters a sense of partnership and shared decision-making within relationships, leading to better communication, mutual understanding, and support for contraceptive use.

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