



PN-ABT-736

POLICY & TECHNICAL MONOGRAPHS

UKRAINE MATERNITY EXIT SURVEY

Ukraine Ministry of Health

Wellstart International



WELLSTART
INTERNATIONAL SM

UKRAINE MATERNITY EXIT SURVEY

Ukraine Ministry of Health

Wellstart International

October 1994

This activity was supported by the United States Agency for International Development (USAID) under Cooperative Agreement No. DPE-5966-A-00-1045-00. The contents of this document do not necessarily reflect the views or policies of USAID.

WELLSTART INTERNATIONAL

Expanded Promotion of Breastfeeding Program

3333 K Street, NW, Suite 101

Washington, DC 20007

USA

Tel (202)298-7979 ■ Fax (202)298-7988



TABLE OF CONTENTS

PURPOSE AND METHODOLOGY	1
CHARACTERISTICS OF THE SAMPLE	1
PERINATAL CARE, DELIVERY, AND BREASTFEEDING	2
Rooming in	4
Initiation of breastfeeding	4
Prelacteal and interlacteal feeding	4
Scheduled versus demand feeding	4
Frequency and duration of feeds	6
Problems	6
Age to introduce other liquids and foods	6
Duration of breastfeeding	8
Information on breastfeeding	8
Maternity experience	9
FAMILY PLANNING AND ABORTION	11
Use of family planning methods	11
Perception of family planning methods	13
Women’s suggestions for improving family planning services	17
Unwanted pregnancies and abortion	19
Women’s experience with abortion	19
CONCLUSION	20
LIST OF TABLES	
TABLE 1: CHARACTERISTICS OF THE SAMPLE	2
TABLE 2: BREASTFEEDING INDICATORS BY SITE	3
TABLE 3a: KNOWLEDGE OF TIMING OF SUPPLEMENTARY FEEDING	7
TABLE 3b: KNOWLEDGE OF TIMING OF SUPPLEMENTARY FEEDING	7
TABLE 4: CONTRACEPTIVE METHODS EVER USED	11
TABLE 5: PERCEPTIONS OF CONTRACEPTIVE METHODS	14
LIST OF FIGURES	
FIG 1: WHAT MOTHERS SAY ABOUT ON-DEMAND FEEDING	5
FIG 2: WHAT MOTHERS SAY ABOUT IMPROVING MATERNITY CARE	10
FIG 3: CONTRACEPTIVE METHODS EVER USED	12
FIG 4: ACCEPTABILITY OF CONTRACEPTIVE METHODS	15
FIG 5: REASON WHY MOTHERS WOULD NOT USE METHOD	16
FIG 6: WHAT MOTHERS SAY ABOUT IMPROVING FAMILY PLANNING SERVICES ...	18



ACKNOWLEDGEMENTS

This study represents a joint effort between the Ukraine Ministry of Health and Wellstart International. We would like to particularly acknowledge the cooperation and support of Dr. Raisa Bogatyreva, Deputy Minister of Health, in carrying out this study. We also wish to thank Dr. Tamara Irkina who made many of the logistical arrangements for this research.

Thanks are due to Dr. Ann Aarnes of USAID/Kiev for her interest in and support of this endeavor. USAID provided the funding that made this study possible.

Research Team:

Dr. Carol Baume, Wellstart International

Dr. Alexandra Bogomolets, Kiev

Dr. Olga Petrenko, Donetsk

Dr. Tatyana Sevastyanova, Donetsk

Dr. Olga Shlemkevitch, Lviv

Dr. Marina Sterenbogen, Kiev

Dr. Elena Stroot, Wellstart consultant

Dr. Irena Zablotska, Lviv



UKRAINE MATERNITY EXIT SURVEY

PURPOSE AND METHODOLOGY

The present study was conducted by the Ukraine Ministry of Health (Maternal Child Division) and Wellstart International in order to gather basic preliminary information on maternity experiences, breastfeeding, abortion, and family planning in the Ukraine. The study is short and focused and is meant to serve as a starting point for discussion and further research.

Data were collected by means of a survey conducted among mothers who were about to be discharged from a maternity. The instrument includes structured ("quantitative") questions as well as a limited number of open-ended ("qualitative") questions. The quantitative questions focus on documenting practices, whereas the qualitative questions ask for more subjective information about women's experiences with the health system and ways it could be improved. Interviews averaged 1/2 hour each.

The interview team consisted of six female Ukrainian doctors, two from Kiev, two from Donetsk, and two from Lviv. The team underwent 3 1/2 days of training, including supervised field practice, in preparation for the research. Data were collected simultaneously in each of the sites by the three two-person teams. Training and data collection took place during the last two weeks of August, 1994.

CHARACTERISTICS OF THE SAMPLE

Three sites are included in the study: the capital city of Kiev, Donetsk in the east, and Lviv in the west. One hundred (100) mothers were interviewed in each site, for a total sample size of 300. In Donetsk and Lviv approximately half the sample is urban and half rural.

Respondents are women who were being discharged from a maternity, who had delivered vaginally, and who had a live infant at discharge. The average duration of stay in the maternity is approximately 5 days following childbirth. Time and resource constraints prohibited a population based sample.

Nine maternities were visited in Kiev, ten in Donetsk and nine in Lviv, for a total of 28 institutions included in the study. Maternities were selected so as to represent both large and small facilities in each site.

In the Ukraine virtually all women deliver their babies in a maternity and therefore the sample is unlikely to be biased in terms of socio-economic status, ethnicity, etc. or other characteristics that might distinguish mothers who give birth at home from those who deliver in a facility. However, it should be noted that although the sample is representative of women who are delivering, it is not representative of women of reproductive age. The sample is young; the median age is 23 and 2/3 are 25 years of age or younger. The majority (64%) are just starting their families and have no other children and



approximately 29% have one other child. Only 7% have 2 or more other children besides the infant just born (see Table 1). These data indicate that, at present at least, the majority of Ukrainian women wish to limit the number of children they have to one or two, and that they tend to complete their families by age 30.

TABLE 1: CHARACTERISTICS OF THE SAMPLE

	Kiev	Donetsk	Lviv	Total
Number of Maternities	9	10	9	28
Number of Mothers	100	100	100	300
Maternal Age (in years)	24.3	24.3	24.4	24.3
Number of Other Children	.27	.40	.76	.48

PERINATAL CARE, DELIVERY, AND BREASTFEEDING

International standards¹ on infant feeding call for:

- "Rooming-in" -- keeping mother and infant together from the moment of birth;
- Immediate initiation of breastfeeding, preferably within an hour of birth;
- Frequent, on-demand breastfeeding, day and night;
- *Exclusive* breastfeeding -- no prelacteal feeds, no water or other liquids or foods -- for around six months;
- Continued breastfeeding for up to two years, supplemented by appropriate weaning foods at about six months.

All of these practices were asked about. Because this is a maternity "exit survey," the care and feeding of the infants in the sample are principally determined by hospital practices rather than by decisions of individual mothers. Questions regarding mothers' intentions and knowledge regarding these topics were included in an effort to project practices once mothers return home.

The pattern in the Ukraine diverges considerably from international recommendations. Most maternities follow policies and routines from the Soviet era which include delayed initiation of breastfeeding, use of prelacteal feeds, separation of mothers and infants, scheduled feeding, and introduction of supplementary liquids or foods within the first few months of life. Table 2 summarizes breastfeeding indicators, by site.

¹ The Innocenti Declaration, the World Health Organization, and UNICEF's Baby Friendly Hospital Initiative (BFHI) have generally adopted these standards although there is slight variation in some of the specific recommendations. For example, the Innocenti Declaration advocates initiation of breastfeeding within a half hour of birth, rather than "within an hour" as stated here.

**TABLE 2: BREASTFEEDING INDICATORS BY SITE**

	Kiev	Donetsk	Lviv	Total
Percentage ever breastfed	97%	95%	99%	97%
Staff gave no supplements	26%	0%	1%	9%
Mom gave no supplements	68%	97%	98%	88%
Neither mom nor staff gave supplements	13%	0%	1%	5%
Rooming-in	40%	0%	1%	5%
On-demand feeding	26%	0%	0%	9%
Timing of first BF (median number of hours)	16	24	28	24
Number of breastfeeds (in last 24 hours)	6	6	6	6
Duration of feed (median number of minutes)	18	19	16	18
Planned duration of breastfeeding (average number of months)	10	10	9	10
n	100	100	100	300
Number of months breastfed last child	7.6	7.1	5	6.2
n	25	29	49	103



Rooming in: In the Ukraine almost all newborns are taken from the mother at birth and returned from 10 hours to several days later (median 24 hours). Nearly 20% of mothers had not had their babies returned to them 48 hours (two days) after having given birth. Most babies are kept in a nursery or in special care units if deemed necessary. A few maternities in Kiev began "Baby Friendly"² practices after staff attended a conference in St. Petersburg (Fall 1993) or after discussions with Wellstart staff. Only 14% of mothers (all in Kiev) were able to keep their babies with them. These practices diverge from mothers' wishes. More than 3/4 of the mothers (77%) said they would like to keep their baby with them during the day, and 57% said they would also like to have their infant with them at night.

Initiation of breastfeeding: Breast milk is widely regarded as the best food for an infant and was rated superior to formula by 92% of the women in the sample. Almost all infants are breastfed (97%), but because mothers and infants are separated at birth the first breastfeed is usually delayed, often for a very long time. Only 4% of mothers had breastfed within the recommended hour after birth. Almost half (48%) of the mothers had still not breastfed 24 hours after delivery, and almost 20% had not breastfed 48 hours after having delivered. Although it is expected that mothers will breastfeed their babies, in fewer than half the cases (47%) are mothers assisted with the first feed by medical personnel.

Prelacteal and interlacteal feeding: A large body of research conducted over the past decade has found that the greatest health benefits accrue when an infant is given nothing at all except breast milk -- no water, glucose, milks, juices, etc. -- until around six months of age. Among respondents, only 9% say that the maternity staff has *not* given foods or liquids to their infant. Apparently many infants are given water and/or glucose, and 15% of mothers report that the staff had given formula to their infant. Twenty-two percent (22%) of mothers say that staff gave donor's milk to the neonate. Since almost all of these women were breastfeeding, it is not clear why donor's milk was given. Only 12% of the mothers themselves gave something to their infant besides breast milk: 9% gave water, 2% gave glucose, 2% gave formula, and 3% gave donor's milk.

Scheduled versus demand feeding: With the exception of those infants in the Kiev maternities which have adopted "Baby Friendly" practices, infants are fed on schedule while in the maternity. Typically, maternities still follow the Moscow recommendations whereby infants are brought to their mothers every 3.5 hours during the day and not breastfed at all at night. Many mothers say they intend to break with this pattern once the baby is brought home: 46% say they will feed on demand when they return home, and 56% say they will feed the baby at night. When asked in an open-ended question why they will change to on-demand feeding, most of these mothers said it was better for the baby -- that it was natural, that the baby knows its own schedule, that demand feeding would ensure the infant was getting enough milk, and that they could not just let a baby cry when it was hungry. Others said it was more convenient for the mother as well. Mothers' comments on why they will change to on-demand feeding when they return home are found in Figure 1.

² UNICEF's Baby Friendly Hospital Initiative (BFHI) is a worldwide effort to change hospital policies to encourage optimal infant feeding practices based on international standards described on page 2.



FIG 1: WHAT MOTHERS SAY ABOUT ON-DEMAND FEEDING

Why will you change from scheduled to on-demand feeding?

You cannot mock nature.

I don't want the child to be hungry.

It is more natural.

My patience will last long to make the child feel good.

It will be better for the child.

Do you think that I begrudge the breastmilk?

Everything was foreseen by nature long before.

Why harass the child?

Why should the child wait if he is crying -- it's a shame.

The child knows himself when it is time to eat.

The child is growing; what if the child will not be full enough [if fed on a schedule].

I think that if the child is sleeping I shouldn't wake him up for feeding.



Frequency and duration of feeds: Since infants' stomachs are small and since breast milk is a complete food and is rapidly digested, neonates need to suckle 12-14 times per 24 hour period. It appears, however, that in the Ukraine babies do not spend as much time at the breast as they ideally should. Both frequency of feeds and duration of feeds are low. The great majority (88%) of babies are fed 6 to 7 times in a 24 hour period, as dictated by the hospital schedule. Further, infants commonly spend only 15-20 minutes *per feed*, rather than approximately 10-15 minutes *per breast*, as is recommended. Some mothers said that hospital staff told them that the newborn should suckle for only about 5 minutes at a feed.

Thus infants are not receiving the full nutritional and immunological benefits that breastmilk can provide. This pattern has repercussions for the mother as well. Since mothers are advised to use only one breast per feed, each breast will be suckled only once every seven hours -- and longer at night. These long intervals increase the chances that the mother will be unable to maintain an adequate milk supply and threaten the fertility suppression benefit of breastfeeding. The short duration of feeds exacerbates this problem.

There are, however, already indications in the Ukraine that rooming-in will improve this situation, as it has in other countries. Those infants who are allowed to remain with their mothers (n=40) are spending an average of 45 more at the breast than infants kept in nurseries.

Problems: A considerable number of mothers (43%) report having problems breastfeeding, such as insufficient milk (12%), sore or cracked nipples (10%), flat or small nipples (3%), engorgement (13%), infant difficulty suckling (9%), and other problems (10%). Some of the "other problems" were that the child was either full or asleep when brought for feeding, that the mother had difficulty expressing milk (women are told to express milk after feeding), or that the mother just "didn't know how" to breastfeed. In only about 1/3 (34%) of the cases did medical staff assist the mother with her problem. Nine percent (9%) of women with problems were advised to stop breastfeeding.

Age to introduce other liquids and foods: In an effort to project what feeding patterns are like for older infants, mothers were asked a series of knowledge questions: when they thought the best age to begin giving water was; the best age to begin giving teas, juices, and other liquids; the best age to begin giving milk (animal milks); and the best age to begin giving foods. Mothers' answers to all of these questions tended to vary considerably. A summary of responses is found in Tables 3a and 3b.



TABLE 3a: KNOWLEDGE OF TIMING OF SUPPLEMENTARY FEEDING
(Responses in weeks)

What do you think is the best age to begin giving...	Kiev		Donetsk		Lviv		Total		
	x	s.d.	x	s.d.	x	s.d.	x	s.d.	n*
Water	3.3	8.9	3.5	7.6	1.2	5.8	2.7	7.6	250
Milks	30.8	19.3	15.9	12.2	8.3	10.0	17.6	14.1	223
Other Liquids	10.6	6.5	9.3	7.8	8.5	6.6	9.5	7.0	255
Foods	25.7	12.1	22.6	8.3	21.0	9.4	23.2	10.0	252

* Mothers who replied "I don't know" were excluded from this analysis

TABLE 3b: KNOWLEDGE OF TIMING OF SUPPLEMENTARY FEEDING

	What do you think is the best age to begin giving...			
	Water	Milks	Other Liquids	Foods
0 - 0.9 mo	82%	24%	11%	0%
1 - 1.9 mos	6%	6%	30%	2%
2 - 2.9 mos	2%	5%	17%	3%
3 - 3.9 mos	4%	13%	27%	10%
4 - 4.9 mos	2%	13%	6%	23%
5 - 5.9 mos	0%	4%	4%	8%
6 - 6.9 mos	2%	22%	4%	31%
7 - 7.9 mos	0%	1%	0%	8%
8 - 8.9 mos	1%	3%	1%	7%
9 - 9.9 mos	0%	0%	0%	2%
10 mos and over	1%	10%	0%	8%
n*	250	223	255	252

* Mothers who replied "I don't know" were excluded from this analysis



A majority of mothers (82%) say that infants should be given water from the first month of life. Most mothers say that the best age to start giving other liquids such as teas and juices is at one, two, or three months of age. Only 5% would wait until six months. Ideas about the appropriate age to start giving (animal) milks were especially divergent, with strong site differences as well. For example, mothers in Kiev said 30.8 weeks, those in Donetsk said 15.9 weeks, and mothers in Lviv said 8.3 weeks -- all with large standard deviations.

The average age mentioned as best for the introduction of foods is not far from the international norm: 23.2 weeks. However, this average masks a wide range of responses as indicated in Table 3b, with 10% beginning as early as 3 months and another 10% waiting for 9 months or more.

As Table 3a shows, mothers in Lviv begin giving all supplements asked about -- water, milks, other liquids, and foods -- much earlier than mothers in Kiev or Donetsk.

Duration of breastfeeding: Mothers who were breastfeeding were asked how long they planned to breastfeed this child. Planned median duration was 10 months, and 49% said they planned to continue breastfeeding for at least one year. Actual duration may be much less than planned duration, however. Mothers who already had a child (n=108) were asked how long they breastfed their last child. The median duration was four to five months, and only 18% breastfed for at least one year.

Information on breastfeeding: Although mothers attend a series of prenatal consultations during their pregnancy, only 23% received information about breastfeeding during the prenatal period. Almost half - 47% -- said they received information about breastfeeding in the maternity. It appears, however, that much of the information given is not conducive to good lactation. For example, there is much emphasis on washing and disinfecting the breasts (which is not necessary and can cause sore nipples), on massaging the breasts (generally not necessary, but can help in cases of engorgement), expressing milk after feeds (which is not necessary if the infant suckles frequently), on scheduling feeding (which limits suckling time and intake of nourishment as well as limiting the stimulation the breasts need to produce adequate milk), and on alternating breasts (which exacerbates the problem of insufficient nipple stimulation to keep up milk production).

A surprisingly large proportion of women had worries about breastfeeding: 43%. The predominant worry was the fear of having insufficient milk. A considerable number worried about having breast problems, primarily engorgement and mastitis. These are reasonable worries since much of the breastfeeding advice given by medical personnel encourages these problems. Some mothers, most of whom are from Lviv, feared that their breast milk would "go bad" or that they would eat something that would affect their breast milk and harm the child. *"I am worried how to eat so as not to harm the child."*

Sixty three percent (63%) said they would like to have further information about childbirth or infant feeding and care. Most wanted more detailed information on feeding and many said they wanted to know "everything about the child" -- feeding, bathing, exercising, and dressing the child. *"I want to know what to feed the child and starting from when, how to swaddle the child, and if it is necessary for the child to do exercises."* *"I want to be told how to feed the child but not just be told 'If you have breast milk, feed the child with breastmilk; if you don't have it, feed the child with formula.'"* *"I want them to tell me everything. They always ask 'Do you have questions?' But I don't know what to ask."*



Maternity experience: Interviewers asked mothers about their experience in the maternity and asked what things could be done to make the maternity stay more pleasant. Generally, family and friends are not permitted to visit, even though maternity stays last for the better part of a week. Mothers were asked if they would have liked to have had someone with them during the delivery and if they would like to be able to have family and friends visit them during their maternity stay. About half -- 52% -- said they would have liked to have had someone present during childbirth, and the great majority (92%) said they would like to be able to have family or friends visit them during their maternity stay. In the open-ended questions where mothers were permitted to make comments and suggestions, almost all mothers again mentioned wanting to be able to have relatives and friends visit them. A number of women said they felt as if they were "in prison" or "caged" without any television, radio, or reading material. A large number said they would like to be able to have their babies with them. Many said they would like to have better conditions, more attention from the staff, and to have the staff share information on infant care with them. Figure 2 shows a sampling of comments from women about their maternity stay.

**FIG 2: WHAT MOTHERS SAY ABOUT IMPROVING MATERNITY CARE****What things could be done to make your experience in the maternity more pleasant?**

...that the medical staff pay more attention during childbirth

...to have TV at least, newspapers, walks in fresh air, a place to speak with visitors. We live here like we are in cage

...to solve hygiene, bathing, bedding problems; to permit walks in the open air; not to take the children away; and to find a place to feed the child when the maternity ward is overcrowded

We are not sows, we don't have anything to do here.

...improve staff's treatment, bedding, swaddlings, shower; to allow relatives' visits

...to have a possibility for relatives to visit, that we were allowed to go out in the open air and not be in cage, to explain to the mother and to show her what to do and how to do it

...to have the care at a higher level, possibility of visits, organize meals better (if the child cries I may not have time to eat)

...that somebody will help you when it is too difficult

The staff should be more compassionate with women, and show and teach mothers what they are supposed to do.

...accommodations, mom's and children's diet, not to separate children from moms, more information, and to teach moms everything

...meeting relatives at least at stairs, that clothes were changed and children were not taken away

The birth of a child should be happy, but here we become somewhat of an enemy to everybody.

...that visitors could come and that the child could stay with its mother

...ward conditions, sanitary conditions, radio, beds intended for laying

...to have rooms for moms and children, to have a radio, and be given lectures on care and feeding

I would like to have more information on my child, there is no information.

They shouldn't take away children and daddy should be allowed to see his wife and his child.



FAMILY PLANNING AND ABORTION

Mothers in the sample were asked about their use of and attitude toward various methods of family planning. They were also asked how family planning services could be improved.

Use of family planning methods: The proportion of respondents who had ever used any method to avoid getting pregnant is 46%. (Thus 54% had never used any family planning method.) Because the sample is based on maternity exit interviews, this proportion is likely to be much lower than the percentage in the population at large. Table 4 and Figure 3 show the percentage of women who have used each method of contraception at some point in the past. The most common method of birth control was condoms: 27% report having used them. Only 9% report having used an IUD, 9% have taken birth control pills, 5% have used spermicide. Another 16% have used withdrawal and 14% have used periodic abstinence. No one had used a diaphragm, and the lactational amenorrhea method (LAM) appears to be virtually unknown.

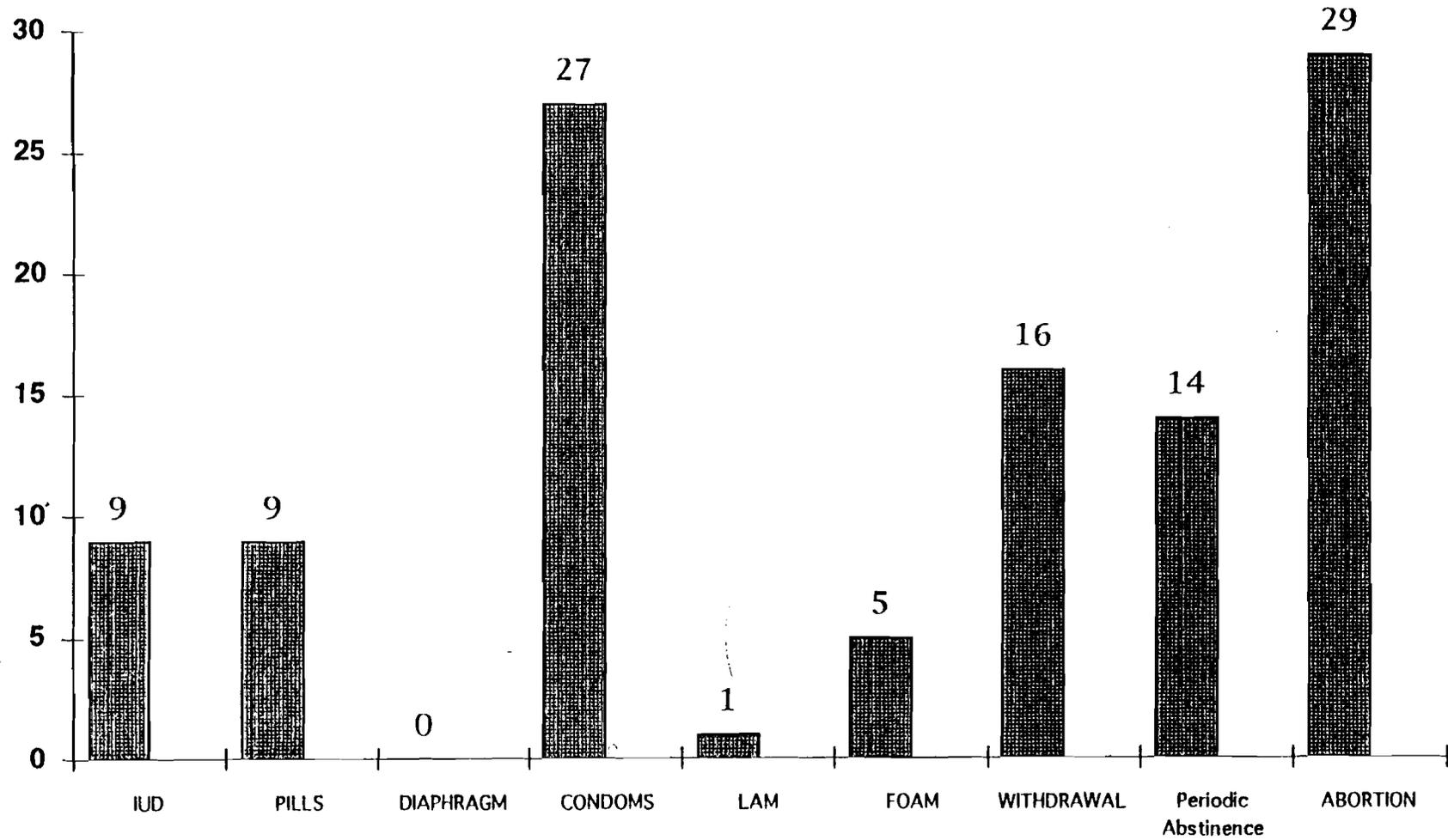
TABLE 4: CONTRACEPTIVE METHODS EVER USED

Method*	Among All Women Surveyed (n=300)	Among Women Who Have Used Contraceptives (n=137)
IUD	9%	19%
Pills	9%	20%
Diaphragm	0%	0%
Condoms	27%	58%
BF/LAM	1%	2%
Spermicide/foam	5%	10%
Withdrawal	16%	35%
Periodic abstinence	14%	31%
Other	0%	1%

* Some women used more than one method and therefore percentages will not total 100.



FIGURE 3: CONTRACEPTIVE METHODS EVER USED
% of women who have ever used each method
(N = 300)





Perception of family planning methods: In order to gain insight into how each method is perceived, interviewers read a list of methods and asked women which ones they might use. A mother could respond that she didn't know the method, that she might use the method, or that she would never use the method. Those who said they would not use a given method were asked why. Table 5 and Figures 4 and 5 show the distribution of responses to these questions.

A notable finding is the rather large number of strongly negative reactions to many of the methods, particularly to birth control pills. This may be due to the fact that the pills that were available in the Ukraine were the early pills with high doses of estrogen which did have side effects for some women. (The mini-pill has lower doses of estrogen but is not generally available.) Indeed, 58% of women said they would not use birth control pills. Most of these women thought the pill was harmful, citing hormonal imbalance, infertility, becoming obese, and generally "bad effects" on health.

In response to the question as to whether they would ever use an IUD, 36% of women said no. Just over half of these women (52%) thought it harmful. *"I am afraid."* *"There are many complications."* *"I just don't want to have a foreign body in me."* A rather high proportion -- 30% -- of the women who would not use an IUD thought it unreliable.

Thirty percent (30%) of women said they would not use condoms, principally because they are inconvenient, but a significant minority also thought them unreliable. A number of other women said their husbands objected to using them.

A large number (45%) of women also said they would not use withdrawal, not because it is considered unreliable, but because it is inconvenient, decreases pleasure, is not natural, and is not good for men. *"It's bad for men; it drives them crazy."* *"My husband will leave the next day."*

Twenty-eight percent (28%) of women said they would not use periodic abstinence, primarily because it was dependent upon the cooperation of the husband. *"It's unrealistic because of my husband."* *"Does he ask me when it's safe and when it is not?"*

A fairly large proportion of women (30%) also said they would not use breastfeeding -- the lactational amenorrhea method, or LAM -- for contraception, saying primarily that it was unreliable. Since the lactational amenorrhea method is not known in the Ukraine, it is not surprising that women are unfamiliar with the conditions which constitute LAM and make it reliable.

Both male and female sterilization received a large number (about 31%) of "would never use" responses. Most of the reasons had to do with it being harmful or unnatural. With regard to male sterilizations (vasectomy) many said their husbands would never agree to having the procedure done.

**TABLE 5: PERCEPTIONS OF CONTRACEPTIVE METHODS**

Method	Might use method? (n=300)			Reason why mothers would not use method* (Among mothers who would not use the method)				
	Don't Know Method	Yes/ Maybe	No	n	Harmful	Unreliable	Inconvenient	Other
IUD	2%	62%	36%	109	52%	30%	3%	25%
Pills	1%	41%	58%	174	65%	11%	8%	20%
Diaphragm	69%	5%	26%	78	9%	13%	55%	18%
Condoms	1%	70%	30%	89	2%	20%	47%	28%
BF/LAM	51%	19%	30%	89	2%	82%	0%	8%
Spermicide/foam	70%	11%	18%	55	7%	22%	33%	26%
Withdrawal	5%	50%	45%	135	11%	12%	37%	37%
Periodic abstinence	10%	62%	28%	85	2%	40%	19%	38%
Sterilization (F)	51%	16%	32%	97	11%	3%	2%	55%
Sterilization (M)	60%	9%	31%	93	10%	1%	1%	58%

* Mothers could cite more than one reason



FIGURE 4: PERCEPTIONS OF CONTRACEPTIVE METHODS
"Would you ever use _____"

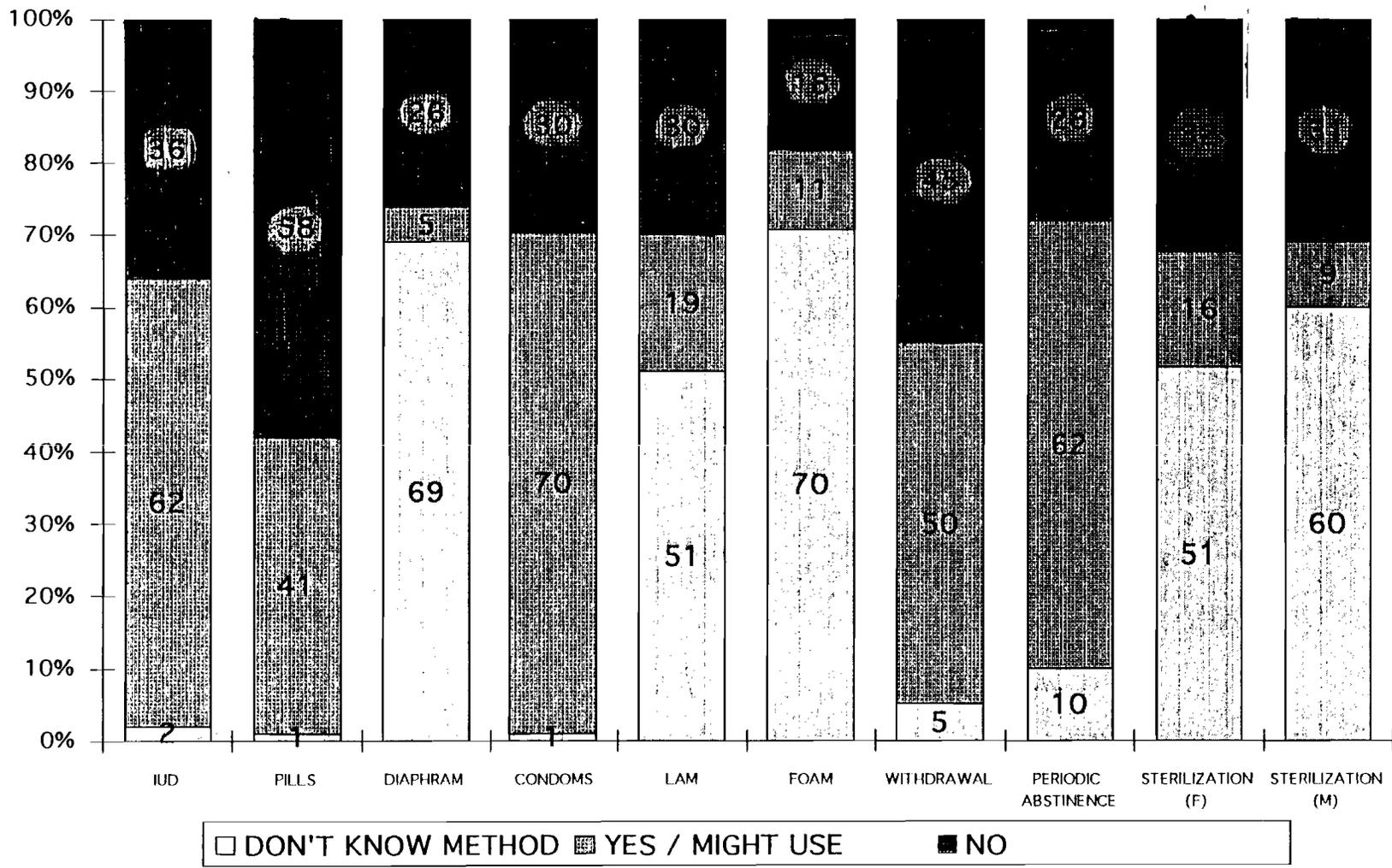
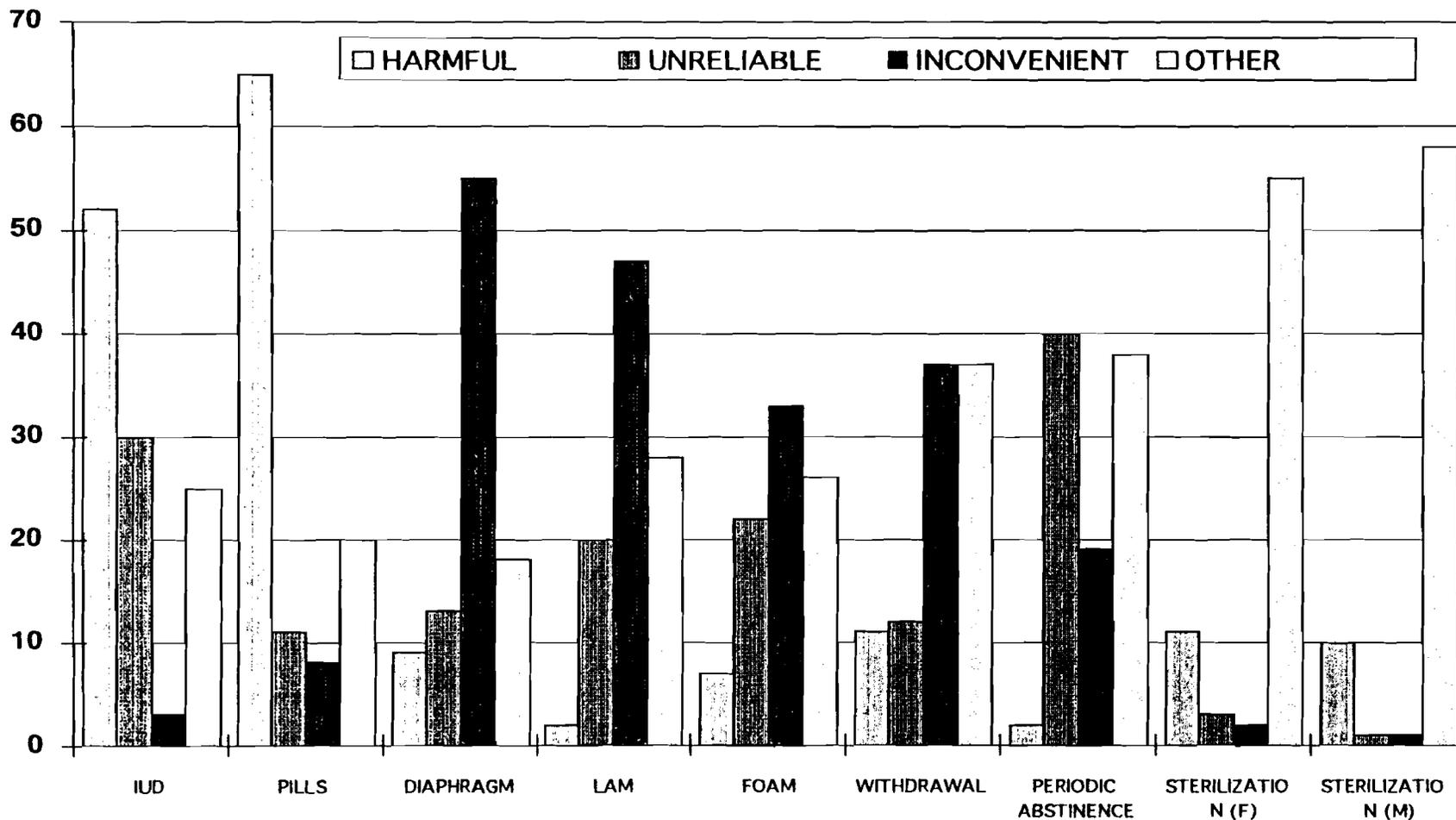




FIGURE 5: REASON WHY MOTHERS WOULD NOT USE METHOD



BEST AVAILABLE COPY



Women's suggestions for improving family planning services: A large proportion of women -- 67% - felt that they did not have as much information about family planning as they would like. Only 37% said they could talk frankly with their doctor about family planning issues, and 56% had never consulted their doctor on family planning issues. Thirty-four percent (34%) indicated that they would feel confident in the information the district doctor provided. There was a clamoring for accessible information about family planning methods -- via consultations, lectures, brochures and books, mass media, school classes, and even via telephone! Many cited the limited availability of contraceptives and others wanted to have more of a choice of methods. Many mentioned wanting to be treated more humanely. One said, "*A woman is supposed to be a woman and nobody needs us with our problems.*" A number of women voiced this thoughts like this one: "*Train doctors better. Choose gentle people for this job.*" Figure 6 shows women's comments on and suggestions for family planning services.

**FIG 6: WHAT MOTHERS SAY ABOUT IMPROVING FAMILY PLANNING SERVICES**

What could be done to improve family planning and contraceptive services?

...to publish books and manuals, to make them available for sale

...lectures, clubs where it would be possible to learn everything

Perhaps I'm not alone to be uneducated in these questions, when such women don't exist, then the service is working.

...to publish brochures, show films, lectures in schools

...to give more information, health care staff is supposed to take initiative and to wait until women do. Family planning service should operate in each community, then there will be no abandoned children

...to treat a woman as a woman, and not as reproductive machinery

Have a kind attitude toward women.

...to always have one doctor to take advice from

Women should be given more information by various means: books, radio, TV, sessions.

...more information and diversified contraceptives

I don't want to talk about it because there will be no results anyway.

Health care staff should show initiative and not to wait for questions.

Doctors should be more qualified and talk to their patients and to wait until information will be pulled out of them.

...to ask more women what they'd like

Doctors should be better trained and treat us as human beings.

...to advise women better, to begin motivational activities at schools and among youth, and to train the young generation

[Family Planning] should be started from childhood and taught in schools. Parents should keep informed so that they are able to explain [family planning] to their children. There should also be anonymous consultation offices.

...to create new methods that are not harmful or dangerous

It's desirable to create such methods which would fully guarantee woman's health and safety, protect her against undesirable pregnancy; in the countryside women know little about how to avoid getting pregnant. There is a lack of information.



Unwanted pregnancies and abortion: Mothers were asked about unwanted pregnancies and abortion. It should be recalled that the sample is young (2/3 are 25 or younger) and the majority are just starting their families. Because this sample consists of women in maternities it by definition consists of women who are having babies. Therefore, this sample will significantly underestimate rates of abortion among the population at large.

Twenty-nine percent (29%) of mothers in the sample said they had been pregnant in the past when they did not want to be, although that figure was higher for Kiev (31%) and Donetsk (33%) than for Lviv (22%). Among the sample as a whole, the number of abortions ranged from 0 to 7. There were differences in number of abortions by site: women in Kiev averaged .57 each, in Donetsk .79 each, and in Lviv .31 each. The number of abortions among women who had had an unwanted pregnancy averaged 1.9. As expected, the number of abortions increased with age, with those over 30 who had had an unwanted pregnancy averaging 2.7 each. Regular abortions appear to be approximately twice as common as mini-abortions.

Most (66%) of those who have abortions are given general anesthesia for the procedure and the rest given a local anesthetic. Of those given local anesthetic, 41% said the abortion was "somewhat painful" and another 41% said it was "very painful." About 28% said they had had complications or problems resulting from the abortion, but that figure differs considerably by site: 39% for Kiev, 23% for Donetsk, and 19% for Lviv. Most of the complications had to do with heavy bleeding.

Women's experience with abortion: Women's experience with the medical staff who attended them when they had their abortion varied from very positive to very negative, with about half saying that the staff "just did its job." In the open-ended question regarding abortion experience, a few mothers said the staff was very compassionate: *"All of them are peaceful and kind." "They were kind; they talked to me."* Those who paid for their abortions apparently tend to receive better treatment. *"I was treated well because I paid for the abortion."* Some said they were treated well because they "behaved": *"...they didn't shout at me because I behaved myself well." "They treated me well because I didn't irritate them."* Others had an extremely negative experience: *"They treated me like minced meat." "...they did the abortion rudely and sent me home; all of them are barbarians." "It was drudgery. They pricked me all over my hands, then finally gave me a mask. At home after 10 days I called an ambulance. So I can't say anything nice about abortion."*



CONCLUSION

This study is intended to give preliminary insight into some basic reproductive health experiences for women. A number of general conclusions stand out from the research:

- Maternity policies are out of date and counterproductive to the establishment of good lactation. A change in hospital routines and training of personnel are needed.
- Liquids and foods are being introduced to infants far too early. New infant feeding guidelines based on up-to-date research need to be enshrined in government policy and disseminated among health providers and mothers.
- There is tremendous demand for family planning but also a tremendous amount of misinformation about family planning methods. Availability of contraceptives is limited.
- Abortions are common, often painful, often emotionally difficult because of staff treatment, and often followed by problems such as heavy bleeding.
- Women want information -- about child care, about breastfeeding, about family planning, about reproductive health.
- Women want to be treated with more respect and understanding. Although there are certainly some dedicated and compassionate staff, many women felt that staff were not well trained, and did not wish to spend time talking with them or helping with their concerns.

WELLSTART INTERNATIONAL

Wellstart International is a private, nonprofit organization dedicated to the promotion of healthy families through the global promotion of breastfeeding. With a tradition of building on existing resources, Wellstart works cooperatively with individuals, institutions, and governments to expand and support the expertise necessary for establishing and sustaining optimal infant feeding practices worldwide.

Wellstart has been involved in numerous global breastfeeding initiatives including the Innocenti Declaration, the World Summit for Children, and the Baby Friendly Hospital Initiative. Programs are carried out both internationally and within the United States.

International Programs

Wellstart's *Lactation Management Education (LME) Program*, funded through USAID/Office of Nutrition, provides comprehensive education, with ongoing material and field support services, to multi-disciplinary teams of leading health professionals. With Wellstart's assistance, an extensive network of Associates from more than 40 countries is in turn providing training and support within their own institutions and regions, as well as developing appropriate in-country model teaching, service, and resource centers.

Wellstart's *Expanded Promotion of Breastfeeding (EPB) Program*, funded through USAID/Office of Health, broadens the scope of global breastfeeding promotion by working to overcome barriers to breastfeeding at all levels (policy, institutional, community, and individual). Efforts include assistance with national assessments, policy development, social marketing including the development and testing of communication strategies and materials, and community outreach including primary care training and support group development. Additionally, program-supported research expands biomedical, social, and programmatic knowledge about breastfeeding.

National Programs

Nineteen multi-disciplinary teams from across the U.S. have participated in Wellstart's lactation management education programs designed specifically for the needs of domestic participants. In collaboration with universities across the country, Wellstart has developed and field-tested a comprehensive guide for the integration of lactation management education into schools of medicine, nursing and nutrition. With funding through the MCH Bureau of the U.S. Department of Health and Human Services, the NIH, and other agencies, Wellstart also provides workshops, conferences and consultation on programmatic, policy and clinical issues for healthcare professionals from a variety of settings, e.g. Public Health, WIC, Native American. At the San Diego facility, activities also include clinical and educational services for local families.

Wellstart International is a designated World Health Organization Collaborating Center on Breastfeeding Promotion and Protection, with Particular Emphasis on Lactation Management Education.

For information on corporate matters, the LME or National Programs, contact:

Wellstart International Corporate Headquarters
4062 First Avenue tel: (619) 295-5192
San Diego, California 92103 USA fax: (619) 294-7787

For information about the EPB Program contact:

Wellstart International
3333 K Street NW, Suite 101 tel: (202) 298-7979
Washington, DC 20007 USA fax: (202) 298-7988
