

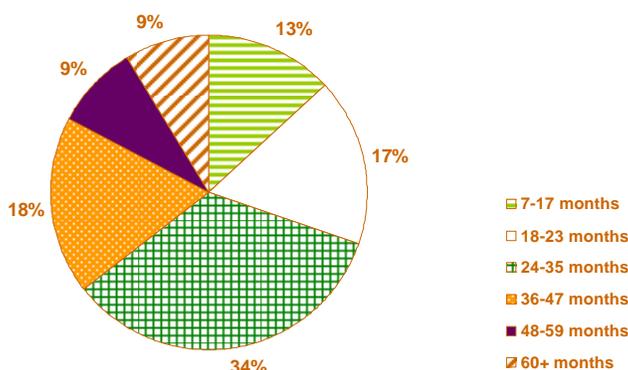
Family Planning Needs during the Extended Postpartum Period in Uttar Pradesh, India

This analysis is based on the 2005–2006 National Family Health Survey III (NFHS III) data from Uttar Pradesh, India and summarizes key findings related to birth spacing and postpartum family planning.¹ ACCESS-FP defines the extended postpartum period as one full year post-birth. Pregnancies that occur in the first year postpartum are more likely to have adverse outcomes for the mother and baby; therefore the extended postpartum period is a critical period for addressing unmet need for family planning.

Inadequate birth spacing among the majority of women jeopardizes the health of mothers and the infants—one of every three women in UP has less than a two-year gap between births

Figure 1 presents data from all women experiencing births in the past five years. Considering the recommendation that an interval of at least 24 months *before couples attempt* to become pregnant (birth-to-pregnancy interval) reduces the risk of adverse maternal, perinatal and infant outcomes², the majority of births in Uttar Pradesh therefore are not sufficiently spaced to protect maternal and newborn health—approximately 30% of births occur within less than 24 months and another 34% occur between 24 and 35 months.

Figure 1: Birth-to-birth spacing among all women—all births in the last five years



N=12,000

Three out of every four postpartum women in Uttar Pradesh expressed an unmet need for family planning

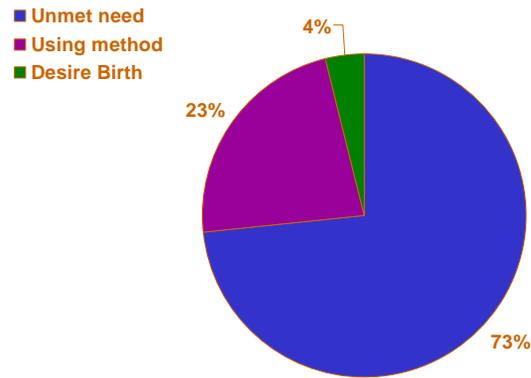
Women in Uttar Pradesh, India have a tremendous unmet need for family planning during the first year postpartum. Data from 1,523 women within one year post delivery were used to examine prospective unmet need as illustrated in Figure 2. In this analysis, unmet need is defined prospectively regarding the woman’s desired timing for her next pregnancy. Prospective analysis yields higher rates of unmet need than are observed if the woman is asked about the last birth. Within this group, 73% of these women expressed an unmet need for family planning. Consistent with findings elsewhere³, only four percent of women during this 12-month postpartum period desire another birth within two years.

¹ Analysis done by Maria Borda, Constella, May 2008.

² Report of a WHO technical consultation on birth spacing Geneva, Switzerland, 13-15 June 2005.

³ Ross, J.A. and Winfrey, W. 2001. Contraceptive use, intention to use and unmet needs during the extended postpartum period. *International Family Planning Perspectives*.

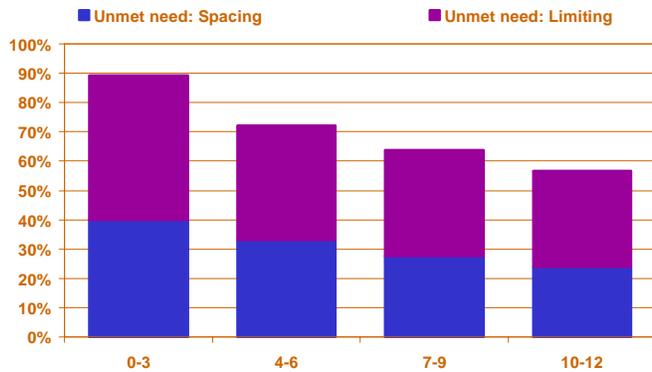
Figure 2: Prospective unmet need among postpartum women



Unmet need decreases but remains high throughout the first year postpartum—Almost 60% women still desired to space or limit subsequent births by the end of the year

Figure 3 demonstrates the unmet need for spacing and limiting among women in Uttar Pradesh during the first year postpartum. The majority of women have unmet needs for family planning throughout this period—starting over 70% in the first six months postpartum. By the end of the year, almost 60% women still desired to space or limit subsequent births. Throughout the entire postpartum period, more women expressed an unmet need to limit over the unmet need to space.

Figure 3: Unmet need across postpartum period



N=1,523

Postpartum women are vulnerable—particularly three–six months after delivery: Exclusive breastfeeding drops, fertility returns and sexually activity resumes

Figure 4 illustrates key elements related to return to fertility and the risk of pregnancy among women during the first year postpartum. Approximately 90% of women in Uttar Pradesh return to sexual activity during the 4–6 month period after giving birth, and menses returns for 50% during this same period. Findings from the NFHS illustrate that exclusive breastfeeding drops to 51% at 2–3 months of age and 28% at 4–5 months. This illustrates a critical period—beginning at approximately 3–6 months postpartum—where women are vulnerable to a subsequent pregnancy.

Figure 4: Factors related to return to fertility by month postpartum

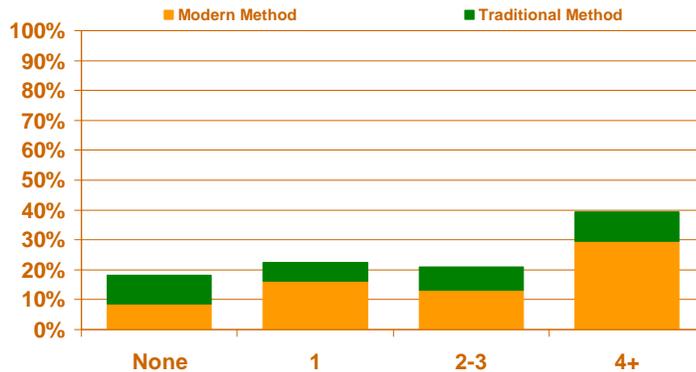


N=12,000

Women who receive antenatal care (ANC) services are more likely to use postpartum family planning

Similar to findings elsewhere, there appears to be a relationship between use of maternal health services and postpartum family planning use. Figure 5 shows that women who had four or more ANC visits had higher percentages of modern family planning method uptake than women who had less than four visits. The relationship between family planning use and ANC use has important implications for women’s access to critical maternal health services. Women who use the formal medical system are more likely to have access and use family planning. Programs that try to reach postpartum women need to find a way to reach women who are not in contact with the medical system or integrate FP messages within maternal and child health services.

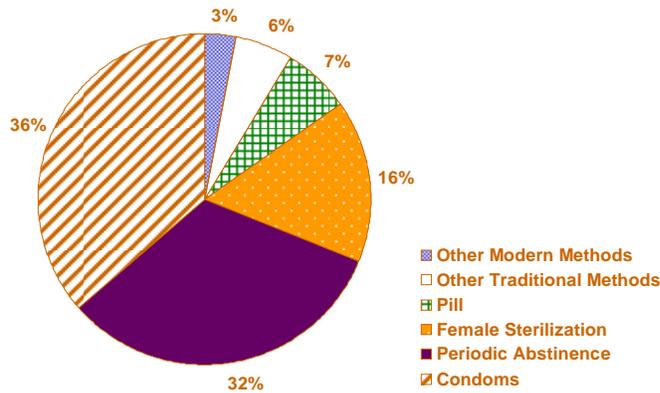
Figure 5: Family planning uptake during the postpartum period by number of ANC visits



Postpartum women need more contraceptive choices—especially long-acting, highly-effective methods for limiting and highly-effective, reversible methods for spacing

Figure 6 illustrates the method mix among the small numbers of women using family planning in the extended postpartum period at the time of the NFHS II survey. The most common methods used are condoms, periodic abstinence and female sterilization.

Figure 6: Method mix for postpartum family planning users

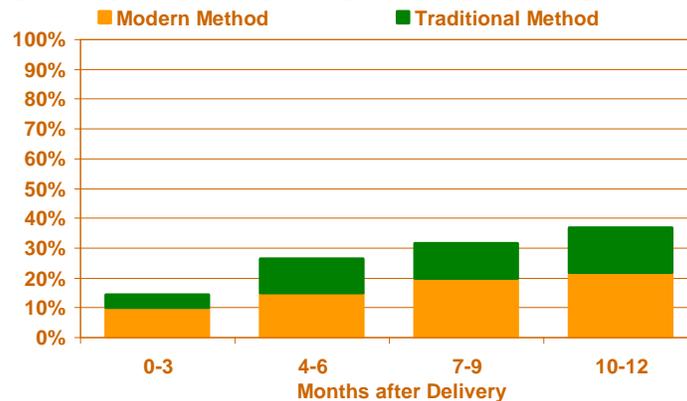


N=343

Two of every three postpartum mothers in Uttar Pradesh were not using any family planning method

Figure 7 illustrates that the majority of postpartum women do not use any method of family planning—as many as 85% of women were not using a method during the time of the survey. While family planning use increases over the 12-month period, at the end of the year still only one of every three women were using any family planning method.

Figure 7: Uptake of family planning during the postpartum period



N=1,523

Conclusion

- Women in Uttar Pradesh, India have a tremendous unmet need for family planning during the first year postpartum—particularly the unmet need for limiting births.
- Women who use the formal medical system are more likely to have access and use family planning—creating an opportunity to integrate FP messages with maternal and child health services. Programs need to reach women who are not in contact with the healthcare system during the antenatal and postpartum periods.
- Ensuring that postpartum women have access to quality postpartum services—including family planning and counseling about birth spacing and limiting options—is an important strategy in reducing both maternal and early childhood mortality.

ACCESS-FP is an associate award under the ACCESS Program, Associate Cooperative Agreement #GPO-A-00-05-00025-00, Reference Leader Cooperative Agreement #GHS-A-00-04-00002-00. ACCESS-FP focuses on meeting the family planning and reproductive health needs of women in the postpartum period. Interventions are designed to complement those of the ACCESS Program in the promotion and scale up of postpartum family planning through community and clinical interventions. ACCESS-FP seeks to reposition family planning through integration with maternal, newborn and child health programs, including the prevention of mother-to-child transmission of HIV. For more information about ACCESS-FP, please contact Catharine McKaig, ACCESS-FP Program Director, at cmckaig@jhpiego.net.