

Family Planning Needs during the Extended Postpartum Period in Haiti

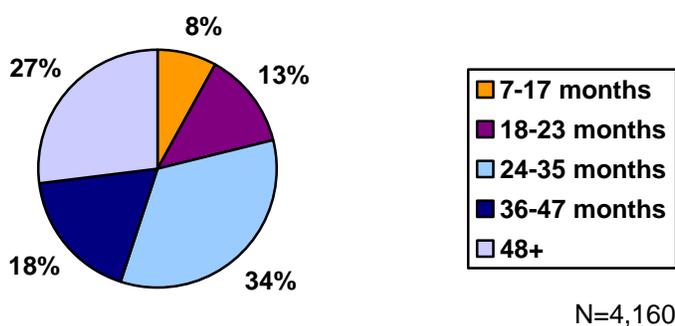
This analysis is based on the 2005–2006 Demographic and Health Survey (DHS) data from Haiti, and summarizes key findings related to birth spacing and postpartum family planning.¹

Postpartum Family Planning among Haitian Women, All Age Groups

Birth Spacing among All Women

Figure 1 presents data from all women experiencing births in the past five years. Approximately 21% of births in Haiti occur within short intervals of less than 24 months, and another 34% occur between 24 and 35 months. Based on research findings that demonstrate improved perinatal outcomes for infants born 36–59 months after a preceding birth, the World Health Organization (WHO) recommends that women have an interval of at least 24 months **before attempting** to become pregnant (birth-to-pregnancy interval) in order to reduce the risk of adverse maternal, perinatal and infant outcomes.²

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



Unmet Need for Family Planning among Postpartum Women

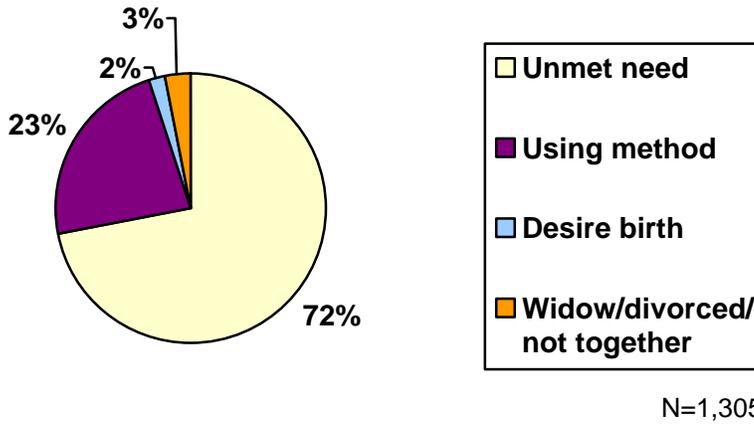
Data from 1,305 women within one year post-delivery were used to examine prospective unmet need, as shown in Figure 2. In this analysis, unmet need is defined prospectively with regard to the woman's desired timing for her next pregnancy. Prospective analysis yields higher rates of unmet need than are observed if the woman is asked about the last birth. Within this group, only 23% of postpartum women are using any method of family planning within the first year after giving birth. Consistent with findings elsewhere,³ only 2% of Haitian women during this 12-month postpartum period desire another birth within two years.

¹ Analysis by Maria Borda, Constella Futures, June 2007.

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* 27(1) 20–27.

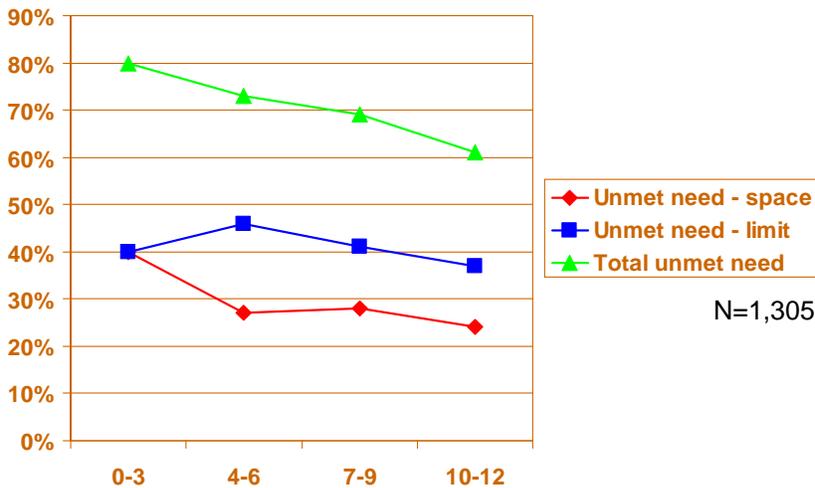
Figure 2: Prospective unmet need among postpartum women



Unmet Need for Spacing and Limiting

Figure 3 shows the unmet need for spacing and limiting among Haitian women during the first year postpartum. Total unmet need is high throughout this period. Unmet need to limit surpasses the unmet need to space throughout the entire postpartum period.

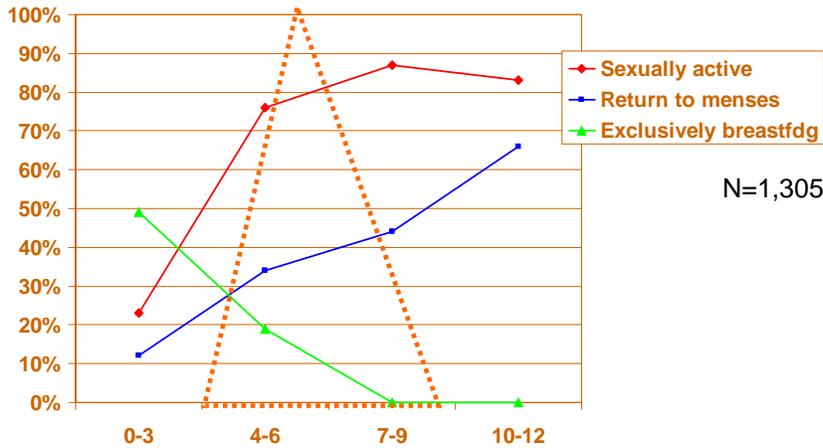
Figure 3: Prospective unmet need across the postpartum period



Return to Fertility

Figure 4 illustrates key elements related to return to fertility and the risk of pregnancy among women during the first year postpartum. Among Haitian women, approximately 76% return to sexual activity during the four- to six-month period after giving birth, and menses returns for 34% during this same period. While breastfeeding is common, exclusive breastfeeding is not very common and decreases to 24% for infants four to five months old. This finding indicates a critical period, beginning at approximately four months postpartum, in which women are vulnerable to a subsequent pregnancy.

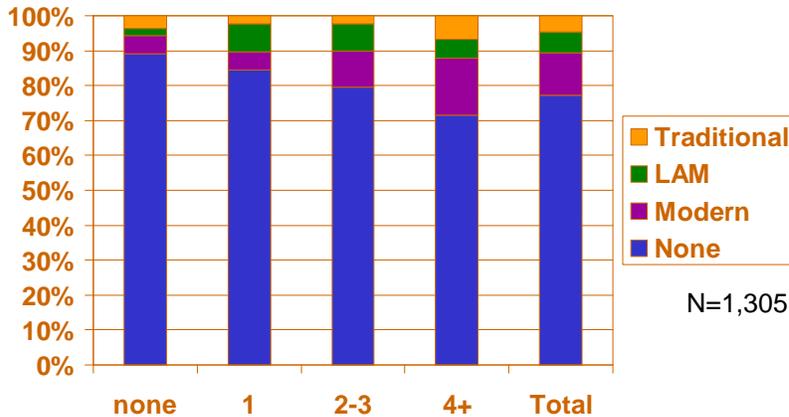
Figure 4: Factors related to return to fertility by month postpartum (the triangle shows when risk of pregnancy increases)



Postpartum Family Planning Use and Influence of Antenatal Care

Similar to findings elsewhere, in Haiti there appears to be a relationship between use of maternal health services and postpartum family planning use. While family planning use is modest at 23%, Figure 5 shows that women who had four or more antenatal care visits had a higher percentage of modern family planning uptake than women who had fewer than four antenatal care visits.

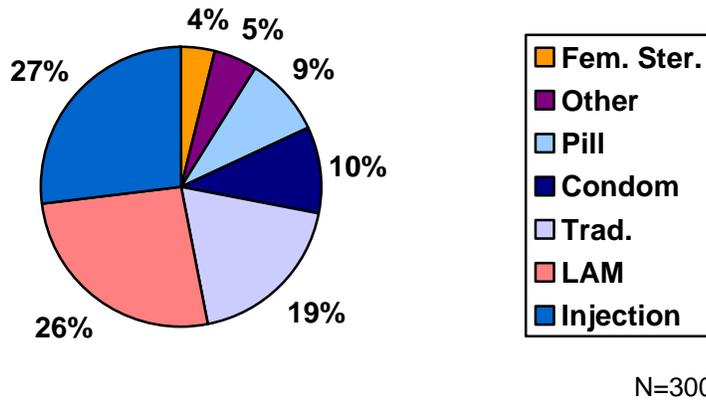
Figure 5: Postpartum family planning use and the influence of antenatal care



Contraceptive Method Mix for Postpartum Family Planning Users

Figure 6 presents the method mix among women using family planning in the extended postpartum period at the time of the DHS survey (N=300). The majority of use involves injectables, lactational amenorrhea method (LAM) and traditional methods.

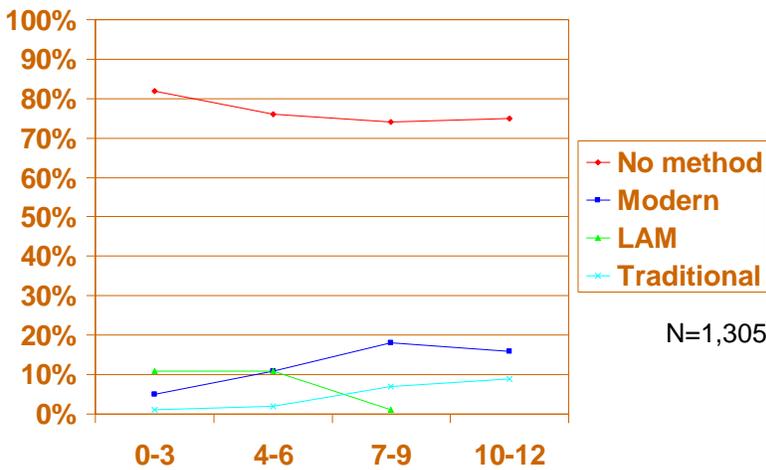
Figure 6: Method mix for postpartum family planning users



Uptake of Family Planning across the Postpartum Period

Figure 7 illustrates that the majority of postpartum women do not use any method of family planning. As many as 75% of women were not using a method during the ninth through twelfth month postpartum.

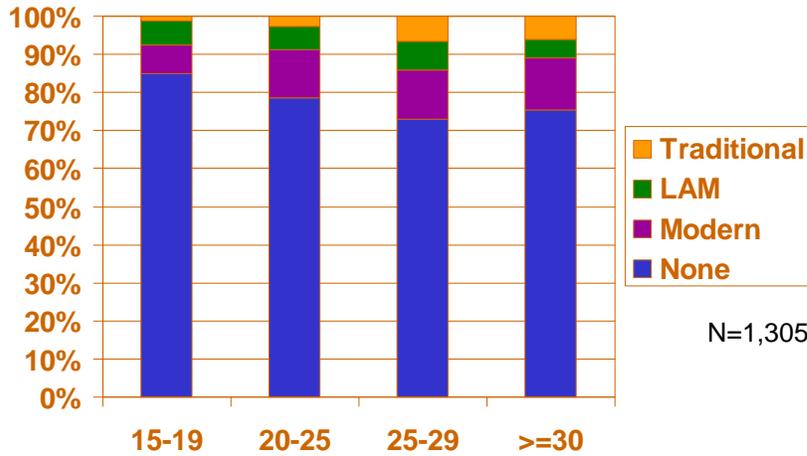
Figure 7: Uptake of family planning across the postpartum period



Uptake of Family Planning across the Postpartum Period, by Age

Figure 8 shows the trend of contraceptive uptake among postpartum women increasing with age. Nearly 85% of postpartum women aged 15–19 were not using a method, a finding that suggests an important area for programming.

Figure 8: Uptake of family planning across the postpartum period, by age



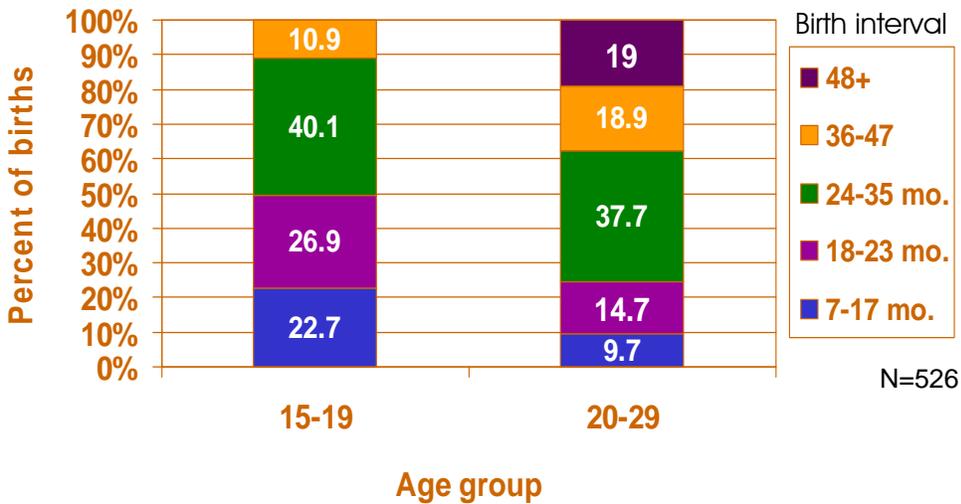
Postpartum Family Planning Needs among Younger Haitian Women

The following figures illustrate the need for postpartum family planning among younger Haitian women, and show that births are spaced more closely among younger women. In general, uptake of family planning during the postpartum period is very low among women under 35 years of age.

Birth Spacing among Women under 30 Years of Age

Figure 9 indicates the high percentage among younger women of births spaced less than 24 months apart.

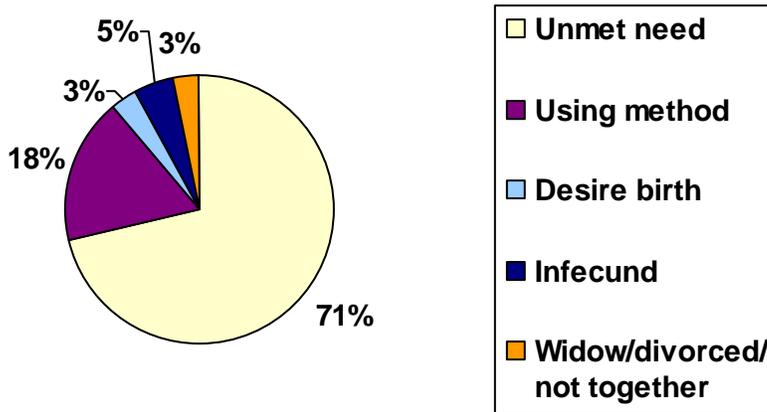
Figure 9: Birth spacing among women under 30 years of age



Unmet Need for Postpartum Women under 25

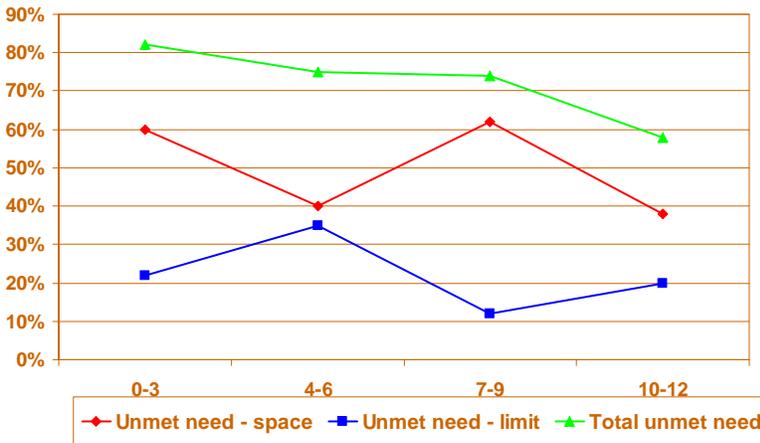
Figures 10 and 11 demonstrate the unmet need for spacing and limiting among young Haitian women during the first year postpartum.

Figure 10: Unmet need among postpartum women under 25



N=526

Figure 11: Unmet need for spacing and limiting among postpartum women under 25

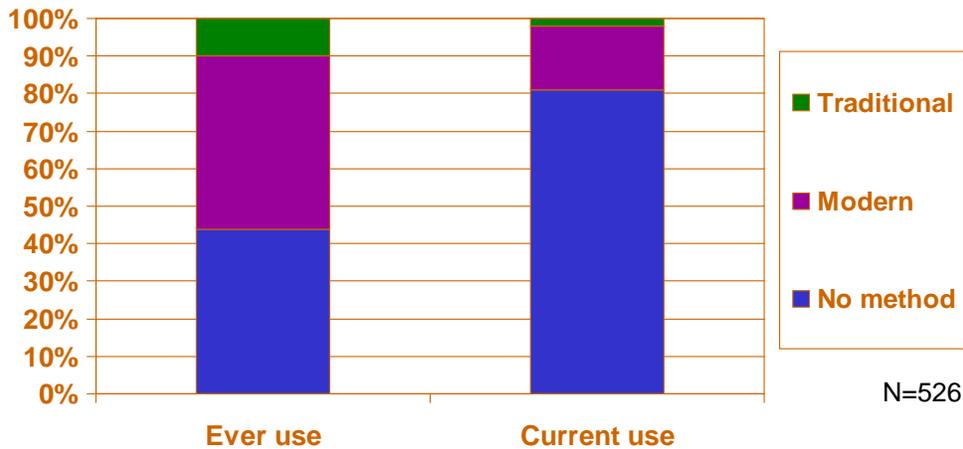


N=526

Ever Use and Current Use of Family Planning among Postpartum Women under 25

Figure 12 illustrates that among postpartum women less than 25 years of age, 80% are currently using no method.

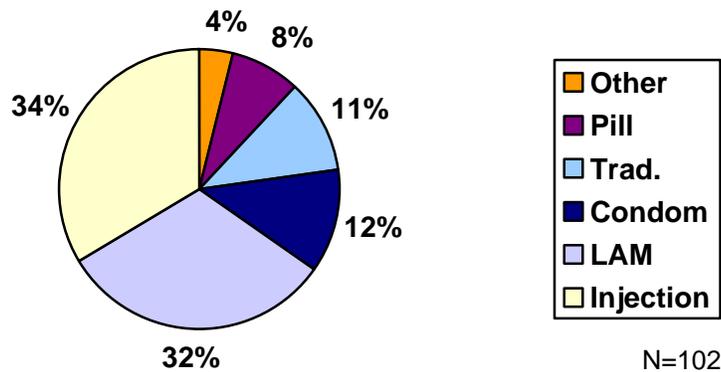
Figure 12: Ever use and current use of family planning among postpartum women under 25



Method Mix for Postpartum Family Planning Users under 25

Figure 13 shows the method mix for younger users of postpartum family planning. What is noticeable is that there is no use of long-acting or permanent methods among this age group, despite the unmet need for limiting.

Figure 13: Method mix for postpartum family planning users under 25



Conclusion

This analysis clearly demonstrates that Haitian women have a high unmet need for family planning during the first year postpartum. The significant unmet need for limiting and spacing in the postpartum period is an important programmatic area for family planning support, as it is often a period neglected by both maternal and newborn health and family planning programs.

With regard to young mothers and family planning, the analysis indicates that postpartum women 15 to 19 years old are a critical group to reach for the uptake of family planning during the postpartum period. Their birth intervals are short, and their levels of unmet need for family planning are high.

In addition, the relationship between family planning use and the use of antenatal care has important implications for women's access to crucial maternal health services. Ensuring that postpartum women have access to high-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 rates. Postpartum family planning also offers health care providers the opportunity to counsel young women about their fertility intentions, and for those who want another child, to counsel about healthy intervals for spacing the next pregnancy.

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.