

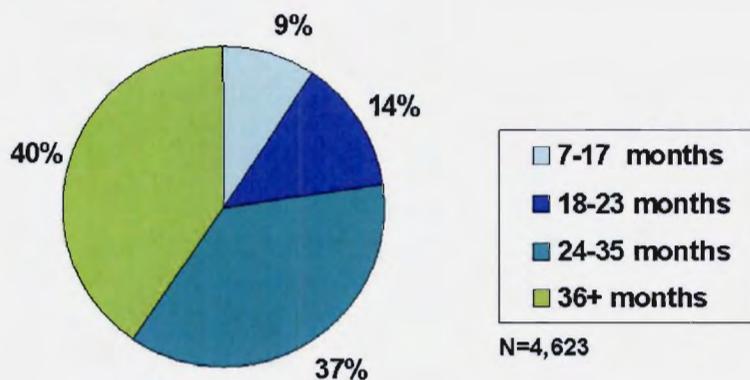
Family Planning Needs during the Extended Postpartum Period in Kenya

This analysis is based on the 2003 Demographic and Health Survey data and summarizes key findings related to birth spacing and postpartum family planning.¹

Birth Spacing among all women

Figure 1 presents data from all women experiencing births in the past five years. Approximately 23% of births in Kenya occur within short intervals of less than 24 months and another 37% 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, WHO recommends an interval of at least 24 months **before couples attempt** to become pregnant in order to reduce the risk of adverse maternal and perinatal infant outcomes.²

Figure 1: Birth spacing among all women



Unmet need for family planning among postpartum women

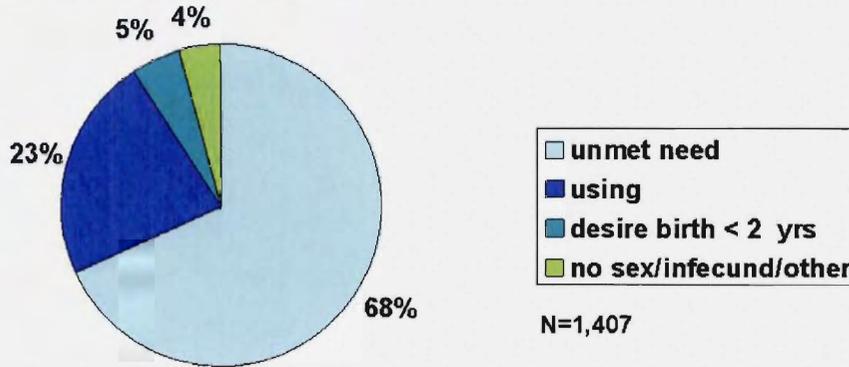
Data from 1,407 women within one year post delivery was used to examine prospective unmet need as illustrated in figure 2. In this analysis, unmet need is defined prospectively with regard to the woman's next pregnancy, which yields even higher rates of unmet need than are observed than if the woman is asked about the last birth. Within this group, only 23% are using any method of family planning. Consistent with findings elsewhere³ only five per cent of Kenyan women during this 12 month postpartum period desire another birth within two years.

¹ Analysis done by Maria Borda and William Winfrey, Futures/Constella, June 2006.

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*.

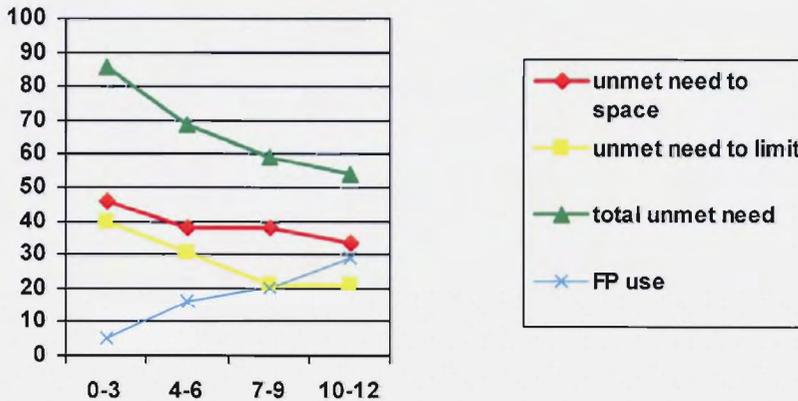
Figure 2: Prospective unmet need among postpartum women



Unmet need for spacing and limiting

Figure 3 demonstrates the unmet need for spacing and limiting among Kenyan women during the first year postpartum. While there is a need expressed for both limiting and spacing during the extended postpartum period, there is an apparent decline in demand. While some of the unmet need is satisfied as family planning use increases over the period, it is notable that at one year postpartum, over 50% of women have an unmet need for family planning.

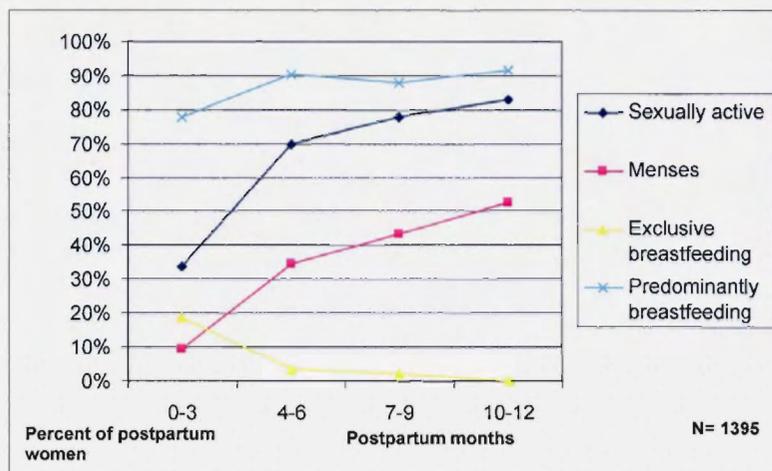
Figure 3: Prospective unmet need across postpartum period



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. Of note are the low levels of exclusive breastfeeding, even during the first 3 months, while predominate breastfeeding levels remain high over the 12 month period. Approximately 35% of women experienced resumption of menses by six months and 45% by nine months. These findings are consistent with the median 9.7 months for amenorrhea observed in Kenya's 2003 DHS.

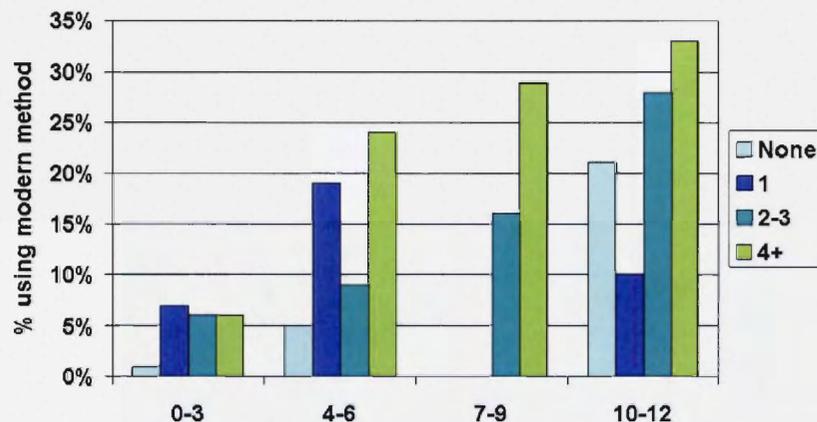
Figure 4: Factors related to return to fertility by month postpartum



Postpartum family planning use and influence of antenatal care

Similar to findings elsewhere, there appears to be a relationship between use of maternal health services and postpartum family planning use and the dose response pattern is notable. Other research⁴ has demonstrated that when the effects of location, education and income are controlled for in the analysis, the relationship remains.

Figure 5: Postpartum FP use and the influence of antenatal care

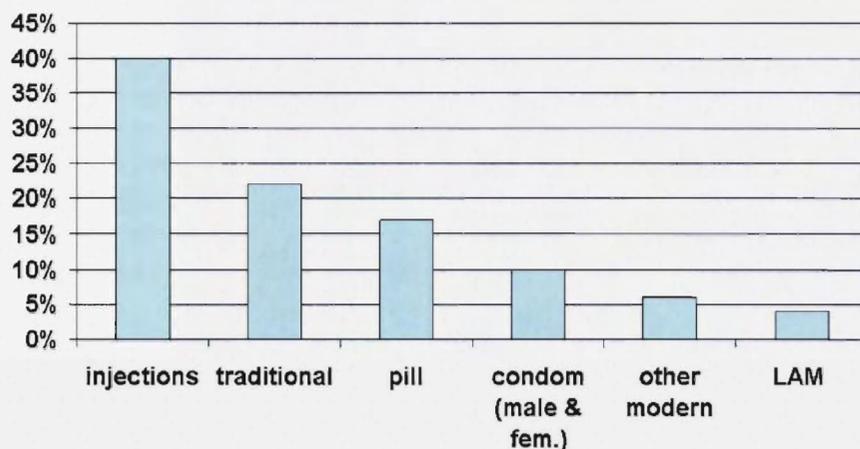


Contraceptive method mix for postpartum family planning users

Figure 6 illustrates the method mix among the 23% of women using family planning in the extended postpartum period. It is noteworthy that the majority of use is due to injectables with about 20% attributable to traditional methods. LAM only accounts for about 4% of the total method mix. Other modern methods, which includes IUDs and implants is negligible at just over 5%.

⁴ Zerai, A. and Tsui, A. O. 2001. The relationship between prenatal care and subsequent modern contraceptive use in Bolivia, Egypt and Thailand. *African Journal of Reproductive Health*, 5(2), 68-82. And Hotchkiss, D., J. Rous, Eric Sieber, and A. Berruti. 2006. Is maternal and child health service use a causal gateway to subsequent contraceptive use? A multi country study. *Population Research and Policy Review*, 24:543-571.

Figure 6: Method mix for postpartum FP users



Conclusion

This analysis demonstrates the significant unmet need among women during the first year postpartum in Kenya. The need for both spacing and limiting for women indicates an important area for family planning programmatic support. The analysis also graphically portrays women's vulnerability to pregnancy beginning within the first months after delivery and continuing through the first year postpartum, a period often neglected by both maternal and newborn health and family planning programs.

In addition, the relationship between family planning use and the use of antenatal care has important implications for women's access to critical maternal health services. 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 rates.

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