

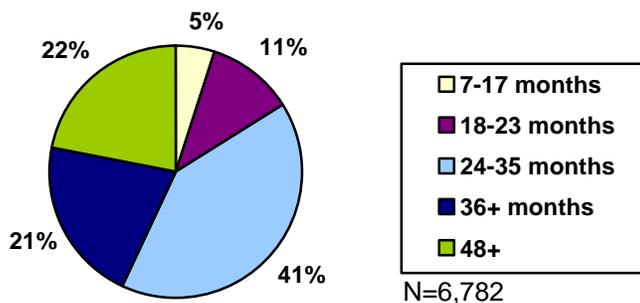
Family Planning Needs during the Extended Postpartum Period in Tanzania

This analysis is based on the 2004–2005 Demographic and Health Survey (DHS) data from Tanzania, and summarizes key findings related to birth spacing and postpartum family planning during the extended postpartum period.¹ ACCESS-FP defines the extended postpartum period as one full year post-birth.

Birth Spacing among All Women

Figure 1 presents data from all women experiencing births in the past five years. Approximately 16% of births in Tanzania occur within short intervals of less than 24 months, and another 41% 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, experts from the World Health Organization (WHO) advise an interval of at least 24 months **before couples attempt 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 the last five years



Unmet Need for Family Planning among Postpartum Women

Data from 1,958 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.

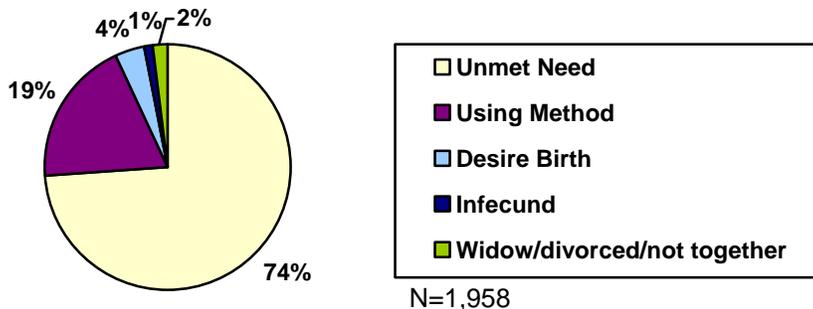
Among women during their first year postpartum, 74% have an unmet need, but only 19% are using any method of family planning. Consistent with findings elsewhere,³ only 4% of Tanzanian women during this 12-month postpartum period desire another birth within two years.

¹ Analysis by Maria Borda, Constella Futures, October 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.

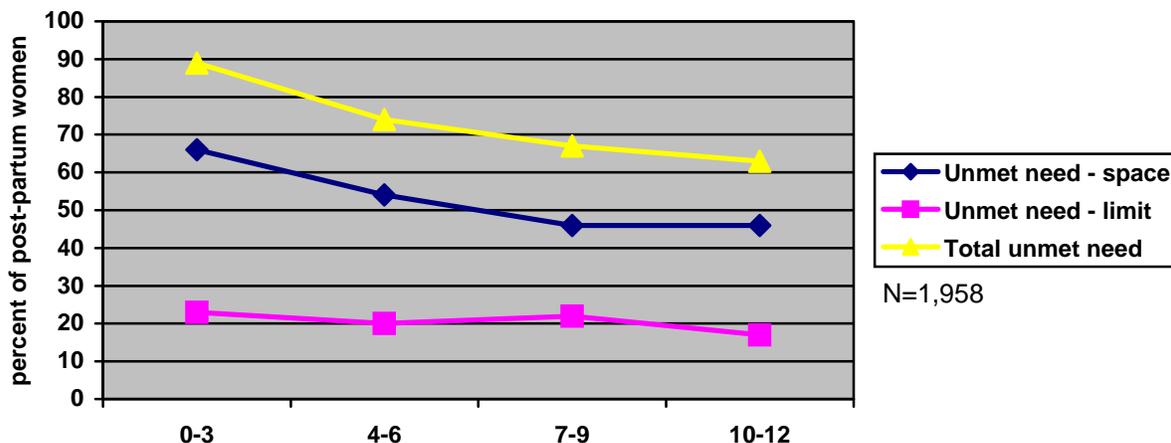
Figure 2: Prospective unmet need among postpartum women



Unmet Need for Spacing and Limiting

Figure 3 demonstrates the unmet need for spacing and limiting births among Tanzanian women during the first year postpartum. Total unmet need is high throughout this period. Unmet need to space surpasses the unmet need to limit throughout the entire postpartum period, and the total unmet need remains over 60% at the end of the first year.

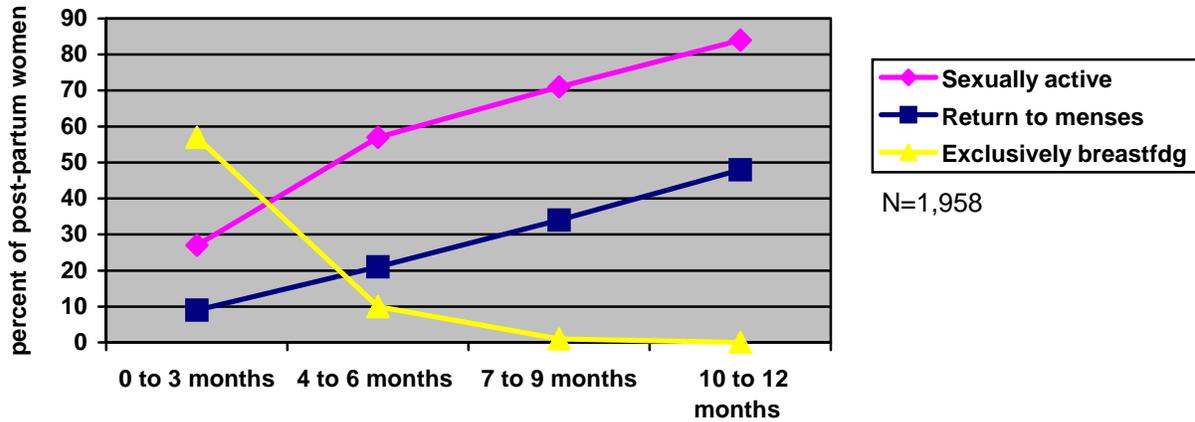
Figure 3: Prospective unmet need in the first year after birth



Return to Fertility and Risk of Pregnancy

Figure 4 describes key factors related to return to fertility and the risk of pregnancy among women during the first year postpartum. Among Tanzanian women, approximately 60% return to sexual activity during the four- to six-month period after giving birth, and menses returns for 20% during this same period. Findings from the recent DHS in Tanzania illustrate that exclusive breastfeeding is practiced mainly for the first **three** months after birth, but it is not widely practiced for the first **six** months. This finding illustrates a critical period, beginning at approximately four to six months postpartum, in which women become vulnerable to a subsequent pregnancy.

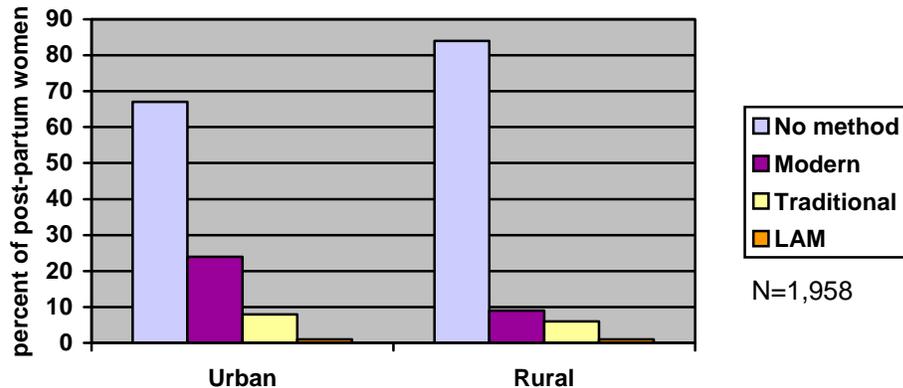
Figure 4: Factors related to return to fertility and risk of pregnancy, in the first year after birth



Uptake of Family Planning by Place of Residence

Similar to findings elsewhere, there appears to be a relationship between place of residence and postpartum family planning use. Figure 5 shows that women who live in urban areas more frequently use modern family planning methods. Furthermore, among postpartum women in urban areas, uptake of modern family planning methods has been found to be greater than among postpartum women in rural areas.

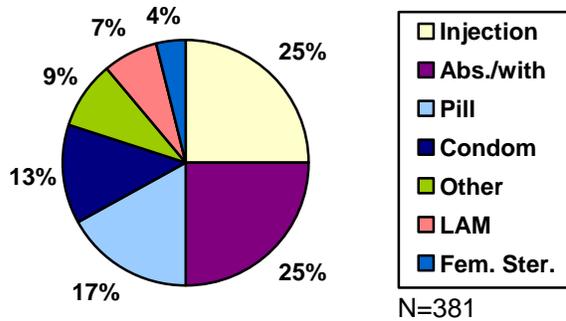
Figure 5: Uptake of family planning during the postpartum period by place of residence



Contraceptive Method Mix for Postpartum Family Planning Users

Figure 6 illustrates the method mix among women using family planning during the first year after a birth, at the time of the DHS survey (N=381). The majority of women use injectables, abstinence and withdrawal. Only three postpartum women were using IUDs, which is included in the "other" category.

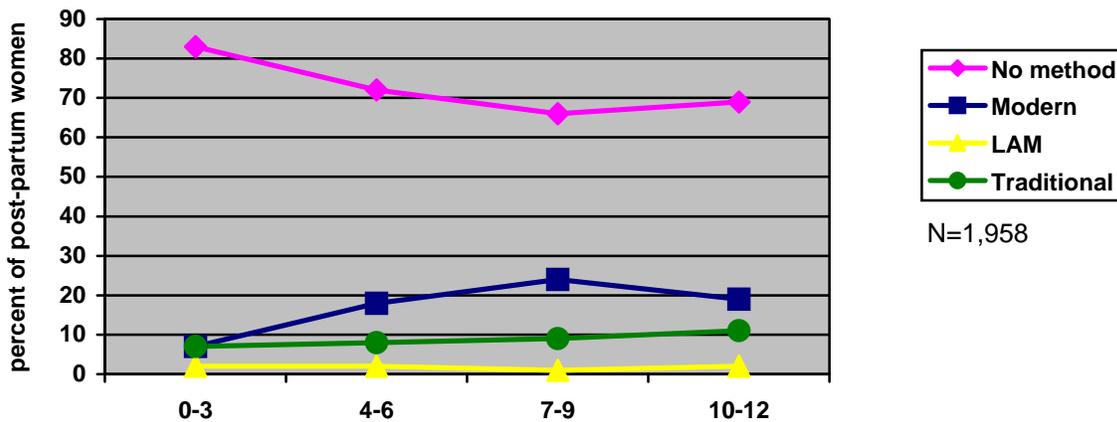
Figure 6: Method mix for postpartum family planning users



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. During the time of the survey, as many as 80% of women were not using a method.

Figure 7: Uptake of family planning across the postpartum period



Conclusion

This analysis demonstrates that Tanzanian women have a very high unmet need for family planning during the first year postpartum. The significant need for spacing 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. Long-acting methods are needed for effective spacing and are thus vitally important.

Ensuring that postpartum women have access to high-quality postpartum services, including family planning and counseling about birth spacing and limiting options, and return to fertility and risk of pregnancy, is an important strategy for reducing both maternal and early childhood mortality rates. Program evidence shows that counseling about reproductive intentions and family planning options that begins during antenatal care and is offered during all child health and immunization contacts is quite effective for increasing awareness, demand and use of family planning among postpartum women.

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.