



Family Planning Needs during the First Two Years Postpartum in Pakistan

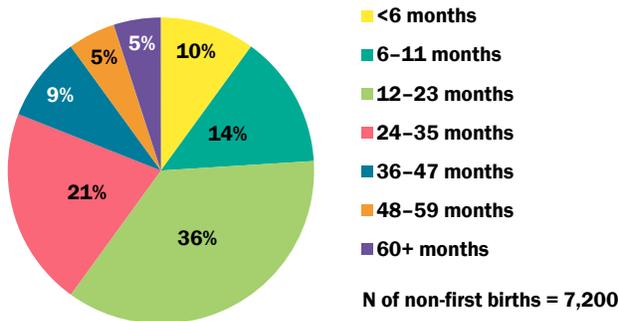
This analysis is based on the 2006–07 Demographic and Health Survey (DHS) data from Pakistan. It summarizes key findings related to birth and pregnancy spacing, fertility return, unmet need for and use of family planning (FP), and contact with key services for women during the period from the last birth through two years postpartum.

Because research findings demonstrate improved perinatal outcomes for infants born 36–59 months after a preceding birth, experts made recommendations to a World Health Organization (WHO) Technical Committee to 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.¹ In addition, an analysis of DHS data from 52 developing countries, which studied over one million births, found that birth-to-pregnancy intervals that are too short are associated with adverse pregnancy outcomes, increased morbidity in pregnancy, and increased infant and child mortality.²

PREGNANCY SPACING IN PAKISTAN

Figure 1 presents data from women experiencing non-first births in the past five years. In this analysis, only women with pregnancies that resulted in a live birth are included, and the pregnancy duration is calculated at nine months. Of these, 10% of pregnancies occur within very short intervals of less than 6 months from the preceding birth, 14% occur within short intervals of less than 12 months, and another 36% occur within intervals of 12–23 months. Thus 60% of all pregnancies in Pakistan occur within short intervals of less than 24 months after the preceding birth.

Figure 1: Birth-to-pregnancy spacing among all women aged 15–49, all non-first births in the last five years



It is noteworthy that the 2006–07 Pakistan DHS data demonstrate a sharp decrease in infant and childhood mortality rates as the length of the birth-to-pregnancy interval increases. Infant mortality decreases by almost half, from 101/1,000 (for infants born at birth-to-pregnancy intervals <15 months) to 52/1,000 (for infants born at birth-to-pregnancy intervals between 27 and 38 months). Similarly, higher rates of under-five mortality are evidenced for children born at birth-to-pregnancy intervals of less than 15 months (122/1,000) compared with children born at birth-to-pregnancy intervals between 27 and 38 months (67/1,000).

¹ Report of a WHO Technical Consultation on Birth Spacing, Geneva, Switzerland, 13–15 June 2005.

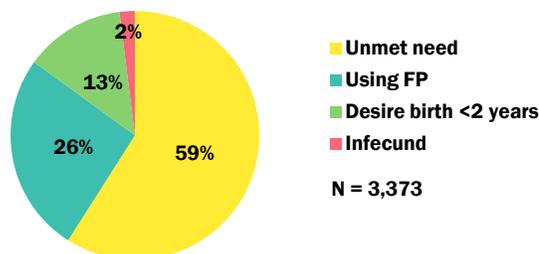
² Rutstein SO. 2008. Further evidence of the effects of preceding birth intervals on neonatal, infant, and under-five-years mortality and nutritional status in developing countries: Evidence from the Demographic and Health Surveys. *DHS Working Papers, Demographic and Health Research* (41).

PROSPECTIVE UNMET NEED FOR FAMILY PLANNING AMONG WOMEN 0–24 MONTHS POSTPARTUM

Data from 3,373 women within two years of a birth were used to examine unmet need, as illustrated in **Figure 2**. In this analysis, unmet need for FP is defined prospectively³ regarding the woman’s desired timing for her next pregnancy and her current use of a method of contraception. Prospective unmet need is based on fertility preferences looking forward because it is most likely to predict a woman’s need for FP in the extended postpartum period.

Among women within two years postpartum, 59% have an unmet need for FP; 26% are using a method of FP; and 13% of women during this 24-month postpartum period desire another pregnancy within two years.

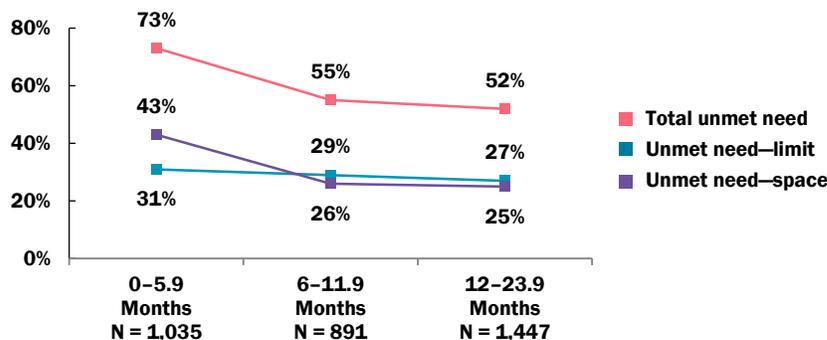
Figure 2: Prospective unmet need for FP among women within 0–24 months postpartum



UNMET NEED FOR SPACING AND LIMITING

Figure 3 demonstrates the prospective unmet need for spacing and limiting births through two years postpartum. Total unmet need decreases as the number of months post-delivery increases. From 0–5.9 months postpartum, overall unmet need is 73%. At the end of one year postpartum, overall unmet need has decreased to 55%, and then to 52% by the end of the second year. With regard to the components of overall unmet need, the levels of unmet need for spacing decrease throughout the 24-month postpartum period, from 43% (0–5.9 months) to 26% (6–11.9 months) to 25% (12–23.9 months). The unmet need for limiting decreases only slightly over this same period, going from 31% (0–5.9 months) to 29% (6–11.9 months) to 27% (12–23.9 months).

Figure 3: Prospective unmet need across postpartum periods



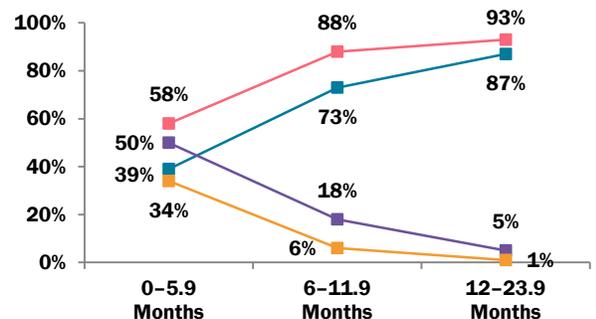
RETURN TO FERTILITY AND RISK OF PREGNANCY

The figures on the following page illustrate key factors related to return to fertility and risk of pregnancy. **Figure 4** shows that among all women 0-24 months postpartum, over half (58%) of women are sexually active during the first six months postpartum and 39% have experienced menses return during the same period. From 12–24 months postpartum, 93% of all postpartum women are sexually active and 87% have menses return.

³ The definition for *prospective unmet need* is based on the DHS question: “Would you like your next child within the next two years or would you like no more children?”

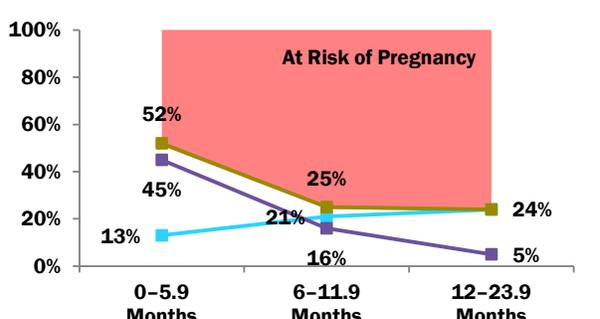
Figure 5 looks at a sub-set of sexually active women during the same period and illustrates how risk of pregnancy increases over time during the two years postpartum. While only 48% of sexually active women are at risk of pregnancy during the first six months postpartum, this risk increases to 75% from 6–12 months postpartum, and to 76% from 12–24 months postpartum. (The composite not at risk calculation looks at women who are either exclusively/predominantly breastfeeding in the first 6 months or exclusively/predominantly breastfeeding in the 6-9 month period and haven't experienced a return to menses and/or are using a method of contraception.)

Figure 4: Factors influencing return to fertility among all women 0–24 months postpartum



Postpartum women: N = 3,375
 Sexually active: N = 2,741
 Return to menses: N = 2,304
 Exclusive BF: N = 430
 Predominant BF: N = 755

Figure 5: Risk of pregnancy among sexually active women 0–24 months postpartum



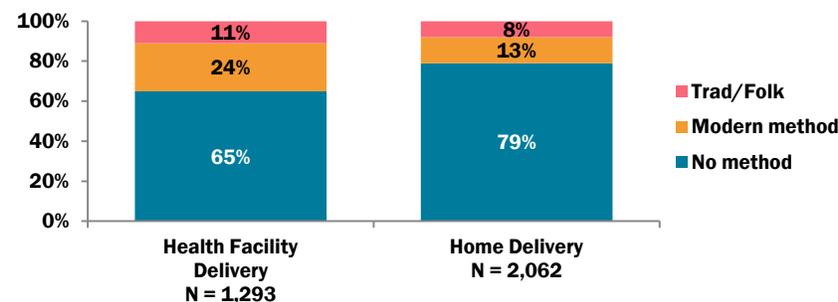
Sexually active: N = 2,741
 Using modern FP: N = 571
 Predominant BF: N = 456
 Composite Not at Risk for Pregnancy: N = 839

Sexually active Return to menses Predominant BF Exclusive BF Modern FP use Composite not at risk of pregnancy

METHOD MIX AND CONTRACEPTIVE USE BY PLACE OF DELIVERY

Among women 0–24 months postpartum, 32% are using condoms, 12% are using injectables, 9% are using pills, 7% are using sterilization, 6% are using IUDs and 33% are using traditional methods. According to the 2006–07 DHS, 34% of all births in Pakistan occur at a health facility, while 65% occur at home. **Figure 6** shows that overall, 24% of postpartum women who delivered at a health facility are using a modern method of FP within the 24-month postpartum period, compared with only 13% of women who delivered at home.

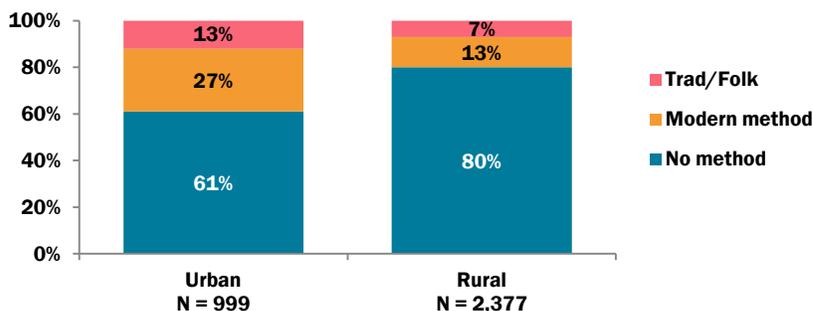
Figure 6: Uptake of family planning during the 0–24 months postpartum period by place of delivery



CONTRACEPTIVE USE BY URBAN-RURAL RESIDENCE

Figure 7 on the following page shows the uptake of FP during the 24-month postpartum period by urban-rural residence. Eighty percent of rural women do not use any method of FP, compared with 61% of urban women. Additionally, only 13% of rural women are using a modern method of FP, compared with 27% of urban women.

Figure 7: Uptake of family planning during the postpartum period by urban-rural residence



CONCLUSION

Sixty percent of all non-first births in Pakistan are spaced at less than the recommended 24 month birth-to-pregnancy interval, putting women and their infants at increased risk for poor maternal and perinatal outcomes. This analysis demonstrates that women in Pakistan have a significant unmet need for FP during the two years after a birth. Even though total unmet need decreases during this period (from 73% to 52%), the overall unmet need is still high and use of a modern contraceptive is low.

In Pakistan, risk of pregnancy increases over time during the two years postpartum. While only 48% of sexually active women are at risk of pregnancy during the first six months postpartum, this risk increases to 75% from 6–12 months postpartum, and to 76% from 12–24 months postpartum. Method mix in Pakistan relies heavily on short-acting methods, with two-thirds of women relying on condoms (32%) and traditional methods (33%). The unmet need to limit remains relatively steady over the postpartum period (31% from 0–6 months and 27% from 12–24 months), demonstrating the need for increased access to long-acting and permanent methods of FP. Perhaps reflective of the need for greater access to FP services, postpartum rural women are much less likely to use a modern FP method than urban women (13% and 27% respectively). This is consistent with the DHS finding for all women. These findings demonstrate the need for increased community-based outreach and/or referral services in rural settings, with particular attention to women with young infants.

Likewise, 34% of women deliver at a facility, yet the analysis reveals only 24% FP use at 24 months, reflecting the need to strengthen FP counseling and services for women who come into contact with facilities. Program evidence indicates that offering postpartum family planning (PPFP) counseling during antenatal care and offering PPFP services during all maternal and child health contacts, such as facility-based births and immunization sessions, can be effective for increasing awareness of, demand for and use of FP in this critical period.

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