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USE OF FAMILY PLANNING IN THE POSTPARTUM PERIOD

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Use of Family Planning in the Postpartum Period

William Winfrey

Kshitiz Rakesh

ICF International

Rockville, Maryland, USA

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Corresponding author: William Winfrey, Futures Institute, 41-A New London Turnpike, Glastonbury, Connecticut, USA; phone: 301-775-9286; email: bwinfrey@futuresinstitute.org

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Preface

The Demographic and Health Surveys (DHS) Program is one of the principal sources of international data on fertility, family planning, maternal and child health, nutrition, mortality, environmental health, HIV/AIDS, malaria, and provision of health services.

One of the objectives of The DHS Program is to provide policymakers and program managers in low- and middle-income countries with easily accessible data on levels and trends for a wide range of health and demographic indicators. DHS Comparative Reports provide such information, usually for a large number of countries in each report. These reports are largely descriptive, without multivariate methods, but when possible they include confidence intervals and/or statistical tests.

The topics in the DHS Comparative Reports series are selected by The DHS Program in consultation with the U.S. Agency for International Development.

It is hoped that the DHS Comparative Reports will be useful to researchers, policymakers, and survey specialists, particularly those engaged in work in low- and middle-income countries.

Sunita Kishor

Director, The DHS Program

Abstract

This report used reproductive calendar data from 43 Demographic and Health Surveys (DHS) representing 61 percent of the developing world's population (excluding China) to examine the use of family planning in the postpartum period. Postpartum women are more likely to use injectables and the lactational amenorrhea method and less likely to use female sterilization compared with all currently married women. In most countries use of postpartum family planning is not strongly related to the age of the mother, parity, or the wantedness of the last birth. In most countries use of postpartum family planning is positively related to urban location, wealth, education level, achievement of desired family size, and current fertility desires. It is negatively related to the number of children under age 5 born to the woman. There is the strong correlation between use of maternal health care and use of postpartum family planning.

Keywords: postpartum family planning, family planning, maternal health services

Executive Summary

This report uses the reproductive calendar of the Demographic and Health Surveys (DHS) to examine the use of family planning in the postpartum period. The reproductive calendar has been used infrequently in such analyses. Previous global analyses of postpartum family planning have measured family planning use at the time of the survey. Using the reproductive calendar allows for more robust analysis of postpartum family planning by increasing the sample sizes available at any point in time during the postpartum period.

The study analyzes data from 43 country surveys representing 61 percent of the developing world's population (excluding China). To the author's knowledge, this is the first analysis of postpartum family planning using the DHS reproductive calendar with such broad global coverage. The countries analyzed are: Albania, Armenia, Azerbaijan, Bangladesh, Benin, Bolivia, Burkina Faso, Burundi, Cambodia, Colombia, Comoros, Egypt, Ethiopia, Ghana, Guyana, Honduras, India, Indonesia, Jordan, Kenya, Kyrgyz Republic, Lesotho, Madagascar, Malawi, Maldives, Moldova, Mozambique, Namibia, Nepal, Niger, Nigeria, Pakistan, Peru, Rwanda, Senegal, Sierra Leone, Tajikistan, Tanzania, Timor-Leste, Uganda, Ukraine, Zambia, and Zimbabwe.

Three types of analysis were performed: 1) a comparison of postpartum family planning tabulated using the reproductive calendar with postpartum family planning tabulated based on current use of family planning; 2) a comparison of postpartum family planning methods with the methods used by all currently married women; and 3) disaggregation of postpartum family planning use based on demographic characteristics, socioeconomic characteristics, fertility preferences, and use of maternal health services.

The two methods of tabulating use of postpartum family planning yielded similar results in most cases. As the postpartum period extended, the match between the two tabulation methods became closer. At 1-2 months postpartum the measures for 33 of the 43 countries were within 10 percent of one another. At 9-11 months postpartum the measures for 41 of the countries were within 10 percent of one another. In general, the family planning method mix for postpartum women was different than the mix for all currently married women. Levels of use of injectables and the lactational amenorrhea method were greater among postpartum women than all currently married women, while the level of use of female sterilization was greater among currently married women than postpartum women.

In disaggregation, use of postpartum family planning showed some broad trends by background characteristics. In most countries use of postpartum family planning is not strongly related to the age of the mother, parity, or the wantedness of the last birth. In most countries use of postpartum family planning is positively related to urban location, household wealth, education, achievement of desired family size, and current fertility desires. It is negatively related to the number of children under age 5 born to the woman. There is a strong correlation between the use of maternal health care (including antenatal care and facility based-births) and postpartum family planning.

Given its broad reach, this report cannot reach definitive conclusions, but it does suggest several areas for further investigation and analysis. These include: 1) In-depth analysis and interpretation of results on a country-by-country basis; 2) further comparison of overall use and postpartum use of family planning; 3) examination of the relationship between postpartum family planning and birth intervals; 4) improved access to the reproductive calendar by researchers without advanced data analysis skills; 5) inclusion of postpartum family planning tabulations in DHS final reports; and 6) multivariate analysis to generate results that are more robust in establishing causality or plausible correlations.

1. Introduction

This report examines the use of family planning in the postpartum period based on data from the infrequently used reproductive health calendar. Previous extensive examinations of postpartum family planning using the Demographic and Health Surveys (DHS) have looked exclusively at current use of family planning relative to the most recent birth (e.g., Ross and Winfrey 2001; Borda et al. 2010). However, with this particular mode of analysis relatively few births are available for tabulation. For example, to examine postpartum family planning at one month postpartum, only women who had a birth a month before the survey are eligible for analysis. In contrast, by using the reproductive calendar this comparative report looks at many more births than just the most recent birth. To the extent that women's recall is good, the results will be more robust and it will be possible to examine differences in postpartum family planning use across a wide range of characteristics.

This report will be the first quantitative report to the authors' knowledge that has looked at postpartum family planning across a wide set of countries using the reproductive calendar. As such, its main intent is to create a baseline understanding of levels of postpartum family planning and differentials for women with different demographic and socioeconomic characteristics, fertility preferences, and use of maternal health services. Broad conclusions for the 43 countries analyzed here will be few, partially due to the geographic disparity of the countries. Also, in-depth analysis of any given country is not the intent of the study. The discussion section of the report will present a few broad conclusions and some ideas for how the reproductive calendar can be used for individual countries to analyze postpartum family planning in more depth.

1.1. Literature Review

1.1.1. Methods used to assess postpartum family planning

Typically, postpartum family planning is evaluated by disaggregating current use of family planning relative to the time of most recent birth for an interviewed woman. Using the Demographic and Health Surveys for this kind of analysis leads to a small number of observations. An analysis of 17 African countries by Borda and colleagues (2010) used sample sizes for tabulation that were often smaller than 100 observations. In spite of the small sample sizes, the authors found that frequently there was a significant association between postpartum family planning use and return to menses. Previous to this, Ross and Winfrey (2001) used similar methods to examine family planning use, unmet need, and intention to use family planning in the postpartum period. They found high levels of unmet need for family planning and low levels of contraceptive use in the postpartum period in most countries.

Although the reproductive calendar is freely available for download for many countries, it has been used infrequently to evaluate postpartum family planning use. Recently, three studies have used the reproductive calendar. Akinlo and colleagues made an analysis of the impact of maternal health services on postpartum family planning use in Nigeria (Akinlo et al. 2013). Hotchiss and Do published multivariate results for the impact of antenatal and postnatal care on use of postpartum family planning in Kenya and Zambia (Hotchkiss and Do 2013). Previously, Gebreselassie and colleagues looked at postpartum family planning in the Dominican Republic, Indonesia, Kenya, and Peru using the reproductive calendar (Gebreselassie et al. 2010). However, to the authors' knowledge there has never been a comprehensive documentation of global postpartum family planning use using the reproductive calendar.

1.1.2. Factors associated with postpartum family planning use

Several studies have looked at the relationship between postpartum family planning and potential explanatory factors. These factors can be roughly divided into demographic characteristics, socioeconomic characteristics, fertility preferences, and use of maternal health services. The following briefly summarizes the results from four studies (Akinlo et al. 2013; Hotchkiss and Do 2013; Gebreselassie et al. 2010; Zerai and Tsui 2001). In all, these studies examined Bolivia, Dominican Republic, Egypt, Indonesia, Kenya, Nigeria, Peru, Thailand, and Zambia.

Demographic characteristics. In general, older women use postpartum family planning less frequently than younger women. However, there is not a clear trend that the youngest women use family planning more than middle-aged women. Only one study, based on Nigeria, used birth order or parity and it did not show a clear relationship with postpartum family planning use (Akinlo et al. 2013).

Socioeconomic characteristics. When wealth, as measured by the DHS wealth index, was included in the analyses, it was always found to have a strong relationship with postpartum family planning use. Education was also found in all cases to be related to greater postpartum family planning use. In bivariate relationships, being in an urban area was positively related to the use of postpartum family planning. However, this relationship frequently disappeared in multivariate analyses where other control variables were included (Hotchkiss and Do 2013).

Fertility preferences. Fertility preferences were measured two ways in these studies. First, in four countries studies analyzed wantedness of the child that was just born (Gebreselassie et al. 2010). Only in Peru was wantedness found to be related to postpartum family planning use. Second, forward-looking fertility preferences were examined for Bolivia, Egypt, Thailand, Kenya, and Zambia (Zerai and Tsui 2001; Hotchkiss and Do 2013). They were significantly correlated with postpartum family planning use in all countries except Zambia.

Use of maternal health services. Use of antenatal care and/or delivery care has been examined in all of the surveys included in the studies (Akinlo et al. 2013; Hotchkiss and Do 2013; Gebreselassie et al. 2010; Zerai and Tsui 2001). In all cases except one, these factors have been found to be related to postpartum family planning use. The exception is Zambia, where antenatal care was not found to be significantly correlated with postpartum family planning use in a multivariate analysis (Hotchkiss and Do 2013).

2. Data and Methods

2.1. DHS Data Used in the Study

The data used in this study come from the most recent national DHS surveys with fieldwork that took place between 2005 and 2012 and that contain a reproductive calendar.

The 43 surveys selected for this analysis represent the following countries: Albania, Armenia, Azerbaijan, Bangladesh, Benin, Bolivia, Burkina Faso, Burundi, Cambodia, Colombia, Comoros, Egypt, Ethiopia, Ghana, Guyana, Honduras, India**,** Indonesia, Jordan, Kenya, Kyrgyz Republic, Lesotho, Madagascar, Malawi, Maldives, Moldova, Mozambique, Namibia, Nepal, Niger, Nigeria, Pakistan, Peru, Rwanda, Senegal, Sierra Leone, Tajikistan, Tanzania, Timor-Leste, Uganda, Ukraine, Zambia, and Zimbabwe (Table 1).

The population of these 43 countries represents 46 percent of the total population of less developed countries, and 61 percent if China is excluded (United Nations Population Division 2012).

Table 1. List of surveys, by year

Year	Countries
2005	Moldova
2005-2006	India
2006	Azerbaijan
2006-2007	Namibia
2007	Ukraine, Zambia
2008	Bolivia, Egypt, Ghana, Nigeria, Sierra Leone
2008-2009	Albania, Kenya, Madagascar
2009	Guyana, Lesotho, Maldives
2009-2010	Timor-Leste
2010	Armenia, Burkina Faso, Burundi, Colombia, Cambodia, Malawi, Rwanda, Tanzania
2010-2011	Senegal, Zimbabwe
2011	Bangladesh, Ethiopia, Mozambique, Nepal, Uganda
2011-2012	Benin, Honduras
2012	Comoros, Indonesia, Jordan, Kyrgyz Republic, Niger, Peru, Tajikistan
2012-2013	Pakistan

2.2. Methods

The analysis in this report uses the information in the DHS reproductive calendar. All women for whom the calendar was completed and who gave birth[1] in the last five years are included in the analysis, regardless of marital status. The reproductive calendar typically records, for each of the 60 months preceding the interview, all pregnancies, births, and terminations, as well as use of family planning. This report merges the reproductive calendar with the birth record for each of the births in a survey for the last 60 months. Therefore, the earliest surveys in 2006 can capture births back to 2001. Three basic analyses are performed in this report: 1) postpartum family planning is tabulated monthly for a twelve-month period; 2) the method mix for postpartum family planning users is tabulated at three months postpartum; and 3) postpartum family planning at three months is tabulated disaggregating by demographic factors, socioeconomic factors, fertility preferences, and use of maternal health services.

2.2.1. Definition of the postpartum period

This report uses two definitions of the postpartum period. First, a postpartum period of 12 months is used in a comparison of postpartum family planning based on tabulation of the reproductive calendar versus a tabulation of postpartum family planning based on use of family planning at the time of the survey. This extended postpartum period is used because it will help the reader better understand how well the two measures compare with one another. The second definition of the postpartum period is based on a period three months postpartum. This definition is used for the disaggregation of postpartum family planning based on demographic factors, socioeconomic factors, fertility preferences, and use of maternal health services. The emphasis of this report is the early adoption of postpartum family planning. The further one moves away from the postpartum period the more likely it is that the postpartum family planning users will resemble all users of family planning. In several countries use of family planning at one month or two months was virtually nil (even in countries with high contraceptive prevalence, such as Bangladesh). At three months, all countries with at least moderate levels of overall family planning use see some uptake of postpartum family planning. Therefore, three months was chosen as the postpartum period for analysis.

2.2.2. Use of the reproductive calendar to establish postpartum family planning

The reproductive calendar is based upon the memory of women over the last 60 months. The month of a birth is likely remembered with little error. Use of family planning over a 60-month period is probably remembered well for periods near the interview date, and less well for the more distant times. Also, initiation of family planning might be remembered relatively accurately if family planning was initiated immediately postpartum. Rather than needing to remember a particular month, a woman could remember that she started using family planning immediately following birth, an event easily remembered or likely to be documented.

Table 2 makes a comparison of postpartum family planning based on two methods of tabulation. The first is based upon the retrospective recall of women from the reproductive calendar. The tabulations are for births that were from 12 to 23 months before the survey. This relatively narrow band of time was chosen to make the time period as close as possible to the time of the interview. This is useful since several of the countries represented in this report experienced rapid increases in use of family planning over the five years preceding the survey. The second tabulation is based on current family planning use as reported in the interview.

[1] This report does not consider postabortion family planning.

The tabulations drawn from the reproductive calendar are based on many more observations, and the same number of observations (in this case, births) are used for each column of tabulation. This is because we have information for each month concerning family planning. In contrast, each column of the tabulation on family planning use based on data about current use has a different number of observations (in this case, women), because a given birth is used only once in the calculations.

In general there is variation between the two methods of tabulation. In 16 of 43 cases the difference between the two methods of tabulation is greater than 5 percent at 1-2 months postpartum, and in 10 cases the difference exceeds 10 percent. At 9-11 months the differences become less stark, with 13 of 43 cases having differences of greater than 5 percent, and 2 cases having differences of greater than 10 percent. It probably is impossible to know which of the methods is more correct, for at least three reasons: 1) The two methods are not measuring the same point in time—that is, current family planning use was queried at least one year after the family planning use was queried with the calendar. 2) The tabulation of postpartum family planning based on current use of family planning suffers from large standard errors in the measurement due to small sample sizes. 3) The measurement of family planning based on the reproductive calendar likely suffers from large measurement errors.

Table 2. Postpartum family planning use at 1-2 months, 3-5 months, 6-8 months, 9-11 months tabulated using the reproductive calendar and tabulated based on current use of family planning at time of interview, 43 DHS surveys, 2005–2013

	Tabulations based on use of family planning obtained from the reproductive calendar (average of use in time span postpartum), births 12 to 23 months preceding the interview					Tabulations based on use of family planning at time of interview				Numbers of women for tabulations based on currently married women at time of interview			
	1-2 months postpartum	3-5 months postpartum	6-8 months postpartum	9-11 months postpartum	Number of births	1-2 months postpartum	3-5 months postpartum	6-8 months postpartum	9-11 months postpartum	1-2 months postpartum	3-5 months postpartum	6-8 months postpartum	9-11 months postpartum
West and Central Africa													
Benin 2011-2012	3.1	5.8	9.0	10.0	2,548	2.3	5.9	7.9	7.3	971	1,277	1,178	1,136
Burkina Faso 2010	1.5	5.7	9.1	11.2	2,995	2.7	6.8	9.5	13.5	1,276	1,513	1,414	1,223
Ghana 2008	2.7	6.9	15.0	19.5	602	1.8	9.2	16.4	21.0	283	301	268	276
Niger 2012	17.1	22.7	23.5	23.1	2,374	11.7	19.4	25.7	24.4	1,316	1,426	1,301	1,107
Nigeria 2008	3.7	8.2	11.6	13.2	6,310	4.5	12.9	14.9	16.5	2,741	3,328	3,223	3,028
Senegal 2010-2011	6.1	11.6	14.8	16.3	1,367	8.7	15.4	18.8	16.8	619	704	679	598
Sierra Leone 2008	3.9	4.3	4.4	5.1	1,138	3.0	4.4	5.3	3.0	561	647	573	495
East and Southern Africa													
Burundi 2010	6.0	10.0	12.8	15.5	1,664	15.1	22.1	19.1	22.3	633	729	741	712
Comoros 2012	5.1	12.8	17.3	19.5	648	7.4	15.9	22.7	24.6	278	393	330	283
Ethiopia 2011	5.8	13.0	16.9	19.3	2,051	4.2	15.0	19.4	20.7	1,138	1,280	1,165	849
Kenya 2008-2009	12.7	27.5	34.2	37.6	1,184	16.0	25.6	33.1	38.2	537	600	638	539
Lesotho 2009	18.0	27.6	34.6	40.1	847	21.8	36.3	37.7	49.5	303	417	294	310
Madagascar 2008-2009	9.8	17.3	24.0	28.9	2,263	13.0	18.1	23.0	29.3	994	1,265	1,166	1,066
Malawi 2010	10.7	25.7	39.7	46.8	4,117	13.1	34.4	46.9	51.9	1,509	1,634	1,995	1,753
Mozambique 2011	2.2	5.5	7.5	9.2	2,328	1.8	5.1	9.2	14.2	927	1,064	1,050	1,074
Namibia 2006-2007	22.4	33.2	40.5	44.2	1,075	20.3	44.5	58.6	63.7	371	491	419	426
Rwanda 2010	12.9	25.8	33.0	38.6	1,720	13.4	35.7	40.0	47.0	622	700	736	686
Tanzania 2010	9.2	18.1	24.0	28.4	1,630	7.2	25.0	27.7	37.5	778	804	724	714
Uganda 2011	4.9	11.3	16.9	21.5	1,536	5.5	20.5	26.8	25.7	810	824	776	795
Zambia 2007	19.7	29.6	41.2	46.3	1,347	17.7	36.5	45.9	48.3	600	666	622	596
Zimbabwe 2010-2011	42.8	57.5	61.5	62.1	1,121	39.8	72.9	74.3	76.9	441	603	527	495
Middle East and North Africa													
Egypt 2008	43.1	76.3	76.4	75.0	2,246	31.8	71.8	73.7	74.2	905	1,006	1,124	862
Jordan 2012	51.6	80.2	78.3	73.7	2,064	46.5	77.0	77.1	67.2	769	899	928	882
South and Southeast Asia													
Bangladesh 2011	13.2	38.3	50.7	57.9	1,608	19.9	44.6	58.0	57.5	587	593	590	628
Cambodia 2010	3.2	14.5	31.0	41.2	1,685	8.0	20.9	39.6	43.4	531	641	623	633
India 2005-2006	10.9	21.8	29.2	32.7	10,022	9.6	21.5	29.5	34.8	3,651	4,800	4,487	3,936
Indonesia 2012	35.3	69.9	76.7	78.2	3,604	35.3	76.2	75.8	80.1	1,161	1,274	1,311	1,299

(Continued...)

Table 2. – *Continued*

	Tabulations based on use of family planning obtained from the reproductive calendar (average of use in time span postpartum), births 12 to 23 months preceding the interview					Tabulations based on use of family planning at time of interview				Numbers of women for tabulations based on currently married women at time of interview			
	1-2 months postpartum	3-5 months postpartum	6-8 months postpartum	9-11 months postpartum	Number of births	1-2 months postpartum	3-5 months postpartum	6-8 months postpartum	9-11 months postpartum	1-2 months postpartum	3-5 months postpartum	6-8 months postpartum	9-11 months postpartum
Maldives 2009	17.0	26.5	33.6	35.0	824	8.3	21.8	23.9	36.6	200	352	296	283
Nepal 2011	4.9	15.5	24.4	29.9	973	6.9	16.8	29.9	36.9	365	462	462	363
Pakistan 2012-2013	16.0	31.7	34.3	33.2	2,187	12.9	37.1	34.0	38.6	1,039	1,246	1,015	992
Timor-Leste 2009-2010	5.1	12.2	16.3	17.9	1,904	2.8	13.3	22.3	18.4	857	1,190	936	916
Eastern Europe and Central Asia													
Albania 2008-2009	45.8	66.9	68.9	70.3	289	42.2	59.5	71.5	72.6	93	120	103	88
Armenia 2010	31.2	52.5	58.3	61.3	323	28.0	50.2	50.7	57.6	121	109	100	116
Azerbaijan 2006	28.5	47.3	48.8	46.2	473	25.0	43.4	48.9	49.2	188	192	196	147
Kyrgyz Republic 2012	8.3	16.2	21.0	25.4	878	7.0	16.0	24.2	28.6	333	426	411	431
Moldova 2005	60.0	74.4	73.8	72.3	344	52.2	74.1	65.4	77.7	81	121	87	112
Tajikistan 2012	9.1	15.0	16.1	18.2	1,056	5.2	11.5	12.6	12.0	348	444	464	450
Ukraine 2007	14.0	45.3	63.3	70.9	224	15.4	40.6	48.9	64.9	48	73	78	75
Latin America and the Caribbean													
Bolivia 2008	16.1	27.2	37.4	43.8	1,826	17.8	38.0	41.9	46.4	615	714	715	680
Colombia 2010	40.0	66.2	72.3	73.8	3,537	43.5	70.5	80.9	79.0	1,005	1,268	1,297	1,283
Guyana 2009	15.0	28.5	36.1	38.8	452	14.1	43.5	47.5	49.3	159	231	202	176
Honduras 2011-2012	33.6	62.6	67.8	68.4	2,332	38.9	64.5	73.4	73.9	733	918	808	817
Peru 2012	41.1	57.7	68.2	71.8	1,896	42.9	55.2	68.0	72.3	532	699	648	664

Note: The tabulations based on the reproductive calendar are based on births 12 to 23 months before the survey to assure that the observational period is not truncated for 12 months postpartum. Use of postpartum family planning for the 2- or 3-three month periods is based upon averages of the use at each of the months postpartum, e.g., use at 1-2 months is the average of use at one month postpartum and two months postpartum.

The tabulations based on current use of family planning are cross tabulations of current family planning use among currently married women aged 15-49 versus the number of months since her last birth.

3. Results

3.1. Evolution of Family Planning Use across the Postpartum Period

Table 3 presents the month-by-month evolution of postpartum family planning use by country for births from 12 to 36 months before the survey, using the reproductive calendar. At one month postpartum the results vary widely, from less than 1 percent in Burkina Faso to more than 50 percent in Moldova. At 12 months postpartum the results vary as well, from less than 10 percent in Benin, Mozambique, and Sierra Leone to more than 70 percent in Colombia, Egypt, Indonesia, Moldova, Peru, and Ukraine.

Table 3. Postpartum family planning use (any method) at one-month intervals in the postpartum period for births 12-23 months preceding the survey, tabulated using the reproductive calendar, 43 DHS surveys, 2005–2013

	Number of months postpartum												Number of births
	1	2	3	4	5	6	7	8	9	10	11	12	
West and Central Africa													
Benin 2011-2012	2.2	2.6	3.6	5.3	6.3	7.1	7.9	8.2	8.6	9.0	9.1	9.3	4,913
Burkina Faso 2010	0.6	1.9	3.6	5.0	6.2	7.2	8.3	9.1	9.5	10.0	10.5	11.5	6,001
Ghana 2008	2.1	3.5	5.2	7.8	9.2	12.5	15.5	17.0	18.5	19.3	19.8	21.3	1,138
Niger 2012	12.8	17.1	19.4	20.3	20.6	20.9	20.8	20.6	20.6	20.4	19.8	19.6	4,932
Nigeria 2008	3.4	4.6	6.1	8.1	9.3	10.2	10.7	11.3	11.8	12.1	12.3	12.7	12,288
Senegal 2010-2011	4.1	7.2	10.3	12.1	13.3	14.4	15.3	15.6	15.7	16.8	17.0	17.5	2,743
Sierra Leone 2008	3.8	4.0	4.2	4.2	4.3	4.5	4.4	4.8	5.1	5.1	5.2	5.9	2,135
East and South Africa													
Burundi 2010	4.5	5.8	7.5	8.7	9.6	10.8	11.2	12.1	12.9	13.5	14.3	15.3	3,252
Comoros 2012	4.3	6.4	9.2	11.8	13.4	14.5	15.4	16.2	16.5	16.9	17.4	17.8	1,240
Ethiopia 2011	2.6	8.2	11.5	12.7	14.2	15.2	16.1	16.6	17.2	17.4	17.7	18.6	4,344
Kenya 2008-2009	8.7	16.6	22.7	27.1	28.6	30.8	32.7	34.1	35.1	35.8	35.4	35.8	2,426
Lesotho 2009	13.9	20.6	24.5	27.5	30.1	32.9	35.3	36.9	38.5	39.7	40.4	41.8	1,579
Madagascar 2008-2009	8.3	9.8	12.3	15.4	18.0	20.4	21.0	23.0	24.8	26.1	27.1	29.3	4,787
Malawi 2010	7.5	13.2	18.1	24.5	29.2	33.3	38.0	40.1	42.3	43.3	44.1	45.8	8,162
Mozambique 2011	1.3	2.3	3.4	4.7	5.5	6.0	6.7	7.3	7.9	8.1	8.1	8.7	4,493
Namibia 2006-2007	20.2	24.3	28.7	32.0	35.3	36.8	38.7	39.9	41.3	42.1	42.7	44.0	2,104
Rwanda 2010	7.5	14.0	19.1	22.7	24.8	27.0	29.3	30.9	32.9	35.1	36.7	39.2	3,612
Tanzania 2010	7.8	11.8	15.2	19.0	21.1	23.0	25.1	26.4	27.6	28.3	28.8	30.3	3,169
Uganda 2011	4.0	6.3	8.9	12.0	13.5	15.2	16.5	18.2	20.0	20.7	21.3	22.4	3,089
Zambia 2007	18.5	21.8	25.5	30.4	34.2	38.0	41.2	42.1	43.6	44.5	44.6	45.0	2,617
Zimbabwe 2010-2011	37.6	46.7	53.5	57.8	58.8	59.8	60.7	60.6	61.0	61.1	60.8	61.7	2,201
Middle East and North Africa													
Egypt 2008	13.4	73.2	75.6	76.4	76.1	76.2	76.4	75.7	75.0	74.6	73.6	72.7	4,317
Jordan 2012	27.9	75.9	78.6	79.0	78.0	77.6	75.5	74.0	72.2	71.2	70.1	68.7	4,214

(Continued...)

Table 3. – *Continued*

	Number of months postpartum												Number of births
	1	2	3	4	5	6	7	8	9	10	11	12	
South and Southeast Asia													
Bangladesh 2011	2.2	23.2	31.3	39.3	42.4	46.1	50.3	52.6	54.5	56.5	57.8	59.3	3,279
Cambodia 2010	2.5	5.0	8.4	14.3	19.2	24.2	30.2	33.2	36.3	37.6	39.1	41.4	3,348
India 2005-2006	9.3	13.4	18.3	22.2	24.7	27.0	29.3	30.6	31.5	32.3	32.9	34.0	20,438
Indonesia 2012	20.6	50.7	65.8	71.2	73.0	74.7	75.5	76.0	76.3	76.3	76.2	76.3	7,141
Maldives 2009	15.1	18.4	22.4	26.5	29.1	31.9	33.0	33.8	34.1	34.2	34.6	35.9	1,557
Nepal 2011	3.1	6.9	11.2	15.1	18.2	21.3	24.2	25.2	27.0	28.7	30.5	32.1	2,060
Pakistan 2012-2013	9.6	22.9	29.0	31.7	32.7	33.1	34.1	33.8	33.6	32.9	32.3	32.9	4,592
Timor-Leste 2009-2010	2.7	6.5	9.6	11.7	13.2	14.2	15.4	16.2	16.5	17.0	17.4	18.3	3,952
Eastern Europe and Central Asia													
Albania 2008-2009	33.8	53.9	64.5	66.4	67.8	68.2	69.2	68.5	68.2	68.4	68.5	67.5	614
Armenia 2010	24.8	38.3	49.3	53.5	56.0	57.1	57.7	58.9	59.3	59.4	59.0	58.7	605
Azerbaijan 2006	24.1	32.6	41.1	44.2	46.8	47.5	46.5	46.4	46.2	45.9	45.0	44.2	929
Kyrgyz Republic 2012	6.7	9.5	13.8	15.6	17.3	18.9	20.5	22.6	23.9	24.8	26.0	27.2	1,725
Moldova 2005	52.7	62.2	72.2	72.4	72.9	73.6	71.6	71.8	71.6	71.2	71.3	70.9	674
Tajikistan 2012	7.7	11.2	14.8	16.1	17.2	17.7	17.9	18.8	19.6	20.6	20.7	21.5	2,170
Ukraine 2007	9.3	23.5	35.1	47.3	53.5	57.2	60.8	65.8	67.3	69.5	69.2	70.6	489
Latin America and the Caribbean													
Bolivia 2008	14.5	18.3	22.8	27.0	29.7	33.0	36.3	38.6	41.0	42.4	43.1	45.7	3,528
Colombia 2010	30.8	46.9	60.7	66.8	69.1	71.0	71.9	72.5	72.9	72.2	72.5	72.9	7,153
Guyana 2009	16.7	21.7	26.9	32.5	34.4	36.7	37.2	38.2	37.8	38.0	39.4	40.7	935
Honduras 2011-2012	22.6	47.1	58.8	64.0	65.0	66.9	67.8	67.6	67.9	67.8	67.8	68.1	4,460
Peru 2012	35.6	46.0	55.3	59.2	62.3	67.4	69.4	71.2	72.3	72.4	72.5	76.4	3,908

Figure 1 presents the evolution of family planning for seven countries that might be viewed as having typical patterns. The lower portion of the graph shows that Bangladesh, Ghana, and Benin have very low levels of family planning use in the first month postpartum. However, they have distinctly different results at 12 months. In Bangladesh family planning use grows to almost 60 percent by 12 months postpartum. In Ghana it grows modestly, and in Benin it is still at less than 10 percent at 12 months postpartum. Moving up the graph, the next country, Niger, starts with a moderate level of family planning use at one month postpartum, but then does not increase appreciably over the next 12 months. Next are Azerbaijan and Armenia, both with moderate levels of family planning use at one month postpartum. Azerbaijan then sees modest growth in family planning use over the next 12 months, while Armenia sees relatively brisk growth. Finally, in the top line in the graph, Moldova has strong family planning use in the first month postpartum, followed by strong increases up to a high level of use at 12 months.

Figure 1. Evolution of family use (any method) in the postpartum period for Armenia, Azerbaijan, Bangladesh, Benin, Ghana, Moldova, and Niger

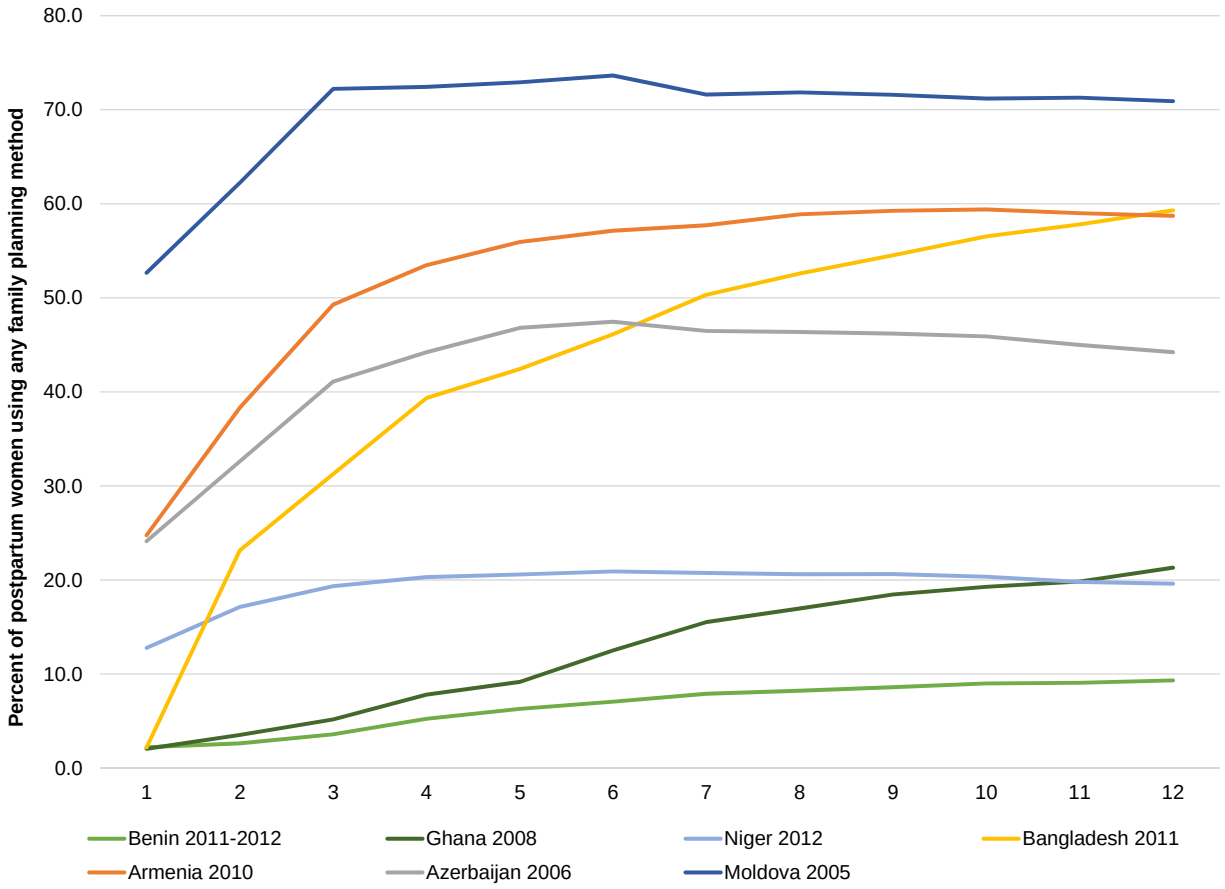


Table 4 aligns each of the countries in Table 3 with the patterns illustrated in Figure 1. The majority of countries have less than 10 percent use of family planning at one month postpartum. By any reasonable measure, these countries are underperforming. About half of these countries make moderate gains in family planning use by 12 months postpartum. The countries that do not make progress are mostly in West Africa and are very poor. The countries with moderate progress are largely in Asia and East Africa. Bangladesh and Ukraine are the sole countries that move from very low levels of use at one month postpartum to high use by 12 months. The countries in the bottom two rows do not show any particular regional pattern, except that West African countries are largely missing from these categories. Niger, the exception, is a clear anomaly.

Table 4. Surveys categorized by levels of family planning use at one month and 12 months postpartum

	Use of any family planning method at 12 months postpartum less than 20 percent	Use of any family planning method at 12 months postpartum between 20 percent and 50 percent	Use of any family planning method at 12 months postpartum greater than 50 percent
Use of any family planning method at one month postpartum less than 10 percent	**Benin,** Burkina Faso, Burundi, Comoros, Ethiopia, Mozambique, Nigeria, Sierra Leone, Senegal, Timor-Leste	**Ghana,** India, Kenya, Cambodia, Kyrgyz Republic, Madagascar, Malawi, Nepal, Pakistan, Rwanda, Tajikistan, Tanzania, Uganda	**Bangladesh,** Ukraine
Use of any family planning method at one month postpartum between 10 percent and 30 percent	**Niger**	Azerbaijan, Bolivia, Guyana, Lesotho, Maldives, Namibia, Zambia	**Armenia,** Egypt, Honduras, Indonesia, Jordan
Use of any family planning method at one month postpartum greater than 30 percent			**Albania,** Colombia, Moldova, Peru, Zimbabwe

Note: Countries indicated in bold type are the countries presented in Figure 1.

3.2. Family Planning Methods in the Postpartum Period

Table 5 presents the use of postpartum family planning disaggregated by method used. The results are presented such that each row sums to 100 percent. For purposes of comparison, the family planning method mix of all currently married women is presented for each country. Figure 2 presents three typical cases, which are discussed below.

Two major differences in the method mix for a given country are easily explained. First (see Niger, Figure 2), one would expect the level of use of the lactational amenorrhea method (LAM) to be much higher for postpartum women than for all currently married women because LAM is recommended only for postpartum women. Examples include Bolivia, Madagascar, Moldova, Nigeria, Sierra Leone, Tanzania, and Zambia.

Second (see India, Figure 2), the level of use of female sterilization is lower among postpartum women than among all currently married women. Examples include Colombia, Honduras, India, Nepal, Pakistan, and Zimbabwe. Sterilization builds prevalence in the population by steady accretion of acceptors. At any given time, sterilization acceptors are a relatively small proportion of all acceptors. Since postpartum family planning are acceptors by the common definition of family planning programs, sterilization will be a relatively low proportion of all postpartum family planning use. To a somewhat lesser extent the same is true of IUDs and implants, which after insertion are used for many years. Thus, in general, IUD use is less prevalent in the method mix among postpartum women than among all currently married women (e.g., Moldova and Jordan).

A third interesting case (see Peru, Figure 2) is that in a few countries (including Nepal as well as Peru) the level of injectable use is higher among postpartum method users than it is among all currently married family planning users.

Table 5. Postpartum family planning method mix and method mix among currently married women, 43 DHS surveys, 2005–2013

	Pill	IUD	Inject-ables	Diaphragm, foam or jelly	Male condom	Female sterli-zation	Male sterili-zation	Implant	LAM	Female condom	Other modern	Periodic abstinence	Withdrawal	Other traditional	Any folkloric method	All methods	Number of births or Number of currently married women
WEST AND CENTRAL AFRICA																	
Benin 2011-2012																	
Births in the postpartum period	16.2	2.9	17.1	0.6	13.9	0.0	0.0	7.4	11.4	0.0	0.0	20.6	5.8	4.2		100.0	4,913
Currently married women	10.2	3.9	15.6	0.0	14.1	0.8	0.0	7.8	3.9	0.0	4.7	22.7	6.3	0.0	10.2	100.0	11,680
Burkina Faso 2010																	
Births in the postpartum period	25.2	1.2	30.5	0.0	12.3	0.6	0.0	18.4	1.4	0.0	0.0	9.7	0.2	0.4		100.0	6,001
Currently married women	19.9	1.9	38.5	0.0	9.9	1.2	0.0	21.1	0.6	0.0	0.0	6.2	0.6	0.0	0.0	100.0	13,563
Ghana 2008																	
Births in the postpartum period	21.4	0.0	19.8	0.0	14.3	10.5	0.0	5.2	0.0	1.7	0.0	14.2	12.4	0.5		100.0	1,138
Currently married women	20.2	0.9	26.6	1.3	10.3	6.9	0.0	3.9	0.0	0.4	0.0	20.2	6.0	0.0	3.4	100.0	2,876
Niger 2012																	
Births in the postpartum period	31.1	0.0	9.3	0.0	0.1	0.3	0.0	0.9	46.8	0.0	0.0	0.4	0.2	10.9		100.0	4,932
Currently married women	40.6	0.7	15.2	0.0	0.0	0.7	0.0	2.2	28.3	0.0	0.0	0.7	0.0	0.0	11.6	100.0	9,881
Nigeria 2008																	
Births in the postpartum period	9.5	2.1	9.3	0.0	11.1	1.9	0.0	1.5	33.5	0.0	0.7	9.4	16.3	4.7		100.0	12,288
Currently married women	11.6	6.8	17.7	0.0	16.3	2.7	0.0	0.0	10.9	0.0	0.0	14.3	13.6	0.0	6.1	100.0	23,578
Senegal 2010-2011																	
Births in the postpartum period	27.1	2.8	38.2	0.0	5.0	1.6	0.0	10.8	3.2	0.0	0.0	0.0	3.7	7.6		100.0	2,743
Currently married women	31.5	4.6	40.0	0.0	4.6	1.5	0.0	8.5	1.5	0.0	0.0	2.3	1.5	0.0	3.8	100.0	10,347
Sierra Leone 2008																	
Births in the postpartum period	7.7	0.5	7.2	0.0	0.6	0.0	0.0	0.0	61.3	0.0	0.0	1.7	0.4	20.7		100.0	2,135
Currently married women	28.4	2.5	35.8	0.0	7.4	0.0	0.0	0.0	8.6	0.0	0.0	2.5	0.0	0.0	14.8	100.0	5,525
EAST AND SOUTHERN AFRICA																	
Burundi 2010																	
Births in the postpartum period	9.7	2.2	59.8	0.0	3.3	1.8	0.0	1.2	5.7	0.0	0.0	6.0	10.3	0.0		100.0	3,252
Currently married women	11.0	12.3	47.5	0.0	4.6	2.7	0.0	2.7	0.0	0.0	0.0	8.7	10.5	0.0	0.0	100.0	5,421
Comoros 2012																	
Births in the postpartum period	10.8	0.2	21.9	0.0	5.9	3.2	0.0	7.3	8.9	0.0	0.0	21.7	18.2	2.0		100.0	1,240
Currently married women	16.1	0.5	29.0	0.0	10.9	4.1	0.0	8.3	4.1	0.0	0.0	16.6	9.8	0.5	0.0	100.0	3,261
Ethiopia 2011																	
Births in the postpartum period	10.0	0.1	79.7	0.0	0.4	0.7	0.0	4.7	0.0	0.0	0.0	2.7	0.1	1.7		100.0	4,344
Currently married women	7.3	1.0	72.7	0.0	0.7	1.7	0.0	11.9	0.0	0.0	0.0	3.1	1.0	0.0	0.3	100.0	10,287

(Continued...)

Table 5. – *Continued*

	Pill	IUD	Inject-ables	Diaphragm, foam or jelly	Male condom	Female sterli-zation	Male sterili-zation	Implant	LAM	Female condom	Other modern	Periodic abstinence	Withdrawal	Other traditional	Any folkloric method	All methods	Number of births or Number of currently married women
Kenya 2008-2009																	
Births in the postpartum period	16.8	0.8	58.2	0.0	4.1	4.9	0.0	2.3	4.9	0.2	0.0	5.1	1.6	1.1		100.0	2,426
Currently married women	15.8	3.5	47.5	0.0	4.0	10.5	0.0	4.2	1.1	0.0	0.0	10.3	1.5	0.0	1.5	100.0	4,928
Lesotho 2009																	
Births in the postpartum period	0.9	0.0	47.9	1.8	22.9	4.2	0.0	21.0	0.0	0.4	0.0	1.0	0.0	0.0		100.0	1,579
Currently married women	26.5	4.0	41.0	0.0	20.0	5.1	0.0	0.2	0.0	0.2	0.0	0.2	1.5	0.0	1.3	100.0	4,049
Madagascar 2008-09																	
Births in the postpartum period	7.1	0.4	17.6	0.0	2.0	1.7	0.0	1.9	53.9	0.0	0.6	12.7	1.2	1.0		100.0	4,787
Currently married women	15.1	1.0	45.0	0.0	2.8	2.8	0.3	3.8	2.5	0.0	0.0	24.4	2.0	0.0	0.5	100.0	12,039
Malawi 2010																	
Births in the postpartum period	5.7	0.1	62.4	0.0	4.3	14.1	0.1	1.8	0.0	0.2	0.0	1.9	6.1	3.1		100.0	8,162
Currently married women	5.4	0.7	56.1	0.0	5.2	21.1	0.2	2.8	0.0	0.2	0.0	1.7	3.9	0.0	2.6	100.0	15,528
Mozambique 2011																	
Births in the postpartum period	38.5	0.9	37.1	0.0	11.4	3.2	0.0	0.9	6.0	0.0	0.0	0.0	0.0	2.0		100.0	4,493
Currently married women	38.8	0.9	44.0	0.0	9.5	1.7	0.0	0.0	1.7	0.9	0.0	0.9	0.9	0.0	0.9	100.0	9,332
Namibia 2006-2007																	
Births in the postpartum period	14.0	0.1	51.0	0.3	22.2	10.4	0.0	0.0	0.0	0.1	0.0	0.4	0.5	0.9		100.0	2,104
Currently married women	15.6	2.5	39.6	0.0	19.2	18.7	0.7	0.4	0.0	0.2	0.0	0.7	0.5	0.0	1.6	99.8	3,451
Rwanda 2010																	
Births in the postpartum period	17.7	1.1	53.4	0.1	4.0	2.4	0.0	8.0	4.6	0.0	0.3	3.7	4.6	0.0		100.0	3,612
Currently married women	13.8	1.0	51.1	0.0	5.6	1.6	0.0	12.2	1.0	0.0	1.2	5.6	6.8	0.0	0.2	100.0	6,897
Tanzania 2010																	
Births in the postpartum period	13.5	0.0	22.5	0.0	6.2	6.2	0.0	4.1	25.9	0.0	0.0	9.4	9.8	2.5		100.0	3,169
Currently married women	19.6	1.8	31.0	0.0	6.7	10.2	0.0	6.7	3.8	0.0	0.0	9.1	8.5	0.0	2.6	100.0	6,412
Uganda 2011																	
Births in the postpartum period	14.8	0.2	46.2	0.0	6.0	7.1	0.0	3.7	3.5	0.0	0.0	5.9	12.4	0.2		100.0	3,089
Currently married women	9.6	1.7	46.8	0.0	9.0	9.6	0.3	9.0	0.7	0.0	0.0	4.7	7.0	0.0	1.7	100.0	5,418
Zambia 2007																	
Births in the postpartum period	12.0	0.0	7.5	0.0	6.4	1.5	0.0	0.5	60.2	0.0	0.0	1.0	8.7	2.2		100.0	2,617
Currently married women	70.6	0.3	14.2	0.0	5.3	1.9	0.0	4.6	0.3	0.5	0.0	0.2	1.7	0.0	0.3	100.0	4,402
Zimbabwe 2010-2011																	
Births in the postpartum period	79.5	0.0	11.4	0.0	4.5	0.3	0.0	1.2	0.8	0.0	0.0	0.2	1.7	0.5		100.0	2,201
Currently married women	44.8	17.0	16.4	0.0	3.9	13.0	0.9	0.0	0.0	0.0	0.0	0.6	0.9	1.5	0.9	100.0	5,703

(Continued...)

Table 5. – *Continued*

	Pill	IUD	Inject-ables	Diaphragm, foam or jelly	Male condom	Female sterli-zation	Male sterili-zation	Implant	LAM	Female condom	Other modern	Periodic abstinence	Withdrawal	Other traditional	Any folkloric method	All methods	Number of births or Number of currently married women
MIDDLE EAST AND NORTH AFRICA																	
Egypt 2008																	
Births in the postpartum period	21.8	52.1	12.1	0.0	0.9	1.0	0.0	0.5	0.0	0.0	10.8	0.4	0.3	0.0		100.0	4,317
Currently married women	19.8	60.0	12.3	0.0	1.2	1.7	0.0	0.8	0.0	0.0	0.0	0.7	0.3	3.3	0.0	100.0	15,396
Jordan 2012																	
Births in the postpartum period	17.0	17.7	2.1	0.0	11.5	1.2	0.0	0.3	21.3	0.0	0.0	5.2	23.2	0.5		100.0	4,214
Currently married women	13.3	34.9	1.5	0.0	13.0	3.6	0.0	0.5	2.1	0.0	0.3	5.7	23.4	0.0	1.6	100.0	10,801
EASTERN EUROPE AND CENTRAL ASIA																	
Albania 2008-2009																	
Births in the postpartum period	3.3	0.0	0.6	0.0	5.9	3.8	0.0	0.0	7.3	0.0	0.0	1.7	77.4	0.0		100.0	614
Currently married women	2.3	1.3	1.0	0.0	5.8	4.3	0.0	0.0	0.6	0.0	0.0	1.2	83.5	0.0	0.0	100.0	5,001
Armenia 2010																	
Births in the postpartum period	1.2	6.8	0.0	0.0	26.3	0.2	0.0	0.0	11.5	0.0	0.0	4.3	49.0	0.8		100.0	605
Currently married women	2.7	17.5	0.0	0.2	26.6	0.4	0.0	0.0	1.5	0.0	0.7	4.4	44.6	0.0	1.5	100.0	3,626
Azerbaijan 2006																	
Births in the postpartum period	4.0	3.1	0.0	3.1	4.0	0.0	0.0	0.0	17.3	0.0	0.0	3.4	65.1	0.0		100.0	929
Currently married women	2.2	18.0	0.0	0.4	4.3	0.8	0.0	0.0	2.2	0.0	0.0	7.8	63.7	0.0	0.6	100.0	5,269
Kyrgyz Republic 2012																	
Births in the postpartum period	2.2	43.1	0.5	0.0	31.1	3.3	0.0	0.0	8.8	0.0	0.0	0.8	10.3	0.0		100.0	1,725
Currently married women	4.1	61.0	1.4	0.0	21.3	4.4	0.0	0.0	0.6	0.0	0.0	0.6	6.4	0.0	0.3	100.0	5,256
Moldova 2005																	
Births in the postpartum period	2.5	15.0	0.0	1.4	13.5	2.0	0.0	0.0	36.4	0.0	0.0	3.7	25.2	0.2		100.0	674
Currently married women	5.3	37.1	0.1	0.0	10.9	6.9	0.0	0.0	1.9	0.0	0.0	5.2	28.9	0.0	1.3	97.6	4,937
Tajikistan 2012																	
Births in the postpartum period	9.2	52.5	4.3	0.0	15.2	2.1	0.0	0.0	10.3	0.0	0.0	0.0	6.2	0.2		100.0	2,170
Currently married women	8.3	66.8	7.2	0.0	7.9	2.2	0.0	0.0	0.4	0.0	0.0	0.4	6.9	0.0	0.0	100.0	6,504
Ukraine 2007																	
Births in the postpartum period	4.3	14.2	0.0	0.0	48.3	0.7	0.0	0.0	0.0	0.0	0.0	9.6	21.0	1.9		100.0	489
Currently married women	7.2	26.6	0.0	0.8	35.8	0.9	0.0	0.0	0.0	0.0	0.0	10.8	15.5	0.0	2.4	100.0	4,116

(Continued...)

Table 5. – *Continued*

	Pill	IUD	Inject-ables	Diaphragm, foam or jelly	Male condom	Female sterli-zation	Male sterili-zation	Implant	LAM	Female condom	Other modern	Periodic abstinence	Withdrawal	Other traditional	Any folkloric method	All methods	Number of births or Number of currently married women
SOUTH AND SOUTHEAST ASIA																	
Bangladesh 2011																	
Births in the postpartum period	54.5	0.4	16.1	0.0	10.0	5.4	1.5	0.7	0.0	0.0	0.0	8.3	2.8	0.4		100.0	3,279
Currently married women	44.5	1.1	18.3	0.0	9.0	8.2	2.0	1.8	0.0	0.0	0.0	11.3	3.1	0.0	0.7	100.0	16,635
Cambodia 2010																	
Births in the postpartum period	30.6	5.5	21.6	0.0	3.2	7.5	0.0	0.9	0.1	0.0	0.0	7.2	23.4	0.0		100.0	3,348
Currently married women	31.3	6.1	20.6	0.0	5.3	4.8	0.0	0.8	0.0	0.0	0.0	7.7	23.2	0.0	0.2	100.0	11,626
India 2005-06																	
Births in the postpartum period	7.0	4.5	0.3	0.0	16.2	51.6	0.4	0.0	0.0	0.0	0.0	13.4	5.9	0.7		100.0	20,438
Currently married women	5.5	3.0	0.2	0.0	9.3	66.5	1.8	0.0	0.0	0.0	0.0	8.7	4.5	0.0	0.5	100.0	93,089
Indonesia 2012																	
Births in the postpartum period	12.5	4.0	69.0	0.0	3.1	2.8	0.0	3.2	0.5	0.0	0.0	1.6	2.7	0.5		100.0	7,141
Currently married women	22.0	6.3	51.5	0.0	2.9	5.2	0.3	5.3	0.0	0.0	0.0	2.1	3.7	0.0	0.6	100.0	33,465
Maldives 2009																	
Births in the postpartum period	16.3	1.9	4.0	0.0	25.3	22.1	0.3	1.6	0.0	0.0	0.0	11.9	16.6	0.0		100.0	1,557
Currently married women	13.3	2.3	3.5	0.0	26.8	29.1	1.4	1.4	0.0	0.0	0.0	9.8	12.1	0.0	0.3	100.0	6,500
Nepal 2011																	
Births in the postpartum period	8.4	1.2	34.8	0.0	19.2	19.5	3.3	0.0	0.0	0.0	0.0	2.2	11.4	0.0		100.0	2,060
Currently married women	8.3	2.6	18.5	0.0	8.7	30.6	15.7	2.4	0.0	0.0	0.0	2.2	10.9	0.0	0.0	100.0	9,608
Pakistan 2012-13																	
Births in the postpartum period	5.3	3.6	8.4	0.0	29.3	10.0	0.0	0.2	15.8	0.0	0.0	2.4	24.7	0.3		100.0	4,592
Currently married women	4.5	6.5	7.9	0.0	24.8	24.5	0.8	0.3	4.2	0.0	0.3	2.0	23.9	0.0	0.3	100.0	12,937
Timor-Leste 2009-10																	
Births in the postpartum period	6.2	5.4	71.3	0.0	2.7	3.6	0.0	2.8	2.7	0.0	0.0	2.1	1.7	1.5		100.0	3,952
Currently married women	7.7	5.9	70.7	0.0	0.9	3.6	0.0	3.6	0.0	0.0	1.8	2.7	1.8	0.0	1.4	100.0	7,906
LATIN AMERICA AND THE CARIBBEAN																	
Bolivia 2008																	
Births in the postpartum period	4.6	9.9	13.7	0.1	5.4	12.9	0.0	0.0	26.6	0.0	0.0	19.1	7.7	0.1		100.0	3,528
Currently married women	5.5	13.9	18.7	0.2	6.6	10.7	0.2	0.0	1.3	0.0	0.0	34.4	8.1	0.2	0.3	100.0	10,162
Colombia 2010																	
Births in the postpartum period	9.8	6.5	30.2	0.1	12.7	26.1	1.5	3.1	0.0	2.8	0.0	1.6	4.9	0.8		100.0	7,153
Currently married women	9.6	9.5	11.6	0.1	8.8	44.1	4.3	3.9	0.3	0.0	0.0	2.9	4.4	0.0	0.4	100.0	26,247

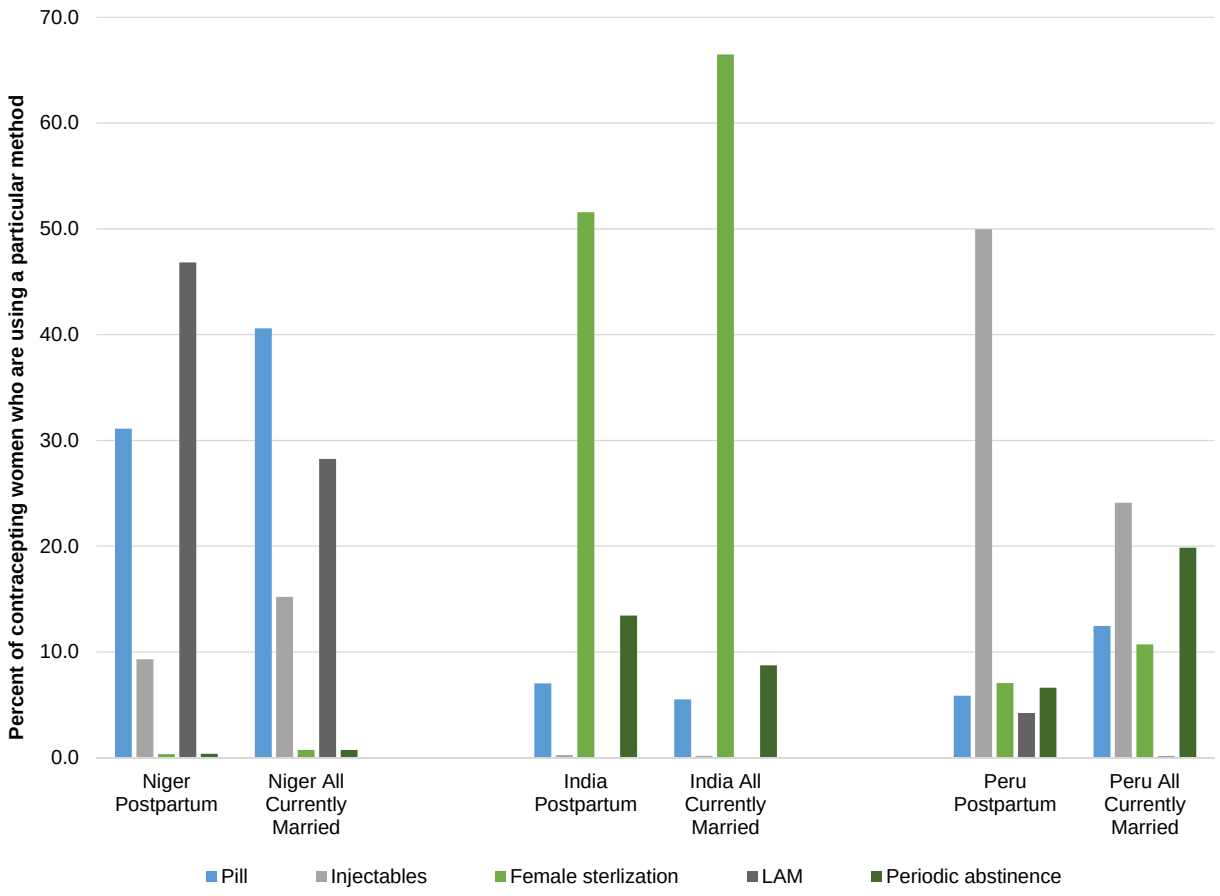
(Continued...)

Table 5. – *Continued*

	Pill	IUD	Inject-ables	Diaphragm, foam or jelly	Male condom	Female sterli-zation	Male sterili-zation	Implant	LAM	Female condom	Other modern	Periodic abstinence	Withdrawal	Other traditional	Any folkloric method	All methods	Number of births or Number of currently married women
Guyana 2009																	
Births in the postpartum period	20.0	12.8	12.8	1.1	40.4	5.0	0.0	0.1	3.5	0.1	0.0	1.1	2.9	0.2		100.0	935
Currently married women	21.7	17.2	11.3	0.0	30.4	12.5	0.0	0.5	0.5	0.0	0.0	1.7	3.3	0.0	0.9	100.0	2,920
Honduras 2011-12																	
Births in the postpartum period	11.0	9.2	44.6	0.0	6.4	18.0	0.0	0.0	1.4	0.0	0.0	1.7	7.4	0.4		100.0	4,460
Currently married women	16.3	9.3	24.8	0.0	5.9	30.5	0.4	0.0	0.0	0.0	0.0	3.8	8.8	0.1	0.1	100.0	12,847
Peru 2012																	
Births in the postpartum period	5.9	1.9	50.0	0.1	8.3	7.0	0.0	0.0	4.2	0.0	0.2	6.6	9.2	6.4		100.0	3,908
Currently married women	12.5	3.7	24.1	0.5	16.3	10.7	0.7	0.0	0.1	0.0	0.0	19.9	10.1	0.0	1.5	100.0	13,624

Note: Postpartum method mix is based upon family planning use three months after birth. Universe is all births four to 37 months preceding the survey. Method mix for currently married women aged 15-49 is based on family planning at the time of the survey.

Figure 2. Use of pills, injectables, female sterilization, LAM, and periodic abstinence as a percentage of all family planning use for postpartum women and currently married women, Niger 2012, India 2005-2006, and Peru 2012[2]



3.3. Differences in Postpartum Family Planning Use by Demographic Factors, Socioeconomic Factors, Fertility Preferences, and Use of Maternal Health Services

Prevalence of postpartum family planning will vary according to background characteristics of women and use of health services. The following sections show differences in postpartum family planning use according to demographic characteristics, socioeconomic characteristics, fertility preferences, and use of key maternal health services.

3.3.1. Demographic characteristics

Table 6 presents postpartum family planning use disaggregated by the age of the mother at the birth of the child, birth order of the child, and number of children born to the woman who are under age 5 (including the newly born child).

[2] The sum of the bars for any grouping will not sum to 100 percent. Only the most prevalent methods are presented in the chart to facilitate easy interpretation.

In most cases there are not large differentials in postpartum family planning based on the age of the mother at birth. In a few countries women age 25-34 have higher levels of postpartum family planning use than either younger or older women. Guyana, Kenya, Lesotho, and Namibia are notable examples. This strong pattern was partially replicated in Albania, Armenia, Azerbaijan, and Moldova, but there were insufficient observations to present results for the oldest group of women.

Parity is expected to be positively related to family planning use in general. At higher levels of parity, women are closer to their ideal family size and therefore perhaps more likely to use family planning. Presumably, this motive will operate for postpartum family planning specifically, as well as for family planning in general. However, only in the Maldives is the level of postpartum family planning use greater among women with two to four children relative to women with one child or no children, and for women with five or more children relative to women with two to four children (taking a 5 percent differential as a programmatically significant difference). In contrast, there are many cases where family planning use among middle parity women is more prevalent than among women with either fewer or more births. Examples include Colombia, Honduras, Lesotho, and Namibia.

The two columns in Table 6 on number of children under age 5 show that in most cases women with one child under age 5 use postpartum family planning more frequently than women with two or more children under age 5.

Table 6. Postpartum family planning use (any method) by age of mother at birth, birth order, and number of children under age 5, 43 DHS surveys, 2005–2013

	Age of mother at birth			Birth order of child			Number of children under age 5	
	10-14	25-34	35-49	0-1	2-4	5+	1	2
West and Central Africa								
Benin 2011-2012	3.5	3.8	3.3	4.1	3.5	2.5	3.9	2.4
Burkina Faso 2010	3.5	3.8	3.1	4.0	3.8	2.5	4.0	1.7
Ghana 2008	4.1	5.9	5.6	3.6	7.7	3.8	5.7	2.8
Niger 2012	16.5	21.0	23.6	19.2	19.2	19.7	20.5	16.4
Nigeria 2008	4.4	7.8	5.9	6.8	6.8	4.1	6.1	6.3
Senegal 2010-2011	7.8	11.1	13.8	9.6	11.7	9.3	10.5	9.5
Sierra Leone 2008	4.6	3.8	4.0	4.9	3.7	3.5	4.1	4.4
East and Southern Africa								
Burundi 2010	8.2	8.0	5.0	8.6	8.0	4.7	8.4	4.6
Comoros 2012	8.3	9.6	10.1	9.9	8.8	8.3	11.2	4.1
Ethiopia 2011	14.3	11.0	4.3	17.5	9.4	6.3	13.1	6.0
Kenya 2008-2009	21.1	26.9	14.8	26.2	23.6	12.9	24.7	15.9
Lesotho 2009	20.2	32.1	20.0	23.9	29.4	11.2	26.9	8.6
Madagascar 2008-2009	11.8	13.6	10.5	13.2	12.5	10.2	14.0	6.2
Malawi 2010	18.1	16.8	21.9	17.5	18.0	19.4	19.2	13.1
Mozambique 2011	2.7	4.2	3.4	3.0	3.6	3.7	3.8	1.9
Namibia 2006-2007	24.2	35.9	22.0	26.9	34.3	20.8	29.9	22.5
Rwanda 2010	20.3	19.6	15.3	21.0	20.1	12.8	21.7	7.5
Tanzania 2010	13.4	16.1	17.8	14.1	16.8	13.9	17.0	8.9
Uganda 2011	8.3	9.5	9.1	8.4	9.7	8.4	10.2	5.6
Zambia 2007	24.7	25.9	26.8	23.4	26.2	27.5	24.7	27.8

(Continued...)

Table 6. – *Continued*

	Age of mother at birth			Birth order of child			Number of children under age 5	
	10-14	**25-34**	**35-49**	**0-1**	**2-4**	**5+**	**1**	**2**
Zimbabwe 2010-2011	52.4	56.6	47.1	55.1	53.2	41.2	55.2	42.7
Middle East and North Africa								
Egypt 2008	72.6	78.2	76.9	73.4	79.9	72.5	80.3	55.5
Jordan 2012	79.8	77.5	80.0	74.1	81.7	83.4	84.6	61.2
South and Southeast Asia								
Bangladesh 2011	31.2	31.2	33.2	31.1	32.5	24.8	32.7	19.4
Cambodia 2010	7.5	8.2	11.6	7.9	9.2	8.8	8.7	6.2
India 2005-2006	16.8	21.3	15.6	17.1	21.7	13.9	21.0	8.1
Indonesia 2012	68.7	66.2	58.3	67.4	64.2	45.7	68.5	40.9
Maldives 2009	18.9	22.5	33.7	18.4	28.0	40.4	23.1	16.2
Nepal 2011	12.5	10.1	6.8	10.3	14.5	5.3	13.0	3.0
Pakistan 2012-2013	24.3	32.9	28.9	24.5	33.4	31.0	33.0	19.6
Timor-Leste 2009-2010	8.1	10.0	10.8	7.6	10.4	10.9	12.7	1.9
Eastern Europe and Central Asia								
Albania 2008-2009	61.1	67.2	*	62.6	68.8	*	66.7	*
Armenia 2010	45.8	55.3	*	49.2	*	*	52.3	*
Azerbaijan 2006	35.0	50.4	*	37.3	53.9	*	45.8	26.5
Kyrgyz Republic 2012	13.3	14.8	11.6	12.6	16.0	*	14.9	9.7
Moldova 2005	68.5	76.5	*	71.5	*	*	74.2	*
Tajikistan 2012	10.6	18.7	21.4	10.4	21.6	20.2	17.8	6.2
Ukraine 2007	36.9	33.1	*	34.9	*	*	36.2	*
Latin America and the Caribbean								
Bolivia 2008	21.5	24.6	21.9	23.8	24.2	16.8	24.7	15.0
Colombia 2010	55.9	65.8	66.9	59.0	67.1	53.4	63.4	40.5
Guyana 2009	25.4	32.1	17.3	28.2	27.6	15.1	30.0	14.0
Honduras 2011-2012	55.1	64.1	59.1	57.2	64.5	49.8	61.1	42.8
Peru 2014	54.8	56.7	52.6	55.6	58.4	39.7	56.1	48.1

Note: Postpartum family planning evaluated at three months after birth. Universe is all births 4 to 37 months preceding the survey.

Asterisk (*) indicates that fewer than 100 observations are available for tabulation.

3.3.2. Socioeconomic characteristics

Table 7 presents postpartum family planning use disaggregated by location and wealth status as measured by DHS household wealth quintiles[3] and women's education status. In contrast to the indicators in the previous table that were measured at the time of the child's birth, the indicators in this table were assessed at the time of the interview. These variables pose some conceptual issues. It is likely that some of the women will have moved from rural areas to urban areas, have improved or diminished their economic situation relative to other women in the sample, or improved their educational status since the birth of the

[3] See Rutstein and Johnson 2004.

child. In general, migration would have been from rural to urban areas, although migration in the other direction is possible. Overall, changes in economic status as measured by the wealth index would be a net zero, since this index is a relative measure. An improvement in status for one household would be accompanied by a relative decline for at least one other household. Educational status can only improve and is in fact an area for potential concern. Many of the younger women in the sample might still be in school and could have moved up a level in educational status since the child's birth. Alternatively, the effect of education on family planning use may be more related to educational aspirations or abilities than to actual attainment. The educational status at the time of the interview would be the most recent measure of these aspirations or abilities.

The usual expectation is that family planning use will be greater in urban areas than rural areas. In Table 7 the results follow this expectation, except for Azerbaijan, Cambodia, Moldova, Maldives, and Zambia. Overall levels of family planning use among all currently married women in Azerbaijan, Cambodia, Moldova, and Maldives are approximately the same in both urban and rural areas. In Zambia the higher level of use of postpartum family planning in rural areas may have something to do with the very high levels of use for LAM.

Concerning wealth status, the usual expectation is that women from wealthier households will be more likely to use family planning than women from poorer households. It has also been observed for currently married women that the differences in family planning use by wealth status are less among countries with relatively high levels of family planning use (Winfrey et al. 2014). In high-prevalence countries including Bangladesh and Indonesia, differences in family planning use by wealth status have been largely eliminated[4] (NIPORT et al. 2011; Stati (Badan Pusat Statistik—BPS) et al. 2013). Most of the recent increases in family planning in Bangladesh and Indonesia have tended to be more rapid at lower socioeconomic levels, bringing them closer to the wealthier groups.

For most countries we observe the expected pattern of more postpartum family planning use in the wealthier quintiles. Extreme examples of disparity include Bolivia, Ethiopia, and Kenya. Notable exceptions are the East European and Central Asian countries in our sample. In most of these countries maternal health care services are near universal, meaning that women have equal access to postpartum family planning counseling and services. Also in this region, given the relatively low rates of fertility in these countries there is a near universal demand for small families. Other exceptions are the countries where the levels of postpartum family planning use are low and the absolute disparities are low (e.g., Benin, Burkina Faso, Ghana, and Sierra Leone).

For many of the countries with high or moderately high levels of family planning use, the differences in postpartum family planning are quite large by wealth status—in contrast to what is seen for family planning use among all women or all currently married women. At the latest survey there was virtually no inequality in use of family planning across wealth quintiles in Bangladesh and Indonesia. The results in Table 7 show that there are notable differences in postpartum family planning use across the wealth quintiles for these two countries. Figure 3 makes the difference by wealth quintile clear.

For education, again the expectation is that family planning use will be greater among more highly educated women. This pattern is followed by most of the countries; however, there are a few exceptions. The Eastern European and Central Asian countries either do not follow the pattern or have too few observations for some of the educational status categories to allow analysis. Cambodia and Zambia are also exceptions to the general pattern. Again, for Zambia, the high level of use of LAM accounts for the anomaly.

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[4] For Bangladesh see: NIPORT et al. 2011. For Indonesia see: Statistics Indonesia (Badan Pusat Statistik—BPS) et al. 2013.

Table 7. Postpartum family planning use (any method) by urban-rural location, wealth status, and educational attainment, 43 DHS surveys, 2005–2013

	Location		Wealth status					Highest level of education			
	Urban	Rural	Poorest	Second	Third	Fourth	Richest	None	Primary	Secondary	Higher
West and Central Africa											
Benin 2011-2012	5.2	2.5	1.6	1.9	2.6	4.6	7.3	2.3	6.0	7.9	*
Burkina Faso 2010	9.3	2.3	1.9	1.6	2.3	3.5	10.0	2.6	5.4	14.5	*
Ghana 2008	5.7	4.9	2.3	4.8	5.2	6.7	9.1	2.4	5.3	7.4	*
Niger 2012	40.9	15.9	15.9	13.8	15.2	18.1	35.3	17.1	27.2	39.2	*
Nigeria 2008	11.0	3.5	1.2	2.0	4.8	9.4	16.2	1.4	6.5	11.5	19.2
Senegal 2010-2011	19.9	5.2	3.2	3.4	9.9	13.8	25.8	6.9	14.9	19.8	*
Sierra Leone 2008	5.1	3.8	4.8	2.4	3.1	5.7	5.1	3.3	8.5	5.6	*
East and Southern Africa											
Burundi 2010	13.1	7.0	5.8	5.7	9.3	6.5	10.9	5.5	8.7	16.6	*
Comoros 2012	15.0	7.1	4.8	12.5	9.3	10.6	9.2	7.1	6.1	13.3	*
Ethiopia 2011	39.2	7.1	1.8	7.3	6.8	12.6	37.0	8.4	13.0	55.7	*
Kenya 2008-2009	34.0	20.1	9.7	21.3	23.9	27.8	35.0	4.9	21.4	32.8	44.8
Lesotho 2009	40.5	19.3	13.3	15.3	21.7	29.8	44.6	*	16.8	33.2	*
Madagascar 2008-2009	26.0	10.7	4.9	7.2	12.4	17.8	26.9	4.5	12.2	21.4	*
Malawi 2010	25.6	16.9	15.0	16.9	19.6	18.2	21.9	16.0	17.2	24.3	*
Mozambique 2011	5.9	2.4	2.0	2.1	2.3	3.8	8.0	2.4	3.1	7.2	*
Namibia 2006-2007	38.4	21.9	17.1	19.8	27.6	38.8	43.4	16.5	20.1	34.1	*
Rwanda 2010	28.1	17.9	13.9	16.8	17.8	22.1	28.2	14.8	18.9	29.2	*
Tanzania 2010	21.6	13.5	8.9	12.4	16.5	16.5	24.6	9.3	16.5	23.5	*
Uganda 2011	17.9	7.5	3.3	5.1	7.3	12.9	18.1	3.6	7.4	15.2	22.2
Zambia 2007	24.8	25.8	33.7	22.5	19.9	24.2	26.7	24.9	25.1	26.5	*
Zimbabwe 2010-2011	59.2	50.9	41.3	54.4	55.5	57.8	60.4	*	45.8	56.5	*
Middle East and North Africa											
Egypt 2008	79.5	73.1	66.7	72.4	77.2	79.4	82.6	68.5	78.5	77.6	79.6
Jordan 2012	78.8	77.8	74.9	78.5	78.9	82.3	79.9	70.4	70.2	78.1	81.9

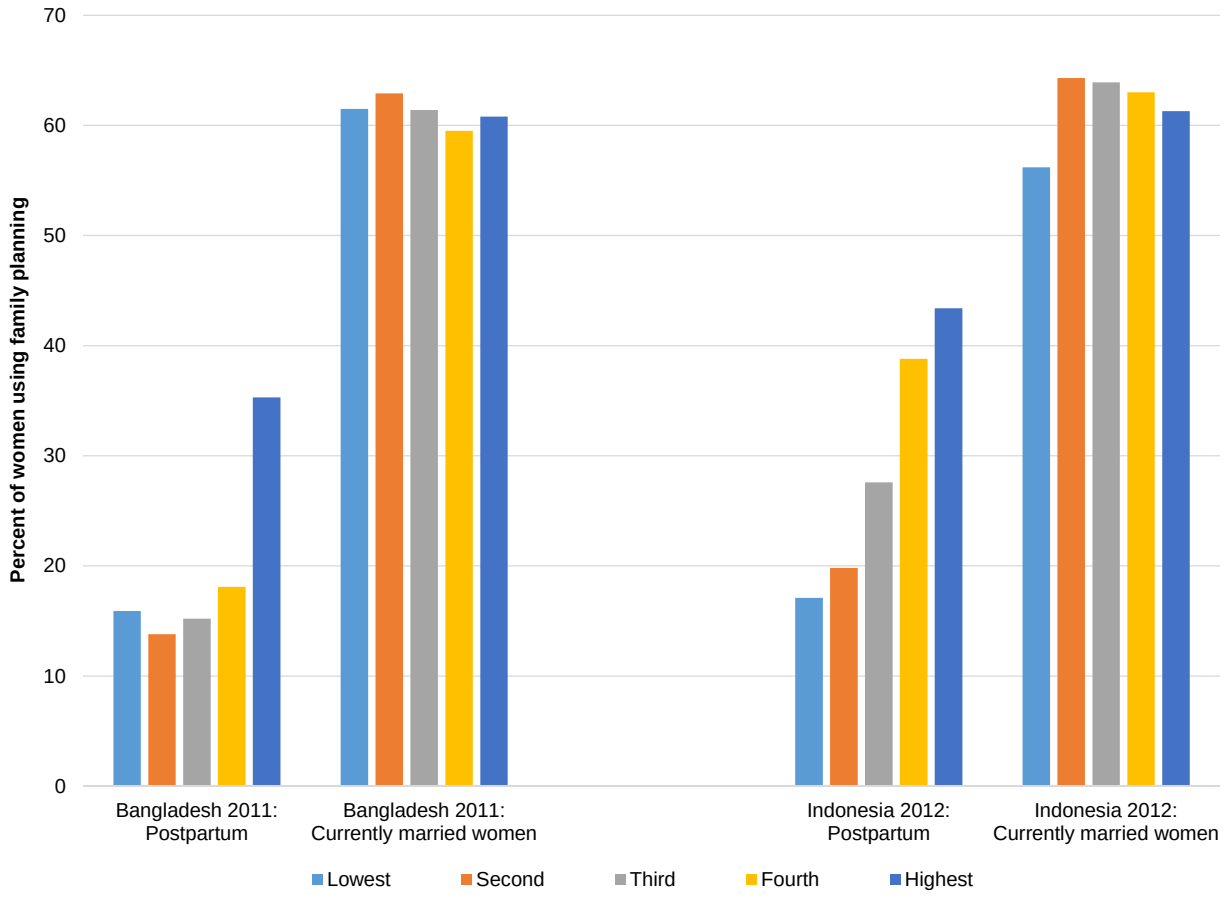
(Continued...)

Table 7. – *Continued*

	Location		Wealth status					Highest level of education			
	Urban	Rural	Poorest	Second	Third	Fourth	Richest	None	Primary	Secondary	Higher
South and Southeast Asia											
Bangladesh 2011	37.8	29.3	27.5	30.1	32.1	30.2	37.6	28.1	31.7	30.7	40.5
Cambodia 2010	7.6	8.5	6.4	7.8	8.8	11.2	8.9	9.8	7.8	8.8	*
India 2005-2006	25.6	15.8	11.6	16.0	18.9	22.3	27.8	13.4	19.3	23.8	29.3
Indonesia 2012	71.9	59.9	52.3	65.6	66.4	72.7	73.6	30.4	62.5	69.0	65.7
Maldives 2009	19.3	23.7	21.7	24.1	23.4	24.5	18.0	26.5	25.4	20.5	*
Nepal 2011	18.5	10.5	7.0	10.0	10.6	14.2	18.6	9.6	11.4	13.2	14.9
Pakistan 2012-2013	40.7	24.3	16.1	25.0	30.0	36.0	44.2	21.5	31.1	42.8	44.1
Timor-Leste 2009-2010	16.5	7.4	4.6	5.7	8.1	10.8	19.6	6.7	9.4	11.6	*
Eastern Europe and Central Asia											
Albania 2008-2009	72.0	60.2	61.5	68.9	62.3	58.0	*	*	63.9	63.2	*
Armenia 2010	56.2	38.6	41.3	32.1	57.2	53.0	*	*	*	47.0	52.8
Azerbaijan 2006	39.7	42.6	40.8	38.2	40.3	35.0	53.1	*	*	39.8	*
Kyrgyz Republic 2012	16.8	12.5	12.1	14.6	11.3	14.0	17.1	*	*	12.8	15.3
Moldova 2005	71.4	72.8	*	74.0	68.6	75.9	71.7	*	*	71.2	76.8
Tajikistan 2012	18.6	13.8	13.7	13.5	10.4	16.3	21.8	*	9.3	14.2	23.6
Ukraine 2007	35.4	34.6	*	32.9	33.9	*	34.6	*	*	32.0	37.2
Latin America and the Caribbean											
Bolivia 2008	30.8	13.7	10.2	16.5	26.2	30.9	42.8	14.6	16.4	30.0	39.5
Colombia 2010	62.4	56.4	50.0	60.1	62.6	69.8	67.2	32.3	59.3	61.6	63.3
Guyana 2009	36.4	24.2	13.8	23.5	30.7	38.4	39.1	*	13.3	30.7	*
Honduras 2011-2012	65.9	52.7	43.2	55.2	62.4	70.1	69.3	45.8	55.4	64.5	73.0
Peru 2012	61.4	43.7	41.4	51.4	63.0	62.6	64.4	38.1	45.6	59.0	61.4

Note: Postpartum family planning evaluated at three months after birth (any method). Universe is all births 12 to 37 months preceding the survey.
Indicators for cross-tabulation are evaluated at the time of the survey.
Asterisk (*) indicates that fewer than 100 observations are available for tabulation.

Figure 3. Postpartum family planning use (any method) and family planning use by currently married women (any method) disaggregated by wealth index, Bangladesh 2011 and Indonesia 2012



3.3.3. Fertility preferences

Establishing fertility preferences for women based on the reproductive calendar is difficult, and perhaps impossible. In this section three measures are presented. First, postpartum family planning use is evaluated based upon the wantedness of the birth. There are three possibilities: 1) the woman wanted the birth at the time of the birth; 2) the woman wanted the birth but would have preferred to wait; and 3) the birth was not wanted at all. The usual interpretation of such a measure is that it indicates motivation to use family planning. However, it could just as well be an indication of inability or unwillingness to use family planning. For instance, if a woman mistimed a birth in the past or did not want the birth, she might persist in not using family planning in the future.

The second measure of fertility preferences is an evaluation of the number of children born to a woman at the time of the birth relative to her current expression of ideal family size. The measure can have three values: the parity at birth is less than the woman's current ideal family size, the parity at birth is equal to her ideal family size, or the parity at birth is greater than her ideal family size. This measure's appropriateness is limited by the fact that the statement of ideal family size is made during the interview—that is, retrospectively rather than at the time of the birth. A woman's estimation of ideal

family size may be fluid. Ideal family size could very well increase as the birth order of children increases.

The third measure of fertility preferences is based on whether a woman wants another birth or not. It is possible to establish a further disaggregation—wanting to delay a birth or not among women who want another child. It was decided not to use this distinction because the birth being evaluated for postpartum family planning likely occurred many months before the interview. The assessment of wanting to delay or not delay a pregnancy is time sensitive. The temporal disconnect between the birth and the interview would likely render the measure invalid for the purposes of this study.

Table 8 presents use of postpartum family planning disaggregated for the three measures of fertility preferences described above. The use of postpartum family planning does not show a consistent pattern by the wantedness status of the birth. Bangladesh, Jordan, and Pakistan are the only countries that show strongly differentiated postpartum family planning use based on this indicator.

The second measure of preferences, parity relative to current ideal family size, shows a much more distinct pattern of results. In 37 out of 42 surveys with data, women who have achieved their ideal family size with the birth are more likely to use postpartum family planning than women who have not yet achieved their ideal family size. In 23 of these 37 surveys, women who have exceeded their ideal family size are more likely to use postpartum family planning that women who have not yet reached their ideal family size.

The third measure of fertility preferences is based on the preferences of women at the time of the interview (as opposed to preferences at the time of birth). In 32 of the 43 surveys studied, this measure matches expectations in that women who at the time of the survey report that they do not want any more children are more likely to be using postpartum family planning compared with women who want more children. This is despite the fact that the point in time at which the woman stated her fertility preference is different from the time of the birth.

Table 8. Postpartum family planning use (any method) by wantedness of the birth, birth order relative to ideal family size, and desire to have another child, 43 DHS surveys, 2005–2013

	Wantedness status of birth			Birth order relative to ideal family size				Desire to have another child		
	Then	Later	No more	Less	Same	Greater	Non-numerical	Wants no more	Wants more	Not established
West and Central Africa										
Benin 2011-2012	3.4	5.0	2.8	3.8	2.5	3.4	4.1	4.0	4.2	2.6
Burkina Faso 2010	3.4	4.5	*	3.7	3.0	3.5	2.8	4.2	3.8	6.4
Ghana 2008	4.9	6.8	*	4.8	4.9	8.1	*	8.7	4.1	*
Niger 2012	18.8	25.4	*	19.1	21.3	20.3	17.3	29.9	20.1	19.2
Nigeria 2008	5.7	11.3	*	6.1	8.3	5.6	3.8	12.3	5.1	6.2
Senegal 2010-2011	9.7	11.4	*	9.9	12.0	11.1	10.5	12.1	10.5	*
Sierra Leone 2008	3.0	6.3	9.0	4.4	2.9	4.4	*	4.6	4.1	4.7
East and Southern Africa										
Burundi 2010	7.2	9.4	*	8.1	9.5	6.4	2.9	8.0	8.8	*
Comoros 2012	7.5	14.6	*	8.7	17.2	5.8	*	10.5	7.7	29.4
Ethiopia 2011	11.1	13.8	9.7	13.3	9.1	9.5	6.5	13.1	13.5	8.3
Kenya 2008-2009	24.1	22.6	19.1	23.6	24.9	20.2	17.1	23.9	24.6	*
Lesotho 2009	27.2	21.9	22.5	24.2	28.9	22.9	*	26.7	26.6	*
Madagascar 2008-2009	11.7	17.7	*	11.8	14.9	12.6	9.7	16.7	12.4	8.1
Malawi 2010	17.4	16.3	20.8	16.4	19.7	21.1	19.5	20.7	18.3	14.5
Mozambique 2011	2.9	5.7	*	2.9	4.0	4.8	4.0	5.5	3.2	3.0
Namibia 2006-2007	31.1	25.2	28.0	25.4	33.2	33.4	*	32.7	27.2	25.8
Rwanda 2010	18.1	22.8	15.7	19.9	21.6	16.8	14.2	19.6	24.0	*
Tanzania 2010	14.6	16.2	*	14.3	19.2	17.1	12.2	20.9	15.6	*
Uganda 2011	9.1	8.9	7.6	8.3	10.3	9.3	9.7	11.5	8.9	*
Zambia 2007	28.3	20.4	24.0	24.2	25.0	31.7	23.6	26.9	24.2	20.8
Zimbabwe 2010-2011	56.9	48.5	*	54.1	57.2	48.0	*	51.5	58.2	53.8
Middle East and North Africa										
Egypt 2008	75.2	*	80.5	70.5	82.6	81.3	*	83.7	77.1	68.3
Jordan 2012	76.9	85.3	79.8	75.0	82.5	83.8	86.2	87.8	82.2	66.4

(Continued...)

Table 8. – *Continued*

	Wantedness status of birth			Birth order relative to ideal family size				Desire to have another child		
	Then	Later	No more	Less	Same	Greater	Non-numerical	Wants no more	Wants more	Not established
South and Southeast Asia										
Bangladesh 2011	29.1	36.6	36.7	28.8	31.6	34.5	*	33.6	32.1	25.0
Cambodia 2010	8.1	10.5	8.4	7.9	8.4	11.0	*	9.8	7.8	6.0
India 2005-2006	17.2	23.6	21.9	9.2	25.6	23.5	10.4	28.3	9.0	6.2
Indonesia 2012	65.6	65.4	70.0	65.4	69.3	63.4	*	70.0	68.0	61.4
Maldives 2009	20.2	*	*	20.0	21.9	34.3	*	30.8	17.5	16.3
Nepal 2011	11.4	14.2	*	8.7	13.9	12.1	*	13.6	11.5	*
Pakistan 2012-2013	27.0	35.0	46.1	23.3	38.3	36.7	30.9	41.3	26.0	23.7
Timor-Leste 2009-2010	8.7	15.5	*	8.3	11.4	12.7	11.0	15.9	12.7	8.2
Eastern Europe and Central Asia										
Albania 2008-2009	63.6	*	*	60.7	72.9	*	*	69.3	65.5	*
Armenia 2010	46.3	*	*	44.7	56.8	*	*	61.2	48.3	44.7
Azerbaijan 2006	39.9	*	*	34.6	47.2	56.8	*	47.6	47.2	*
Kyrgyz Republic 2012	13.9	*	*	13.6	16.3	*	*	15.7	16.1	11.3
Moldova 2005	72.8	*	*	*	*	*	*	76.3	71.3	*
Tajikistan 2012	14.0	*	*	11.2	21.2	23.6	*	23.3	12.4	19.4
Ukraine 2007	33.5	*	*	32.2	36.9	*	*	38.5	40.3	*
Latin America and the Caribbean										
Bolivia 2008	27.4	20.5	19.7	25.6	23.7	20.1	19.9	23.7	28.2	*
Colombia 2010	62.1	58.2	61.2	55.6	64.7	64.5	*	67.0	57.8	51.0
Guyana 2009	27.3	*	*	27.6	30.9	22.6	*	27.1	34.7	*
Honduras 2011-2012	60.6	56.9	55.9	56.1	63.8	61.2	49.1	64.3	58.0	*
Peru 2012	58.0	55.1	50.5	56.3	57.3	53.1	*	55.6	58.0	*

Note: Postpartum family planning (any method) evaluated at three months after birth.

Wantedness in first three columns queried at the time of birth. Universe is all births 12 to 37 months preceding the survey.

Ideal family size is queried at time of survey. The number of children that is compared to the ideal family size is based on number of children at birth. Universe is all births 12 to 37 months preceding the survey.

Wantedness in the final three columns is evaluated at the time of the survey. Universe is most recent births 4 to 37 months preceding the survey.

Asterisk (*) indicates that fewer than 100 observations are available for tabulation.

3.3.4. Use of maternal health services

Table 9 presents use of postpartum family planning services disaggregated by use of antenatal care services and by place of delivery (facility versus home delivery). The universe for these tabulations differs from the previous tabulations. Instead of any birth between 12 months and 36 months ago, the universe is defined as the most recent birth between 4 months and 36 months. The exclusion of births prior the most recent birth is because information on maternal health services is available only for the most recent birth. The additional inclusion of the births from 4 to 11 months was done to increase the sample size of the most recent births.

In all countries, except for some in East Europe and Central Asia, at three months postpartum women with antenatal care are more likely to use family planning. In most of the countries with moderately high levels of postpartum family planning use, the level is at least 15 points higher among women having four to six antenatal care visits versus having none at all. Examples include Bolivia, India, Kenya, and Madagascar. The countries with low levels of postpartum family planning also exhibit more postpartum family planning use with higher levels of antenatal care, but the pattern is less clear. For example, Niger shows a strong relationship between postpartum family planning use and number of antenatal care visits, while Sierra Leone shows little relationship between the two.

Bangladesh is an interesting case. As mentioned, Bangladesh shows an extremely low level of postpartum family planning use at one month postpartum, but rapid increases in use as the postpartum period extends. As Table 9 shows, in Bangladesh the number of antenatal care visits bears little relationship to use of family planning at three months postpartum.

In all countries where comparisons are possible, women who deliver their baby in a medical facility are more likely to use family planning in the postpartum period than women who deliver outside a medical facility. In some cases, the differential is modest, as in Azerbaijan and Jordan. In other cases, the differential is very large. In Colombia and Guyana the differential exceeds 20 percent.

Table 9. Postpartum family planning use (any method) by use of antenatal care and place of delivery, 43 DHS surveys, 2005–2013

	Prenatal care					Delivery care		
	No prenatal care	1-3 visits	4-6 visits	7+ visits	Don't know or missing	Home	Facility	Don't know or missing
West and Central Africa								
Benin 2011-2012	1.7	4.4	4.3	5.4	5.5	2.6	4.5	*
Burkina Faso 2010	1.4	4.1	5.2	*	*	1.5	5.5	*
Ghana 2008	*	1.3	5.3	7.8	*	3.7	6.6	*
Niger 2012	9.9	22.2	24.7	*	*	16.6	30.6	*
Nigeria 2008	2.1	4.4	6.7	14.5	9.7	3.3	13.7	*
Senegal 2010-2011	6.4	8.3	15.1	*	*	3.9	14.7	*
Sierra Leone 2008	3.3	2.2	3.9	6.2	4.8	3.5	5.8	*
East and Southern Africa								
Burundi 2010	*	9.4	11.3	*	*	6.7	11.7	11.4
Comoros 2012	*	7.4	16.2	19.9	12.5	8.8	14.0	*
Ethiopia 2011	7.2	13.5	28.4	37.9	*	8.9	44.5	*

(Continued...)

Table 9. – *Continued*

	Prenatal care					Delivery care		
	No prenatal care	1-3 visits	4-6 visits	7+ visits	Don't know or missing	Home	Facility	Don't know or missing
Kenya 2008-2009	13.2	19.3	28.7	37.8	*	15.5	33.8	*
Lesotho 2009	21.4	24.8	28.7	35.6	*	19.9	34.1	*
Madagascar 2008-2009	5.5	12.5	16.3	23.4	*	10.6	20.0	*
Malawi 2010	20.4	19.4	22.6	22.5	*	18.3	21.7	16.2
Mozambique 2011	0.8	3.6	4.4	11.3	*	1.9	5.5	2
Namibia 2006-2007	21.4	32.8	30.6	40.4	32.2	20.3	36.3	*
Rwanda 2010	*	22.3	25.2	*	*	14.5	25.8	*
Tanzania 2010	*	16.1	17.7	*	*	14.2	19.7	*
Uganda 2011	10.0	8.1	13.1	13.2	*	6.1	13.6	*
Zambia 2007	*	28.6	26.4	31.3	*	25.9	28.7	*
Zimbabwe 2010-2011	40.4	57.6	63.1	63.9	*	51.4	63.5	*
Middle East and North Africa								
Egypt 2008	74.1	74.7	77.6	81.4	*	73.6	80.2	*
Jordan 2012	*	73.5	83.8	83.4	*	*	83.4	*
South and Southeast Asia								
Bangladesh 2011	29.8	33.6	32.1	39.9	*	32.3	33.5	*
Cambodia 2010	5.4	8.9	10.1	9.4	*	7.5	10.2	*
India 2005-2006	11.4	17.9	28.5	31.3	21.9	15.0	28.9	*
Indonesia 2012	33.8	57.6	65.8	71.0	*	64.4	69.2	*
Maldives 2009	*	*	23.8	21.9	19.8	*	22.0	*
Nepal 2011	10.1	11.1	13.9	17.3	*	10.6	15.9	*
Pakistan 2012-2013	20.5	32.2	37.9	46.0	*	27.8	37.5	*
Timor-Leste 2009-2010	5.3	11.5	12.7	19.7	*	9.4	20.5	*
Eastern Europe and Central Asia								
Albania 2008-2009	*	64.0	67.9	73.3	*	*	67.9	*
Armenia 2010	*	*	44.5	54.4	*	*	49.6	*
Azerbaijan 2006	48.3	45.4	45.2	46.0	*	46.3	46.7	*
Kyrgyz Republic 2012	*	14.2	15.1	14.9	*	*	14.7	*
Moldova 2005	*	*	81.5	74.2	*	*	75.2	*
Tajikistan 2012	11.0	14.9	17.5	17.8	*	13.3	16.2	*
Ukraine 2007	*	*	*	37.2	*	*	35.5	*
Latin America and the Caribbean								
Bolivia 2008	13.3	15.8	25.2	34.9	*	11.2	31.2	*
Colombia 2010	45.2	55.1	61.6	69.4	53.5	38.4	65.8	*
Guyana 2009	*	*	29.2	36.5	22.8	12.2	33.4	*
Honduras 2011-2012	40.8	44.9	56.3	68.6	*	39.4	65.4	*
Peru 2012	40.1	42.1	49.5	58.5	*	39.7	58.2	*

Asterisk (*) indicates that fewer than 100 observations are available for tabulation.

4. Discussion

The study used the reproductive calendar from surveys in 43 countries to analyze levels of family planning in the postpartum period. The analysis looked at the method mix of postpartum women versus currently married women in a given country, and examined differences in postpartum family planning use disaggregated by potentially influential factors, including demographic and socioeconomic characteristics, fertility preferences, and the use of maternal health services.

In a report covering 43 countries across six diverse regions, there can be few sweeping conclusions. In-depth analysis of any given country was not the intent of the study. However, the report does offer several general findings concerning postpartum family planning:

- The use of postpartum family planning generally increases with time since the birth, at least up to five or six months postpartum.

- Method mix for postpartum family planning use is generally different from method mix among all women, with more LAM and injectable use and less sterilization.

- In most countries use of postpartum family planning is not strongly related to the age of the mother, parity, or the wantedness of the last birth.

- In most countries use of postpartum family planning is positively related to urban location, wealth quintile, education level, achievement of desired family size, and current fertility desires. It is negatively related to the number of children under age 5 born to the woman.

- There is a strong correlation between the use of maternal health care (including antenatal care and facility-based births) and postpartum family planning.

This report also points to some promising areas for further research and analysis and suggests how the reproductive calendar can be used to analyze postpartum family planning:

- *In-depth analysis and interpretation of report results on a country-by-country basis*. Each survey in this report has an interesting story of its own to tell. Country policymakers and program managers would find it useful to extract the results from this report and use them to inform future decisions. For example, analysis of family planning use month by month could help planners understand opportunities along the continuum of care.

- *Further comparison of overall family planning use compared with postpartum use.* In several countries, with Bangladesh as the most notable example, early initiation of family planning postpartum use lags significantly behind overall family planning use in the country. However this observation is partly method-specific and varies across the entire postpartum period. Therefore, program planners and policymakers might want to create "user profiles" to help analyze the differences between the women who use family planning early in the postpartum period and those who delay initiation of use. This is an important difference, as fecundity can return quickly in the absence of exclusive breastfeeding.

- *Examination of the relationship between postpartum family planning use and birth intervals.* In most of sub-Saharan Africa, birth spacing is the most likely motivation for using family planning. Longer or shorter birth intervals are determined by a complicated set of factors. Among these factors are postpartum abstinence, breastfeeding practices, and use of family planning in the

postpartum period, as well as later use. Unfortunately, the reproductive calendar does not help with analyzing breastfeeding practices or postpartum abstinence. Nonetheless, in a comprehensive analysis it would be useful to draw on available data in the DHS for postpartum abstinence and breastfeeding in conjunction with a detailed analysis linking postpartum family planning and birth intervals.

- *Facilitation of use of the reproductive calendar.* The DHS Program may want to facilitate easier access to the reproductive calendar. Currently use of the calendar requires data manipulation skills beyond the abilities of the typical analyst.

- *DHS final reports.* Final reports for DHS may want to include a section on postpartum family planning. For improved birth spacing, postpartum family planning is likely the *sine qua non*.

- *Multivariate analysis.* This report does not claim to have found root causes for use or non-use of family planning in the postpartum period. In fact, some of the results might be surprising. For example, the report found little evidence that the wantedness status of the birth is related to postpartum family planning use. Well-designed multivariate analysis frequently generates results that are more robust in establishing causality or plausible correlations.

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Appendix

Appendix Table A1. Numbers of births for Table 6, postpartum family planning use disaggregated by demographic factors

	Age of mother at birth			Birth order of child			Number of children under age 5		
	10-14	25-34	35-49	0-1	2-4	5+	1	2	Total
West and Central Africa									
Benin 2011-2012	1,983	2,306	624	1,970	2,166	777	4,030	883	4,913
Burkina Faso 2010	2,500	2,540	961	2,228	2,333	1,440	5,001	1,000	6,001
Ghana 2008	436	514	188	514	433	191	925	213	1,138
Niger 2012	2,161	2,104	667	1,516	1,870	1,546	3,626	1,306	4,932
Nigeria 2008	4,912	5,431	1,945	4,512	4,667	3,109	9,418	2,870	12,288
Senegal 2010-2011	1,107	1,162	474	1,020	1,060	663	2,149	594	2,743
Sierra Leone 2008	962	893	280	903	875	357	1,725	410	2,135
East and Southern Africa									
Burundi 2010	1,235	1,401	616	1,310	1,244	698	2,521	731	3,252
Comoros 2012	476	586	178	532	476	232	879	361	1,240
Ethiopia 2011	1,864	1,906	574	1,620	1,607	1,117	3,425	919	4,344
Kenya 2008-2009	1,185	952	289	1,069	893	464	1,834	592	2,426
Lesotho 2009	832	556	191	964	482	133	1,363	216	1,579
Madagascar 2008-2009	2,311	1,775	701	2,114	1,667	1,006	3,736	1,051	4,787
Malawi 2010	3,855	3,259	1,048	3,096	3,384	1,682	6,628	1,534	8,162
Mozambique 2011	2,102	1,768	623	1,911	1,776	806	3,594	899	4,493
Namibia 2006-2007	909	868	327	1,171	709	224	1,786	318	2,104
Rwanda 2010	1,251	1,704	657	1,662	1,253	697	2,942	670	3,612
Tanzania 2010	1,293	1,323	553	1,160	1,278	731	2,443	726	3,169
Uganda 2011	1,438	1,252	399	1,099	1,161	829	2,200	889	3,089
Zambia 2007	1,218	1,036	363	982	1,055	580	1,982	635	2,617
Zimbabwe 2010-2011	1,129	858	214	1,328	718	155	1,900	301	2,201

(Continued...)

Appendix Table A1. – *Continued*

	Age of mother at birth			Birth order of child			Number of children under age 5		
	10-14	25-34	35-49	0-1	2-4	5+	1	2	Total
Middle East and North Africa									
Egypt 2008	1,947	1,967	403	2,523	1,494	300	3,457	860	4,317
Jordan 2012	1,193	2,275	746	1,773	1,830	611	3,097	1,117	4,214
South and Southeast Asia									
Bangladesh 2011	2,156	981	142	2,149	993	137	2,923	356	3,279
Cambodia 2010	1,393	1,475	480	1,995	1,058	295	2,886	462	3,348
India 2005-2006	11,751	7,726	961	12,430	6,390	1,618	16,212	4,226	20,438
Indonesia 2012	2,539	3,462	1,140	4,698	2,095	348	6,304	837	7,141
Maldives 2009	640	727	190	1,012	434	111	1,401	156	1,557
Nepal 2011	1,196	728	136	1,252	658	150	1,725	335	2,060
Pakistan 2012-2013	1,806	2,224	562	1,974	1,719	899	3,335	1,257	4,592
Timor-Leste 2009-2010	1,295	1,729	928	1,318	1,486	1,148	2,820	1,132	3,952
Eastern Europe and Central Asia									
Albania 2008-2009	228	329	57	414	185	15	532	82	614
Armenia 2010	354	217	34	514	87	4	511	94	605
Azerbaijan 2006	504	353	72	707	213	9	706	223	929
Kyrgyz Republic 2012	764	760	201	1,011	651	63	1,302	423	1,725
Moldova 2005	352	283	39	581	87	6	619	55	674
Tajikistan 2012	1,072	907	191	1,310	735	125	1,632	538	2,170
Ukraine 2007	235	223	31	433	52	4	439	50	489
Latin America and the Caribbean									
Bolivia 2008	1,572	1,409	547	1,801	1,176	551	2,869	659	3,528
Colombia 2010	3,837	2,590	726	4,786	1,950	417	6,247	906	7,153
Guyana 2009	457	364	114	480	341	114	726	209	935
Honduras 2011-2012	2,379	1,623	458	2,691	1,347	422	3,871	589	4,460
Peru 2014	1,574	1,669	665	2,294	1,276	338	3,486	422	3,908

Note: Postpartum family planning evaluated at three months after birth. Universe is all births 4 to 37 months preceding the survey.

Appendix Table A2. Numbers of births for Table 7, postpartum family planning use disaggregated by socioeconomic factors

	Location		Wealth status					Highest level of education			
	Urban	Rural	Poorest	Second	Third	Fourth	Richest	None	Primary	Secondary	Higher
West and Central Africa											
Benin 2011-2012	1,819	3,094	1,092	1,020	1,074	960	767	3,585	773	520	35
Burkina Faso 2010	1,355	4,646	1,126	1,251	1,333	1,283	1,008	4,928	728	324	19
Ghana 2008	382	756	368	246	206	188	130	412	288	414	24
Niger 2012	1,122	3,810	863	835	925	1,031	1,278	4,023	583	286	29
Nigeria 2008	4,071	8,217	2,709	2,888	2,423	2,272	1,996	5,674	2,506	3,297	811
Senegal 2010-2011	814	1,929	763	711	573	414	282	1,946	579	196	22
Sierra Leone 2008	726	1,409	465	400	424	457	389	1,567	293	245	30
East and Southern Africa											
Burundi 2010	569	2,683	645	644	582	600	781	1,577	1,354	277	44
Comoros 2012	423	817	321	270	242	207	200	504	298	352	82
Ethiopia 2011	798	3,546	1,308	763	686	727	860	2,981	1,119	157	87
Kenya 2008-2009	582	1,844	703	427	419	382	495	482	1,409	409	126
Lesotho 2009	270	1,309	473	347	295	247	217	33	943	543	60
Madagascar 2008-2009	823	3,964	1,346	1,042	854	794	751	1,307	2,512	895	73
Malawi 2010	738	7,424	1,887	1,888	1,838	1,522	1,027	1,357	5,702	1,063	40
Mozambique 2011	1,454	3,039	768	894	871	984	976	1,506	2,281	666	40
Namibia 2006-2007	803	1,301	441	401	544	466	252	279	632	1,111	82
Rwanda 2010	479	3,133	863	760	727	666	596	662	2,643	263	44
Tanzania 2010	600	2,569	630	712	685	639	503	787	2,017	354	11
Uganda 2011	629	2,460	811	611	552	484	631	531	1,872	563	123
Zambia 2007	859	1,758	563	564	595	567	328	343	1,640	575	59
Zimbabwe 2010-2011	658	1,543	513	445	422	491	330	34	691	1,410	66
Middle East and North Africa											
Egypt 2008	1,611	2,706	1,010	889	871	788	759	1,205	427	2,144	541
Jordan 2012	2,875	1,339	1,153	1,112	969	680	300	119	302	2,347	1,446

(Continued...)

Appendix Table A2. – *Continued*

	Location		Wealth status					Highest level of education			
	Urban	Rural	Poorest	Second	Third	Fourth	Richest	None	Primary	Secondary	Higher
South and Southeast Asia											
Bangladesh 2011	1,050	2,229	707	640	619	631	682	584	985	1,408	302
Cambodia 2010	869	2,479	858	648	565	563	714	673	1,779	838	58
India 2005-2006	7,816	12,622	3,587	3,782	4,220	4,505	4,344	8,149	2,886	7,798	1,605
Indonesia 2012	3,267	3,874	2,187	1,419	1,320	1,179	1,036	217	2,199	3,764	961
Maldives 2009	186	1,371	351	440	430	213	123	202	592	681	57
Nepal 2011	427	1,633	646	419	358	352	285	930	429	582	119
Pakistan 2012-2013	1,904	2,688	1,090	911	864	861	866	2,557	681	825	529
Timor-Leste 2009-2010	900	3,052	933	805	862	753	599	1,308	1,142	1,441	61
Eastern Europe and Central Asia											
Albania 2008-2009	258	356	154	124	124	113	99	10	378	166	60
Armenia 2010	396	209	108	127	137	142	91	0	35	214	356
Azerbaijan 2006	441	488	234	223	215	147	110	14	18	799	98
Kyrgyz Republic 2012	434	1,291	393	373	393	323	243	0	5	973	747
Moldova 2005	371	303	91	115	141	141	186	4	7	518	145
Tajikistan 2012	679	1,491	367	424	431	411	537	44	123	1,697	306
Ukraine 2007	287	202	89	123	102	74	101	1	2	224	262
Latin America and the Caribbean											
Bolivia 2008	1,788	1,740	1,019	758	717	592	442	200	1,866	1,025	437
Colombia 2010	4,599	2,554	2,650	1,848	1,321	821	513	204	2,143	3,688	1,118
Guyana 2009	163	772	407	146	162	112	108	29	218	642	46
Honduras 2011-2012	1,535	2,925	1,458	1,030	831	646	495	238	2,792	1,255	175
Peru 2012	2,271	1,637	1,142	1,073	797	566	330	140	1,232	1,693	843

Note: Postpartum family planning evaluated at three months after birth (any method). Universe is all births 12 to 37 months preceding the survey. Indicators for cross-tabulation are evaluated at the time of the survey.

Appendix Table A3. Numbers of births for Table 8, postpartum family planning use disaggregated by fertility preferences

	Wantedness status of birth			Ideal family size relative to birth order				Desire to have another child		
	Then	Later	No more	Less	Same	Greater	Non-numerical	Wants no more	Wants more	Not established
West and Central Africa										
Benin 2011-2012	1,420	297	121	3,258	634	823	198	800	2,720	605
Burkina Faso 2010	1,875	184	31	4,177	701	753	370	935	4,069	108
Ghana 2008	259	116	74	776	154	164	44	277	618	48
Niger 2012	1,571	164	13	3,335	486	734	377	240	3,349	108
Nigeria 2008	4,076	459	82	8,557	1,288	1,669	774	1,368	7,343	884
Senegal 2010-2011	686	236	43	1,966	242	368	167	393	1,758	46
Sierra Leone 2008	633	151	135	1,514	274	261	86	477	1,091	195
East and Southern Africa										
Burundi 2010	658	350	51	1,950	374	736	192	839	1,628	89
Comoros 2012	299	134	47	888	127	161	64	185	607	106
Ethiopia 2011	1,138	293	113	2,733	408	904	299	1,077	2,262	145
Kenya 2008-2009	504	225	164	1,416	373	521	116	815	969	78
Lesotho 2009	248	202	143	856	314	383	26	887	467	22
Madagascar 2008-2009	1,508	160	99	3,188	665	713	221	1,394	2,255	126
Malawi 2010	1,443	577	793	4,723	1,365	1,645	429	2,926	3,609	238
Mozambique 2011	1,318	263	78	2,981	640	657	215	1,142	2,254	285
Namibia 2006-2007	345	228	218	1,112	482	453	57	1,079	575	155
Rwanda 2010	650	338	152	1,896	587	929	200	1,497	1,424	62
Tanzania 2010	784	304	36	2,136	374	488	171	666	1,766	51
Uganda 2011	566	427	128	1,874	363	645	207	872	1,288	86
Zambia 2007	464	262	205	1,725	317	422	153	654	1,213	168
Zimbabwe 2010-2011	642	266	79	1,540	350	277	34	729	1,081	108
Middle East and North Africa										
Egypt 2008	1,481	93	158	2,350	1,053	841	73	1,941	1,383	198
Jordan 2012	952	252	114	2,384	676	1,003	151	1,404	1,624	128

(Continued...)

Appendix Table A3. – *Continued*

	Wantedness status of birth			Ideal family size relative to birth order				Desire to have another child		
	Then	Later	No more	Less	Same	Greater	Non-numerical	Wants no more	Wants more	Not established
South and Southeast Asia										
Bangladesh 2011	823	206	135	1,293	1,029	926	31	1,701	1,141	109
Cambodia 2010	907	112	105	1,986	807	464	91	1,423	1,331	154
India 2005-2006	5,529	806	710	8,435	6,107	5,516	380	10,215	5,514	602
Indonesia 2012	2,200	218	175	4,195	1,669	1,189	88	2,469	3,389	506
Maldives 2009	465	61	92	1,038	300	190	29	587	683	137
Nepal 2011	513	107	99	667	693	666	34	1,188	496	52
Pakistan 2012-2013	1,212	159	120	2,644	754	937	257	1,470	1,563	338
Timor-Leste 2009-2010	1,130	172	48	2,501	532	632	287	785	1,516	551
Eastern Europe and Central Asia										
Albania 2008-2009	143	26	9	324	189	99	2	265	200	72
Armenia 2010	207	12	1	412	166	26	1	159	252	104
Azerbaijan 2006	238	35	33	512	288	127	2	422	202	89
Kyrgyz Republic 2012	681	23	2	1,414	197	98	16	233	810	273
Moldova 2005	181	23	18					308	269	44
Tajikistan 2012	679	20	15	1,490	427	219	34	621	711	314
Ukraine 2007	140	9	17	287	167	34	1	169	189	88
Latin America and the Caribbean										
Bolivia 2008	453	325	397	1,275	795	1,344	114	2,053	789	46
Colombia 2010	1,048	713	637	2,965	2,227	1,862	99	4,106	2,005	180
Guyana 2009	176	84	66	474	213	214	34	440	252	41
Honduras 2011-2012	844	471	203	2,468	926	966	100	1,942	1,866	88
Peru 2012	535	434	314	1,591	985	1,249	83	2,216	1,265	35

Note: Postpartum family planning (any method) evaluated at three months after birth.

Wantedness in first three columns queried at the time of birth. Universe is all births 12 to 37 months preceding the survey.

Ideal family size is queried at time of survey. The number of children that is compared to the ideal family size is based on number of children at birth. Universe is all births 12 to 37 months preceding the survey.

Wantedness in the final three columns is evaluated at the time of the survey. Universe is most recent births 4 to 37 months preceding the survey.

Appendix Table A4. Numbers of births for Table 9, postpartum family planning use disaggregated by use of antenatal care and place of birth delivery

	Prenatal care					Delivery care			
	No prenatal care	1-3 visits	4-6 visits	7+ visits	Don't know or missing	Home	Facility	Don't know	Total
West and Central Africa									
Benin 2011-2012	741	1,579	2,651	876	253	757	5,325	18	6,100
Burkina Faso 2010	289	4,569	2,519	38	5	1,862	5,530	28	7,420
Ghana 2008	52	257	631	454	38	623	803	6	1,432
Niger 2012	807	2,917	1,881	42	31	3,380	2,277	21	5,678
Nigeria 2008	4,875	1,829	3,365	4,311	390	9,148	5,575	47	14,770
Senegal 2010-2011	168	1,664	1,334	47	48	1,001	2,226	34	3,261
Sierra Leone 2008	147	527	1,047	554	497	1,932	794	46	2,772
East and Southern Africa									
Burundi 2010	35	2,400	1,253	25	10	1,096	2,453	174	3,723
Comoros 2012	91	398	469	266	202	299	1,120	7	1,426
Ethiopia 2011	2,877	1,208	806	294	15	4,325	817	58	5,200
Kenya 2008-2009	263	1,222	1,120	194	36	1,526	1,304	5	2,835
Lesotho 2009	159	471	986	391	37	818	1,184	42	2,044
Madagascar 2008-2009	586	2,300	2,547	246	52	3,558	2,133	40	5,731
Malawi 2010	139	5,366	4,067	192	76	2,182	7,380	278	9,840
Mozambique 2011	392	2,079	2,767	231	70	1,870	3,563	106	5,539
Namibia 2006-2007	119	463	1,145	700	251	516	2,152	10	2,678
Rwanda 2010	70	2,621	1,539	14	6	921	3,244	85	4,250
Tanzania 2010	60	2,056	1,513	78	23	1,802	1,881	47	3,730
Uganda 2011	127	1,531	1,604	155	58	1,303	2,139	33	3,475
Zambia 2007	66	1,123	1,694	166	34	1,521	1,549	13	3,083
Zimbabwe 2010-2011	305	746	1,528	372	29	997	1,939	44	2,980
Middle East and North Africa									
Egypt 2008	1,351	383	993	2,641	34	1,471	3,927	4	5,402
Jordan 2012	31	212	816	3,564	0	36	4,587	0	4,623

(Continued...)

Appendix Table A4. – *Continued*

	Prenatal care					Delivery care			
	No prenatal care	1-3 visits	4-6 visits	7+ visits	Don't know or missing	Home	Facility	Don't know	Total
South and Southeast Asia									
Bangladesh 2011	1,323	1,732	788	404	3	2,959	1,281	10	4,250
Cambodia 2010	486	1,230	1,736	721	14	1,652	2,516	19	4,187
India 2005-2006	4,521	8,625	5,271	5,472	236	12,572	11,508	45	24,125
Indonesia 2012	440	1,042	2,062	5,653	84	3,892	5,341	48	9,281
Maldives 2009	5	51	176	1,616	246	48	2,027	19	2,094
Nepal 2011	358	783	1,089	302	0	1,423	1,056	53	2,532
Pakistan 2012-2013	1,271	1,854	1,055	848	13	2,345	2,683	13	5,041
Timor-Leste 2009-2010	531	1,316	1,963	494	27	3,363	967	1	4,331
Eastern Europe and Central Asia									
Albania 2008-2009	21	232	296	177	5	25	704	2	731
Armenia 2010	4	29	340	372	18	1	760	2	763
Azerbaijan 2006	228	342	269	190	33	190	869	3	1,062
Kyrgyz Republic 2012	42	252	871	898	50	7	2,103	3	2,113
Moldova 2005	16	47	241	532	38	7	866	1	874
Tajikistan 2012	463	630	865	489	22	510	1,948	11	2,469
Ukraine 2007	6	14	40	480	92	0	630	2	632
Latin America and the Caribbean									
Bolivia 2008	345	732	1,743	1,361	12	1,142	3,032	19	4,193
Colombia 2010	530	950	3,119	4,232	112	806	8,119	18	8,943
Guyana 2009	30	80	294	504	184	179	898	15	1,092
Honduras 2011-2012	200	485	2,058	2,843	5	1,062	4,510	19	5,591
Peru 2012	113	233	935	3,655	7	715	4,191	37	4,943

Note: Postpartum family planning (any method) evaluated at three months after birth.

Universe is most recent births 4 to 37 months preceding the survey.