

Family Planning Needs during the Extended Postpartum Period in Bangladesh¹

This analysis uses the Bangladesh 2004 Demographic and Health Survey data from 1,446 women within one year post-delivery. A summary of key findings is presented here.

Figure 1 presents data from all women experiencing births in the past five years. We see that 17% of births in Bangladesh occur within short birth intervals of less than 24 months, and another 26% occur between 24 and 35 months. A recent World Health Organization technical consultation on birth spacing recommends that women have an interval of at least 24 months *before attempting* the next pregnancy in order to reduce the risk of adverse maternal, prenatal and infant outcomes.²

Figure 1: Birth spacing—all births in last five years

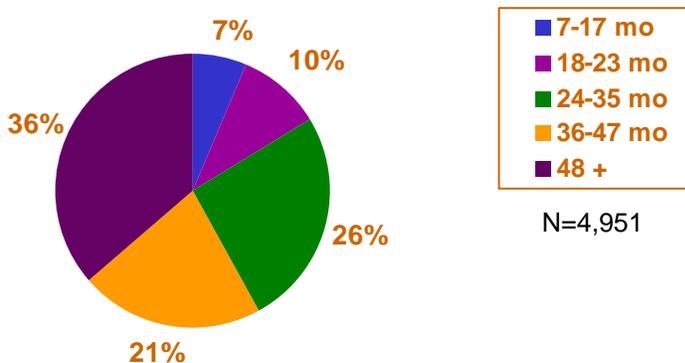
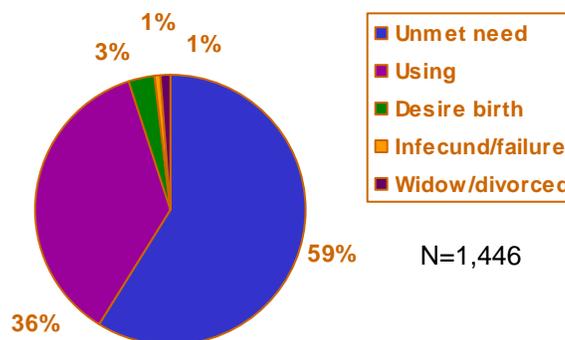


Figure 2 shows that nearly 60% of women in the first year postpartum have an unmet need for family planning. When this figure is compared to the 11% unmet need that married women in Bangladesh express, one can see a critical need for postpartum family planning.

Figure 2: Unmet need among women in the first year postpartum



¹ Analysis by Maria Borda and William Winfrey, Constella Futures, for ACCESS-FP, January 2007.

² Report of a WHO Technical Consultation on Birth Spacing. Geneva, Switzerland, 13–15 June 2005.

Figure 3 illustrates prospective unmet need for family planning among women in the first year postpartum. When unmet need is defined prospectively with regard to the next pregnancy, we see higher rates than if the woman is questioned about the last birth. Forty percent of postpartum women in the first three months post-birth have an unmet need to limit, and another 40% have an unmet need to space. Unmet need to limit surpasses unmet need to space throughout all of the postpartum period.

Figure 3: Prospective unmet need among postpartum women

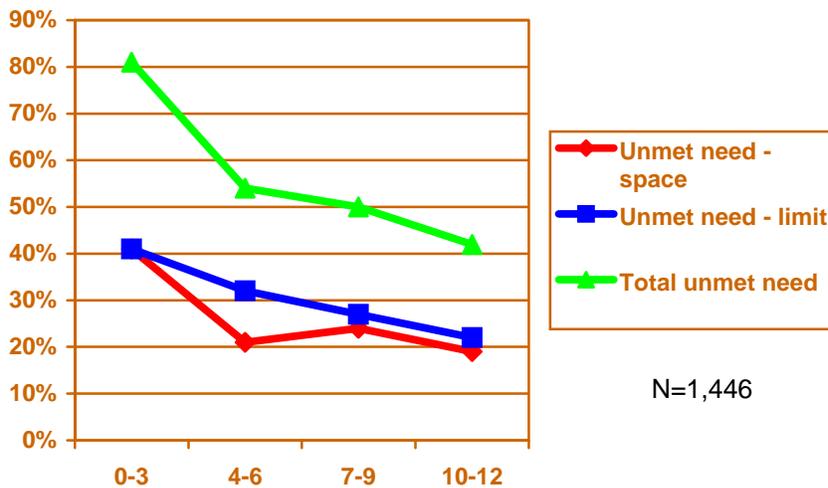
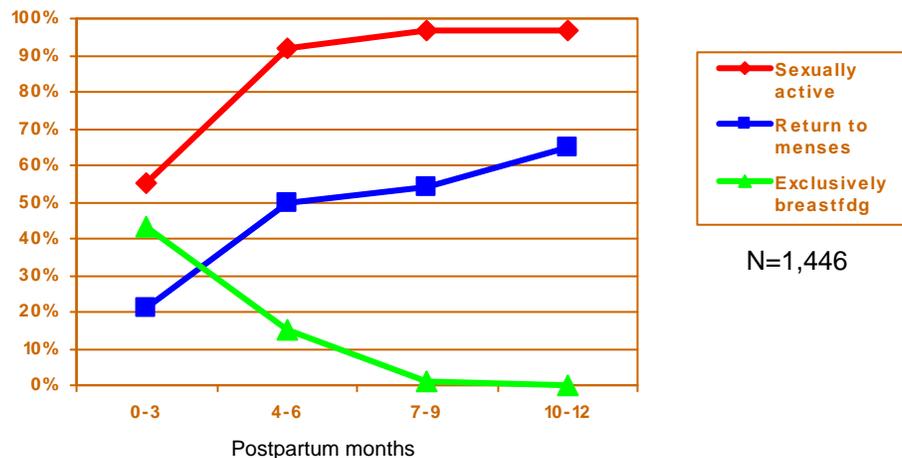


Figure 4 illustrates key elements related to return to fertility among women during the first year postpartum. Of note is the sharp decline in exclusive breastfeeding and the increase in sexual activity occurring during the three- to six-month time period. More than 50% of women resume sexual activity in the first three months postpartum. This figure increases steadily through the first year, totaling about 97% of women at the end of the extended postpartum period. Approximately 50% of women experience return of menses within six months.

Figure 4: Return to fertility³



³ Sexually active N=1,444; exclusively breastfeeding N=1,446; menses returned=1,446.

There appears to be a relationship between uptake of family planning during the postpartum period and socioeconomic status (SES). Figure 5 shows that approximately 50% of women of the highest SES had taken up a modern method of contraception during the postpartum period, compared to barely 20% of women of the lowest SES.

Figure 5: Uptake of family planning during the postpartum period by socioeconomic status

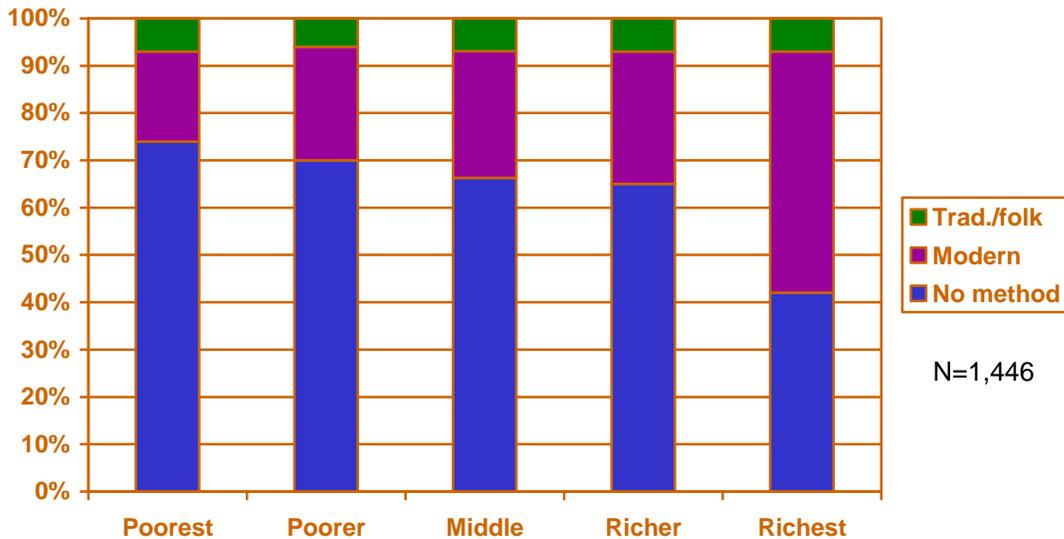


Figure 6 illustrates a comparison of family planning use in Bangladesh among all and postpartum women. It appears that postpartum women use less family planning; this may be due to their belief that they cannot get pregnant again immediately after giving birth.

About 45% of all women in Bangladesh were not using any method, while 44% were using a modern method. Among postpartum women, almost 65% were not using any method of contraception, while about 30% were using a modern method. Modern method use was below 50% for all women, and even lower for postpartum women.

Figure 6: Family planning use comparing all and postpartum women

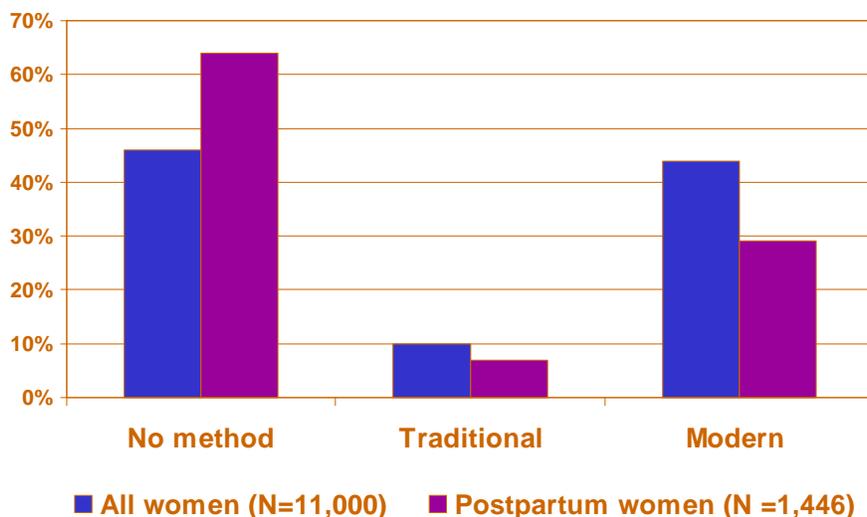
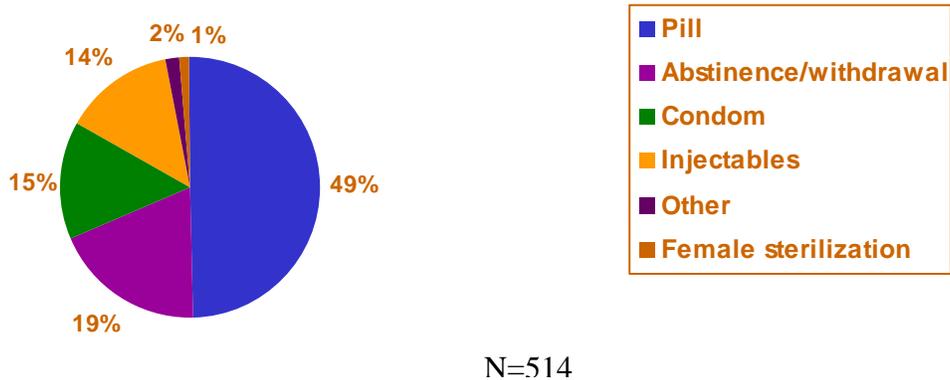


Figure 7 illustrates the method mix among women using family planning in the extended postpartum period. *Of note is the negligible use of long-acting and permanent methods despite the substantial unmet need for limiting.*

Figure 7: Method mix for postpartum family planning users



Conclusion

This analysis demonstrates significant unmet need for family planning among women during the first year postpartum. It also graphically portrays their vulnerability to pregnancy through the clustering of elements related to return to fertility during the three- to six-month period postpartum. The significant unmet need for both spacing and limiting indicates an important area for programmatic support to family planning in Bangladesh.

ACCESS-FP is an associate award under the ACCESS Program, Associate Cooperative Agreement #GPO-A-00-05-00025-00, Reference Leader Cooperative Agreement #GHS-A-00-04-00002-00. ACCESS-FP focuses on meeting the family planning and reproductive health needs of women in the postpartum period. Interventions are designed to complement those of the ACCESS Program in the promotion and scale-up of postpartum family planning through community and clinical interventions. ACCESS-FP seeks to reposition family planning through integration with maternal, newborn and child health programs, including the prevention of mother-to-child transmission of HIV. For more information about ACCESS-FP, please contact Catharine McKaig, Program Director, cmckaig@jhpiego.net.