

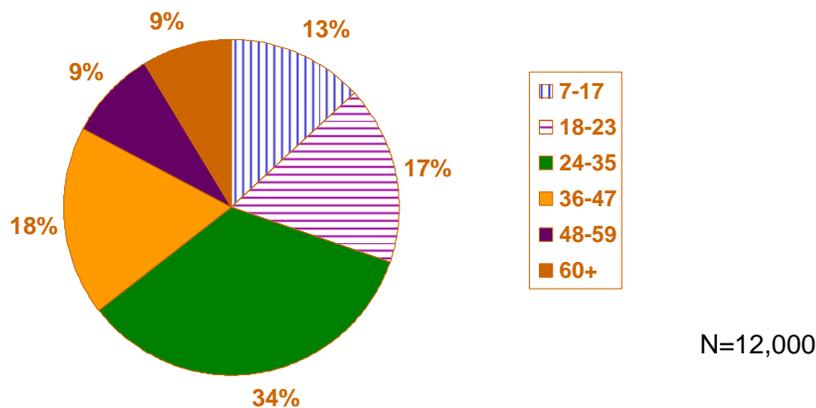
Family Planning Needs during the Extended Postpartum Period in Uttar Pradesh, India

This analysis is based on the 2005–2006 National Family Health Survey III (NFHS III) data from Uttar Pradesh, India and summarizes key findings related to birth spacing and postpartum family planning.¹ ACCESS-FP defines the extended postpartum period as one full year post-birth. Pregnancies that occur in the first year postpartum are more likely to have adverse outcomes for the mother and baby; therefore the extended postpartum period is a critical period for addressing unmet need for family planning.

Birth spacing among all women

Figure 1 presents data from all women experiencing births in the past five years. Based on research findings that demonstrate improved perinatal outcomes for infants born 36-59 months after a preceding birth, recommendations of experts to WHO advise an interval of at least 24 months *before couples attempt to become pregnant* (birth-to-pregnancy interval) in order to reduce the risk of adverse maternal, perinatal and infant outcomes.² The majority of births in Uttar Pradesh therefore are not sufficiently spaced to protect maternal and newborn health—approximately 30% of births occur within less than 24 months and another 34% occur between 24 and 35 months.

Figure 1: Birth-to-birth spacing among all women—all births in the last five years



Unmet need for family planning among postpartum women

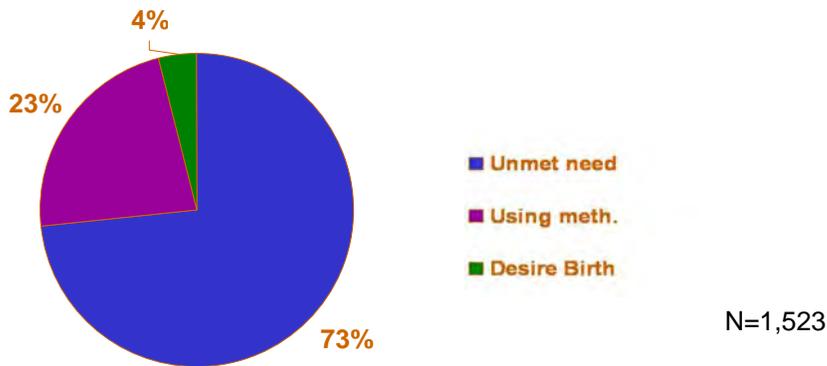
Data from 1,523 women within one year post delivery were used to examine prospective unmet need as illustrated in Figure 2. In this analysis, unmet need is defined prospectively regarding the woman's desired timing for her next pregnancy. Prospective analysis yields higher rates of unmet need than are observed if the woman is asked about the last birth. Within this group, 73% of these women expressed an unmet need for family planning. Consistent with findings elsewhere³, only four percent of women during this 12 month postpartum period desire another birth within two years.

¹ Analysis done by Maria Borda, Constella, May 2008.

² Report of a WHO technical consultation on birth spacing Geneva, Switzerland, 13-15 June 2005.

³ Ross, J.A. and Winfrey, W. 2001. Contraceptive use, intention to use and unmet needs during the extended postpartum period. *International Family Planning Perspectives*.

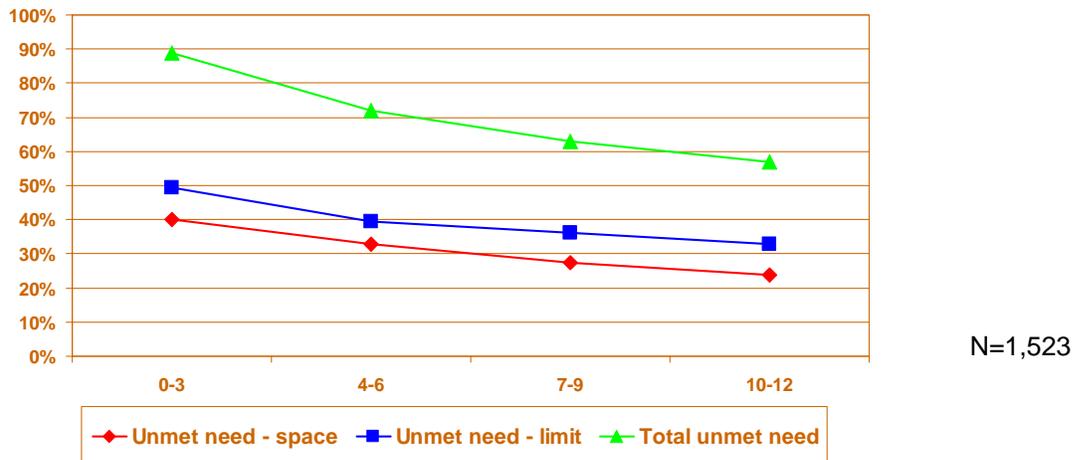
Figure 2: Prospective unmet need among postpartum women



Unmet need for spacing and limiting

Figure 3 demonstrates the unmet need for spacing and limiting among women in Uttar Pradesh during the first year postpartum. The majority of women have unmet needs for family planning throughout this period—starting at over 70% in the first six months postpartum. By the end of the year, almost 60% women still desired to space or limit subsequent births. Unmet need to limit surpasses the unmet need to space. Throughout the entire postpartum period, unmet needs for limiting were slightly greater than for spacing.

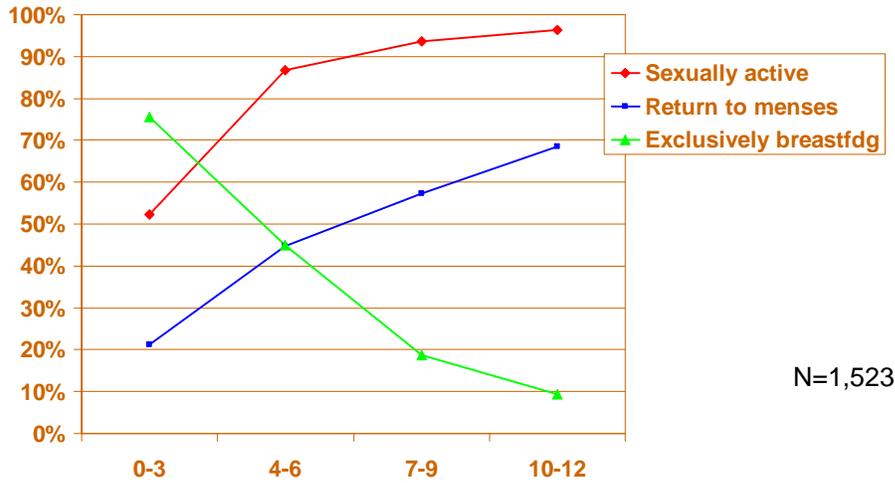
Figure 3: Unmet need across postpartum period



Return to fertility

Figure 4 illustrates key elements related to return to fertility and the risk of pregnancy among women during the first year postpartum. Approximately 90% of women in Uttar Pradesh return to sexual activity during the 4–6 month period after giving birth, and menses returns for 50% during this same period. Findings from the recent National Family Health Survey, illustrate that exclusive breastfeeding drops to 51% at 2–3 months of age and 28% at 4–5 months. This illustrates a critical period—beginning at approximately 3–6 months postpartum—where women are vulnerable to a subsequent pregnancy.

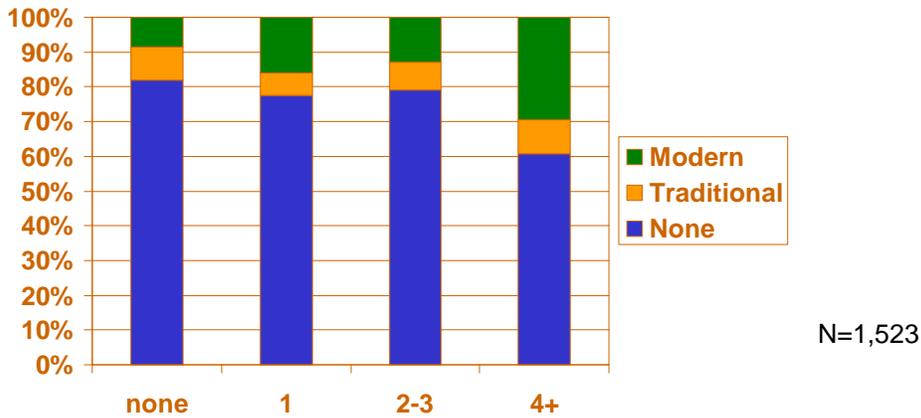
Figure 4: Factors related to return to fertility by month postpartum



Family planning uptake by number of antenatal care (ANC) visits

Similar to findings elsewhere, there appears to be a relationship between use of maternal health services and postpartum family planning use. Figure 5 shows that women who had four or more ANC visits had higher percentages of modern family planning method uptake than women who had less than four visits.

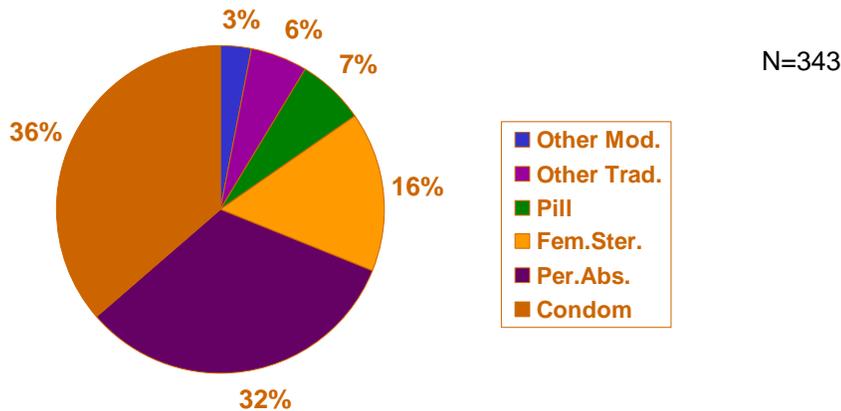
Figure 5: Family planning uptake during the postpartum period by number of ANC visits



Contraceptive method mix for postpartum family planning users

Figure 6 illustrates the method mix among the 23% of women using family planning in the extended postpartum period at the time of the NFHS III survey. The most common methods used are condoms, periodic abstinence and female sterilization.

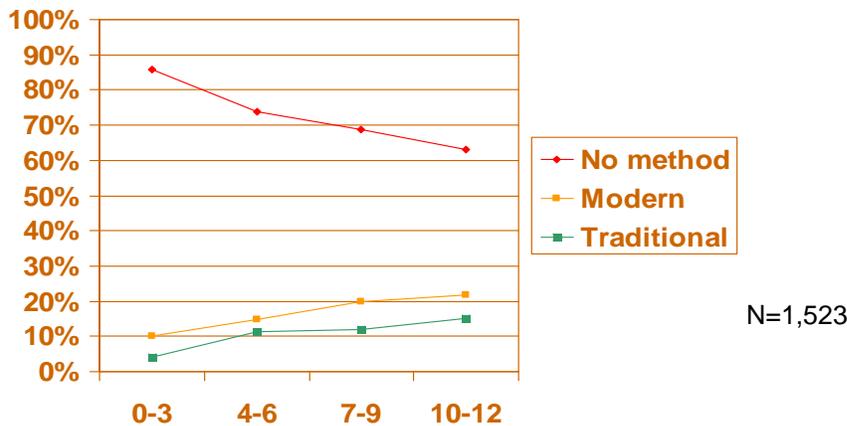
Figure 6: Method mix for postpartum family planning users



Uptake of family planning across the postpartum period

Figure 7 illustrates that the majority of postpartum women do not use any method of family planning—as many as 85% of women were not using a method during the time of the survey.

Figure 7: Uptake of family planning during the postpartum period



Conclusion

- This analysis demonstrates that women in Uttar Pradesh, India have a high unmet need for family planning during the first year postpartum.
- The significant need for limiting is an important programmatic area for family planning support.
- The method mix indicates a limited choice of methods particularly for breastfeeding women in the first six months postpartum.
- The relationship between family planning use and ANC use has important implications for women’s access to critical maternal health services. It may be that women who use the formal medical system are more likely to have access and use family planning.
- Ensuring that postpartum women have access to quality postpartum services in the postpartum period—including family planning and counseling about birth spacing and limiting options—is an important strategy in reducing both maternal and early childhood mortality rates.

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