

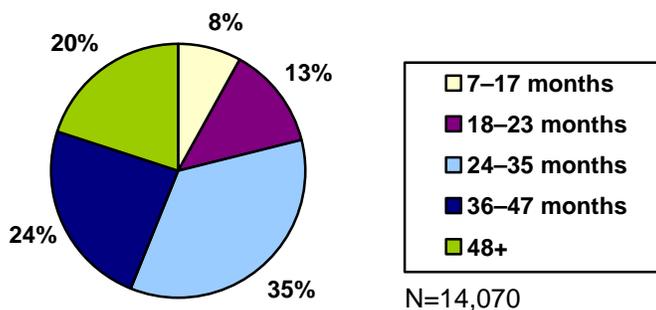
# Family Planning Needs during the Extended Postpartum Period in Ethiopia

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

## Birth Spacing among All Women

Figure 1 presents data from all women experiencing births in the past five years. Approximately 21% of births occur within short intervals of less than 24 months, and another 35% occur between 24 and 35 months. Based on research findings that demonstrate improved perinatal outcomes for infants born 36–59 months after a preceding birth, experts made recommendations to the World Health Organization (WHO) to advise an interval of at least 24 months **before couples attempt to become pregnant** (birth-to-pregnancy interval) in order to reduce the risk of adverse maternal, perinatal and infant outcomes.<sup>2</sup>

**Figure 1: Birth spacing among all women – all births in last five years**



## Unmet Need among Postpartum Women

Data from 2,573 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.<sup>3</sup>

Among women during their first year postpartum, 86% have an unmet need, but only 8% are using any method of family planning. Consistent with findings elsewhere,<sup>4</sup> only 5% of women during this 12-month postpartum period desire another birth within two years.

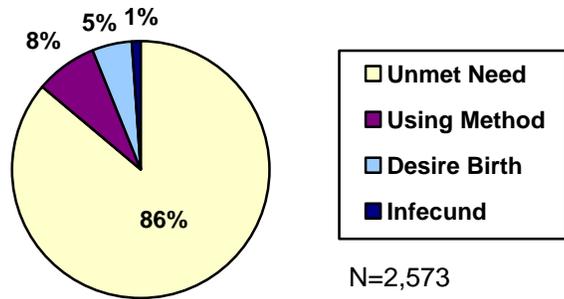
<sup>1</sup>Analysis by Maria Borda, Futures Group International, April 2009.

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

<sup>3</sup>Based on a series of questions regarding desire for future pregnancies, family planning use and/or fecundity status among women within one year post-delivery.

<sup>4</sup>Ross J.A. and Winfrey W. 2001. Contraceptive use, intention to use and unmet needs during the extended postpartum period. *International Family Planning Perspectives* 27(1): 20–27.

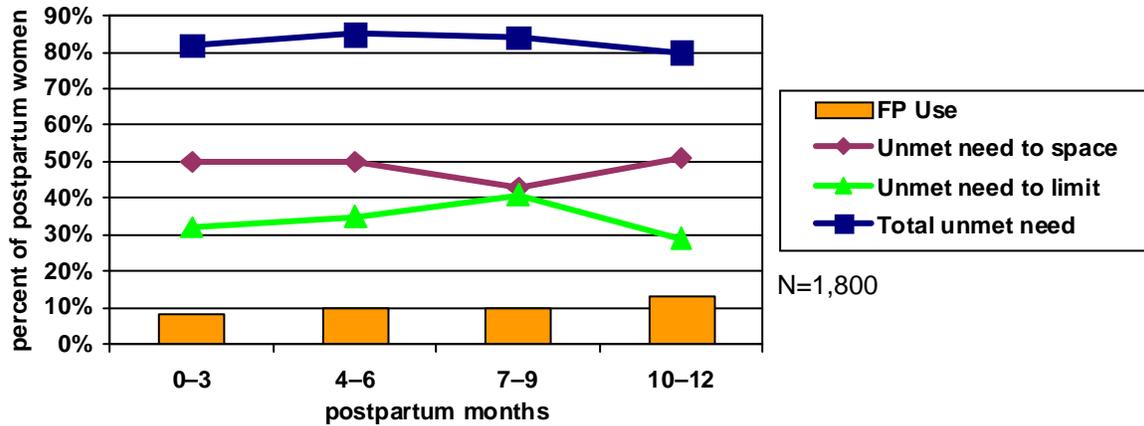
Figure 2: Unmet need among women in the first year postpartum



### Unmet Need for Spacing and Limiting

Figure 3 demonstrates the unmet need for spacing and limiting births versus family planning use during the first year postpartum. Total unmet need remains high throughout the postpartum period.

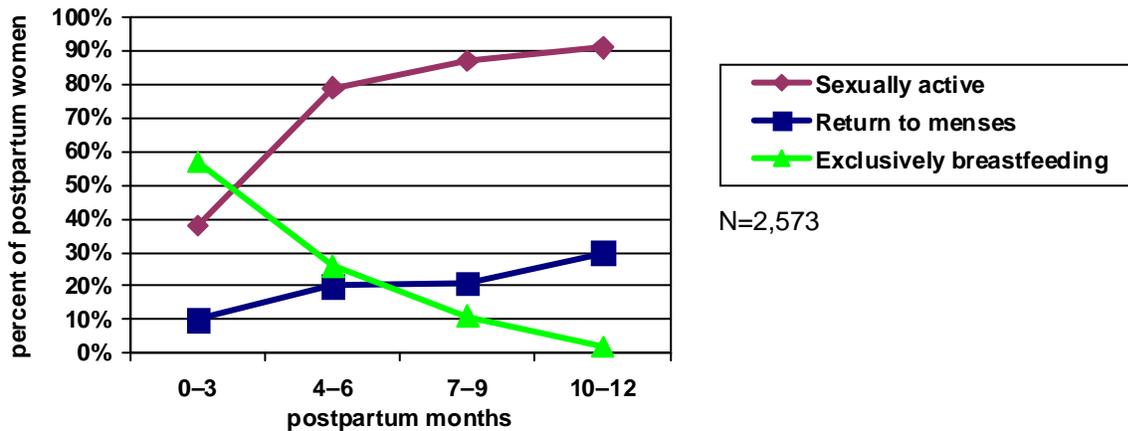
Figure 3: Unmet need for spacing and limiting compared to family planning use



### Return to Fertility and Risk of Pregnancy

Figure 4 describes key factors related to return to fertility and the risk of pregnancy among women during the first year postpartum. Among postpartum women, approximately 80% return to sexual activity during the four- to six-month period after giving birth, and menses returns for 20% during this same period. At four to six months, approximately 28% of postpartum women are exclusively breastfeeding.

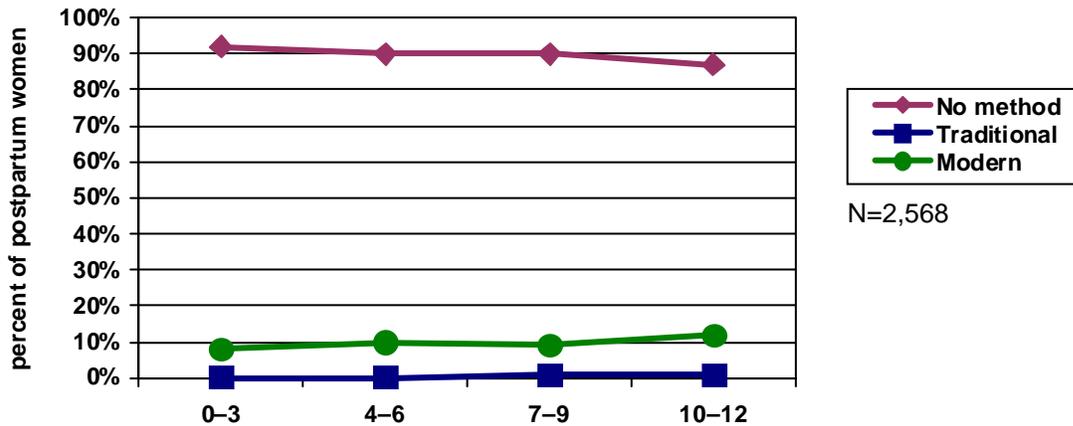
Figure 4: Factors related to return to fertility and risk of pregnancy in the first year after birth



### Uptake of Family Planning Use among Sexually Active Women across the Postpartum Period

Figure 5 shows uptake of methods among women who are sexually active in the postpartum period. Although the majority of postpartum women have returned to sexual activity at four to six months postpartum, the majority of them are not using any family planning method. The use of modern methods remains constant at approximately 10% throughout the postpartum period.

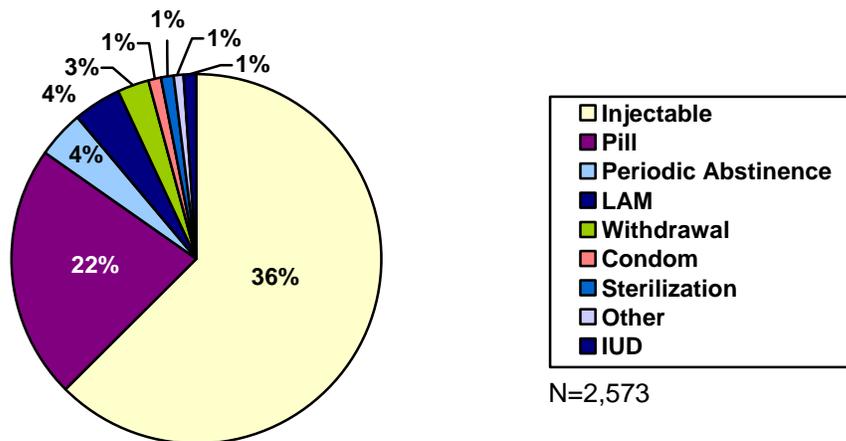
Figure 5: Uptake of family planning across the postpartum period



### Contraceptive Method Mix for Postpartum Family Planning Users

Figure 6 illustrates the method mix among women using family planning during the first year after a birth, at the time of the DHS survey (N=2,573). The majority (63%) of women use injectables, followed by oral contraceptive pills as the second most-widely used method (22%). The use of long-acting and permanent methods is low.

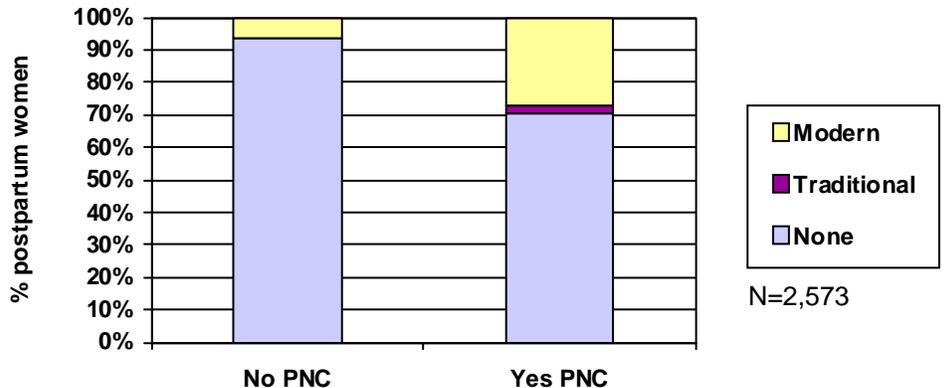
Figure 6: Method mix for postpartum family planning users



### Postpartum Women with Unmet Need by Postnatal Care

Figure 7 illustrates that uptake of modern methods is higher among women who receive postnatal care. Although postnatal care coverage is low in Ethiopia, an expansion of postnatal care services would allow more women to receive postpartum family planning counseling.

**Figure 7: Uptake of family planning by postnatal care**



**Conclusion**

This analysis demonstrates that women in Ethiopia have a high unmet need for family planning during the first year postpartum. There are opportunities for increased lactational amenorrhea method (LAM) uptake, given that 57% of women exclusively breastfeed during the zero- to three-month period (as indicated in Figure 4). More emphasis should be placed on long-acting and permanent methods given that the method mix relies heavily on injectables and oral contraceptive pills.

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

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