

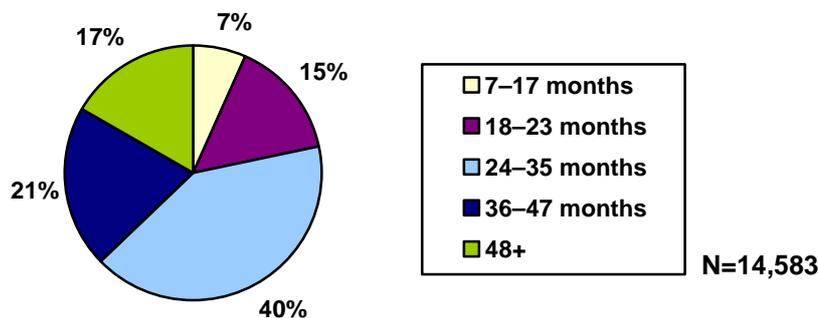
Family Planning Needs during the Extended Postpartum Period in Mali

This analysis is based on the 2006 Demographic and Health Survey (DHS) data from Mali, and summarizes key findings related to birth spacing and postpartum family planning during the extended postpartum period.¹ ACCESS-FP defines the extended postpartum period as one full year post-birth.

Birth Spacing in Mali

Figure 1 presents data from all women experiencing births in the past five years. Approximately 22% of births occur within short intervals of less than 24 months, and another 34% 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.²

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



Unmet Need among Postpartum Women

Data from 3,185 women within one year post-delivery were used to examine 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.³

Among women during their first year postpartum, 79% have an unmet need, but only 7% are using any method of family planning. Somewhat higher than findings elsewhere,⁴ 12% of women during this 12-month postpartum period desire another birth within two years.

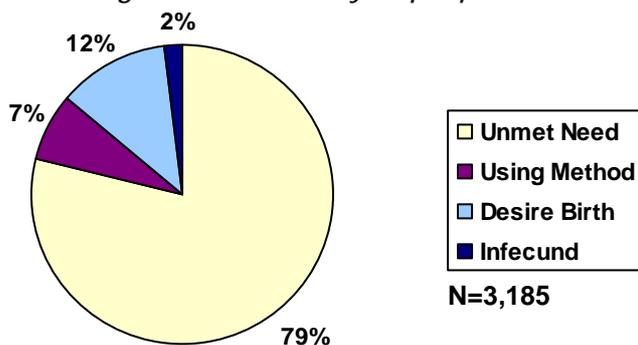
¹ Analysis by Bill Winfrey, Futures Group International, Sept 2009.

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

³ 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.

⁴ 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.

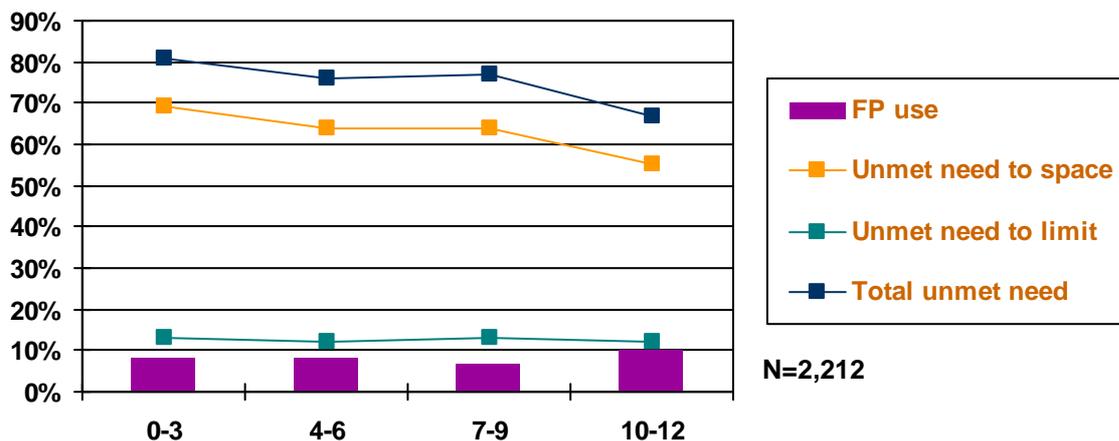
Figure 2: Unmet need among women in the first year postpartum



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 declines slightly during the postpartum period, but unmet need for spacing is over 50% at one year postpartum.

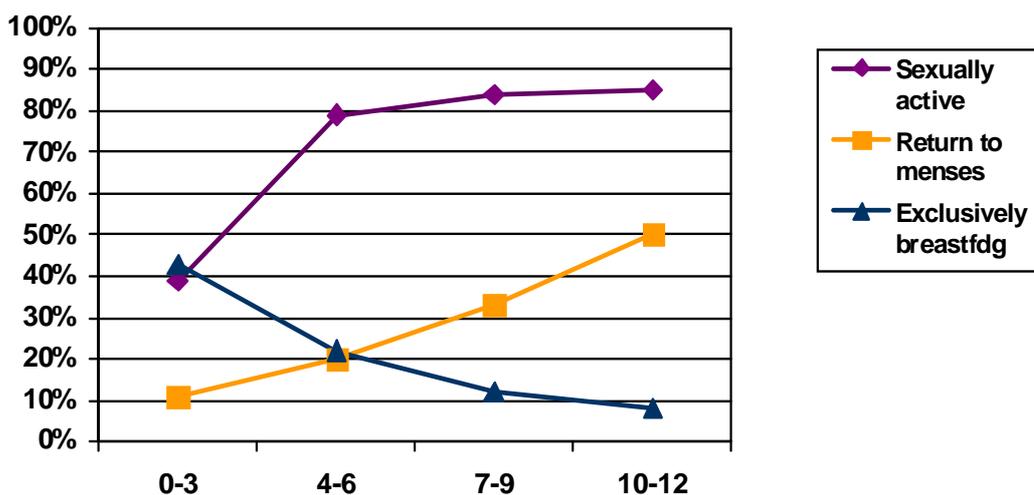
Figure 3: Unmet need for spacing and limiting compared to family planning use



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 21% of postpartum women are exclusively breastfeeding.

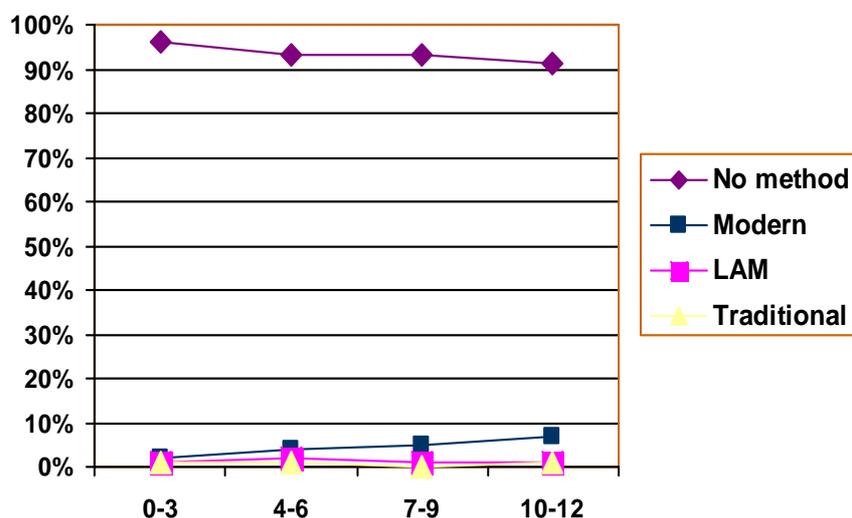
Figure 4: Factors related to return to fertility and risk of pregnancy in the first year after birth



Uptake of Family Planning Use among Sexually Active Women

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 increases only slightly to 9% at the end of the postpartum period, comparable to use among all women.

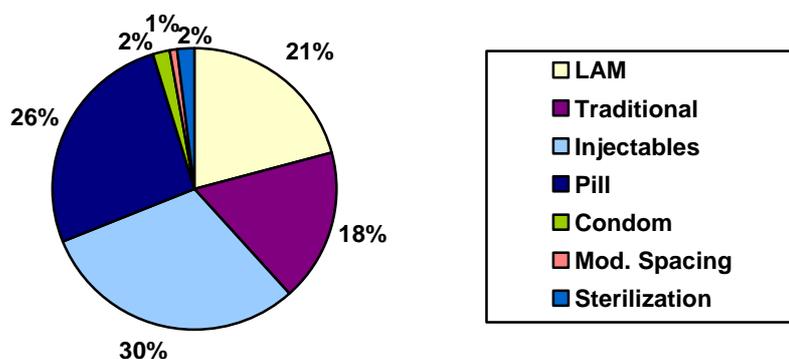
Figure 5: Uptake of family planning across the postpartum period



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. Only a small percentage of postpartum women are using a method in the first year after birth.

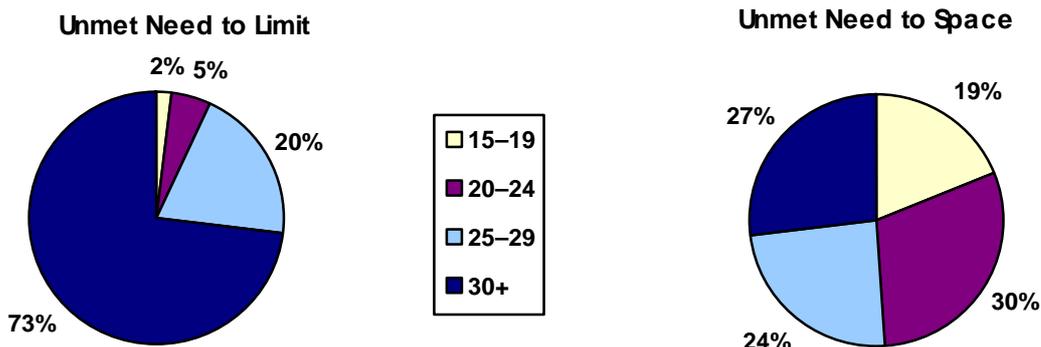
Figure 6: Method mix for postpartum family planning users



Postpartum Women with Unmet Need by Age

Figure 7 illustrates the unmet need for limiting and spacing by age. For older women, the unmet need to limit is high at 73%, suggesting a need for long-acting and permanent methods for this group.

Figure 7: Unmet need to limit and space by age group



Conclusion

This analysis demonstrates that women in Mali have a high unmet need for family planning during the first year postpartum. Older women in particular have a high unmet need to limit and could benefit from long-acting and permanent methods. Ensuring that postpartum women have access to high-quality postpartum services, including family planning and counseling about risk of pregnancy and contraceptive options, including the effective use of LAM, is an important strategy for reducing both maternal and early childhood mortality rates. Program evidence indicates that counseling about reproductive intentions and family planning options that begins during antenatal care and is offered during all maternal and child health contacts is quite effective in 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@jhpigo.net.