

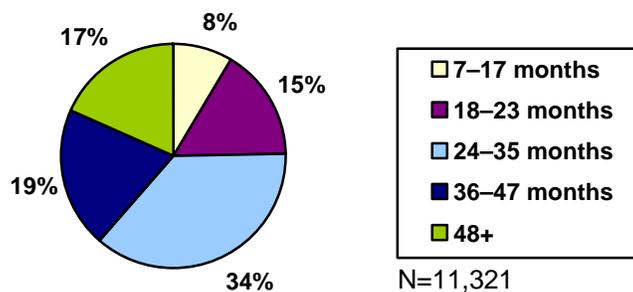
Family Planning Needs during the Extended Postpartum Period in Rwanda

This analysis is based on the 2005 Demographic and Health Survey (DHS) data from Rwanda, 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 among All Women

Figure 1 presents data from all women experiencing births in the past five years. Women commonly experience short birth intervals in Rwanda. Approximately 23% 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 – all births in last five years



Unmet Need among Postpartum Women

Data from 1,958 women within one year post-delivery were used to examine prospective unmet need, as illustrated in Figure 2. Prospective unmet need is based on women’s reported desired timing for the next pregnancy. Prospective analysis yields higher rates of unmet need than are observed if the woman is asked only about the preceding birth.³

Among women during their first year postpartum, 85% have an unmet need, but only 11% are using any method of family planning. Similar to findings elsewhere,⁴ only 3% of women during this 12-month postpartum period desire another birth within two years. Also, the unmet need is higher than countries in similar settings.

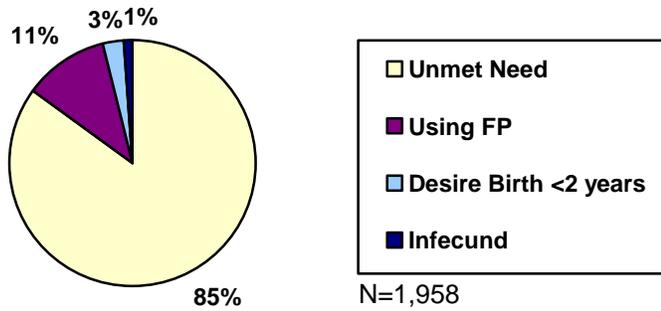
¹ Analysis by Maria Borda, Constella Futures, January 2009.

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.

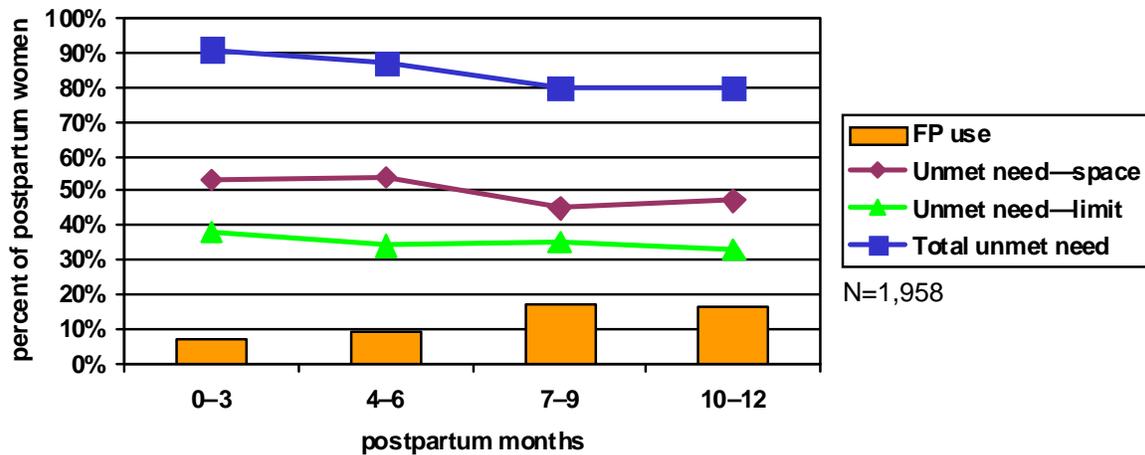
Figure 2: Unmet need among postpartum women in the first year postpartum



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 is high throughout the postpartum period. At one year postpartum, 80% of women have an unmet need; 47% have an unmet need to space and 33% to limit. Also, unmet need remains very high throughout the first year postpartum and family planning use is at only 11% at the end of this period.

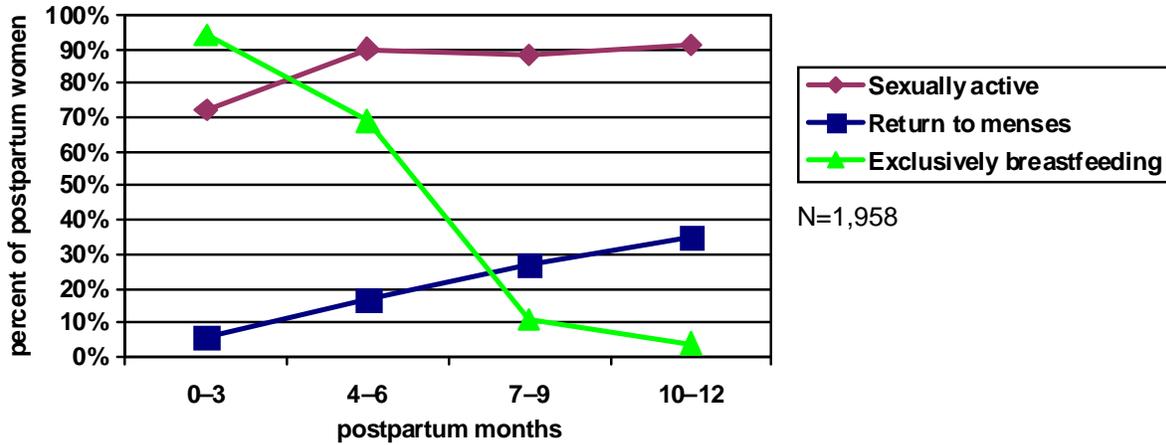
Figure 3: Unmet need for spacing and limiting compared to family planning use



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 70% return to sexual activity during the four- to six-month period after giving birth, and menses returns for nearly 20% during this same period. Figure 4 shows that about 70% of the women in the four- to six-month postpartum period were exclusively breastfeeding. At zero to three months, approximately 95% of postpartum women are breastfeeding, so there may be an opportunity to incorporate family planning messages regarding transitioning from the lactational amenorrhea method (LAM) to another method during this timeframe.

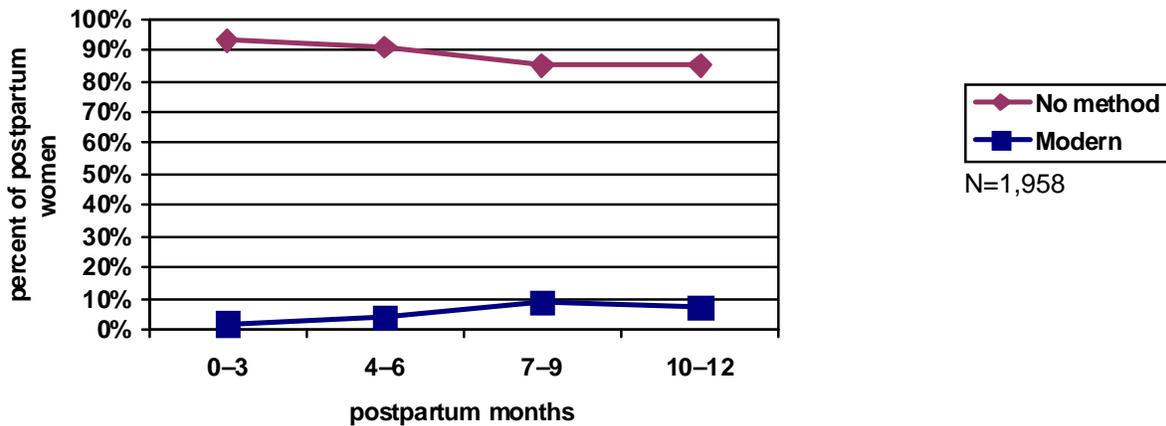
Figure 4: Factors related to return to fertility and risk of pregnancy, in the first year after birth



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. Modern method use remains very low throughout the postpartum period. The 7% of women using family planning at one year postpartum compares with 10% of all women using family planning.

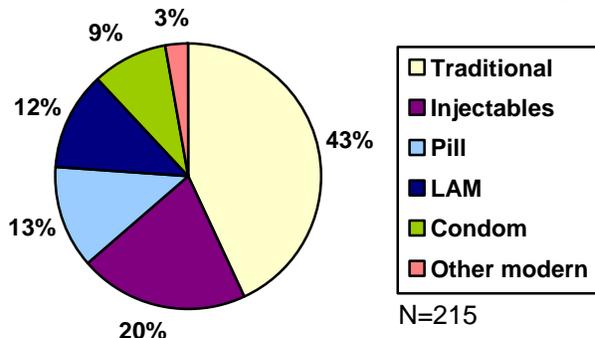
Figure 5: Uptake of family planning across the postpartum period



Contraceptive Method Mix for Postpartum Family Planning Users

Figure 6 illustrates that over 40% of postpartum FP users are using a traditional method such as periodic abstinence and withdrawal. Injectables, pills and condoms are the most frequently used modern methods.

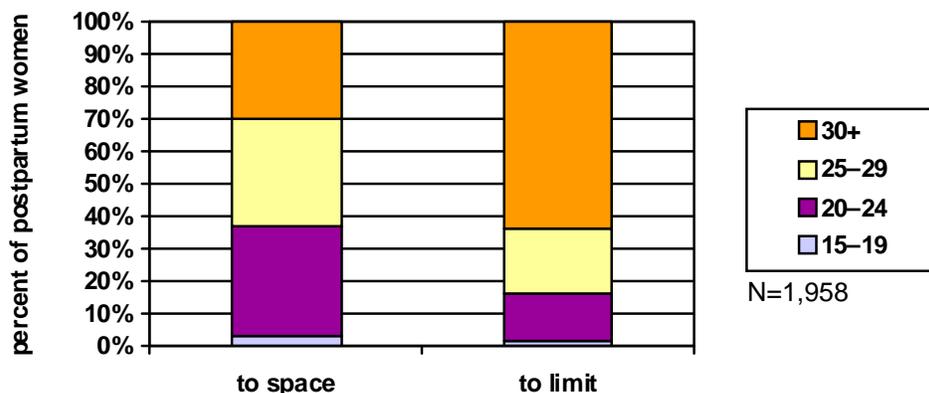
Figure 6: Method mix for postpartum family planning users



Postpartum Women with Unmet Need by Age

Figure 7 illustrates that 64% of women with unmet need for limiting are over 30, while 30% of women with unmet need for spacing are over age 30. In contrast, relatively fewer women with unmet need for limiting are between 15 and 24, while 37% of women with unmet need for spacing are in this age group.

Figure 7: Postpartum women with unmet need by age



Conclusion

This analysis demonstrates that women in Rwanda have a high unmet need for family planning, particularly during the first year postpartum. While approximately 3% of women say they want to have another child within two years, the vast majority (85%) do not. Family planning use at one year postpartum is only 11%. Consequently, a high percentage of births in Rwanda are closely spaced, putting mothers and infants at risk for adverse outcomes.

Yet this situation presents strategic programmatic opportunities. The high rates of exclusive breastfeeding observed in Rwanda provide a basis for building information about fertility return, birth spacing and the lactational amenorrhea method (LAM) into related counseling. Postpartum FP needs are different for women based on parity and age. Among women with unmet need to space, 70% were younger than 30 years old or had four children.

Program evidence shows that counseling about reproductive intentions and family planning that begins during antenatal care and is offered during the early postpartum period, as well as during all child health and immunization contacts, can be effective for increasing awareness, demand 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.