

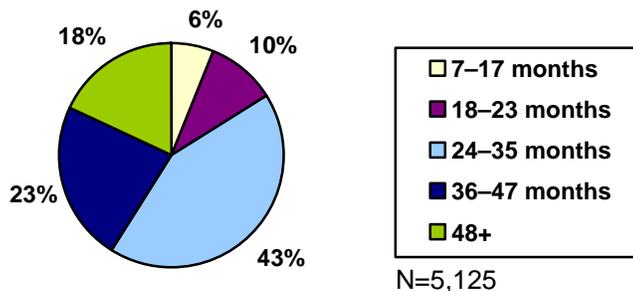
Family Planning Needs during the Extended Postpartum Period in Zambia

This analysis is based on the 2001–2002 Demographic and Health Survey (DHS) data from Zambia, 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. Approximately 16% of births occur within short intervals of less than 24 months, and another 43% 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 the last five years



Unmet Need among Postpartum Women

Data from 1,411 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.³

Among women during their first year postpartum, 63% have an unmet need, but only 33% are using any method of family planning. Consistent with findings elsewhere,⁴ only 4% of women during this 12-month postpartum period desire another birth within two years.

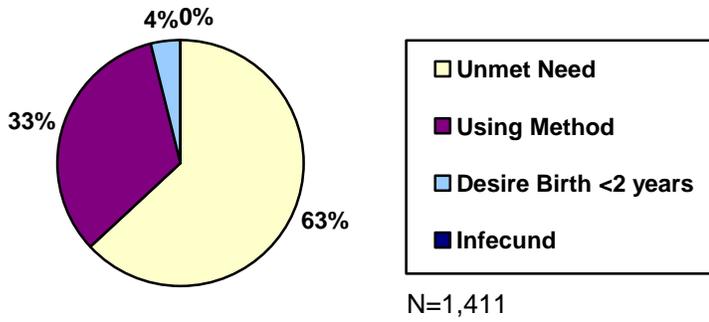
¹ Analysis by Maria Borda, Constella Futures, March 2009.

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.

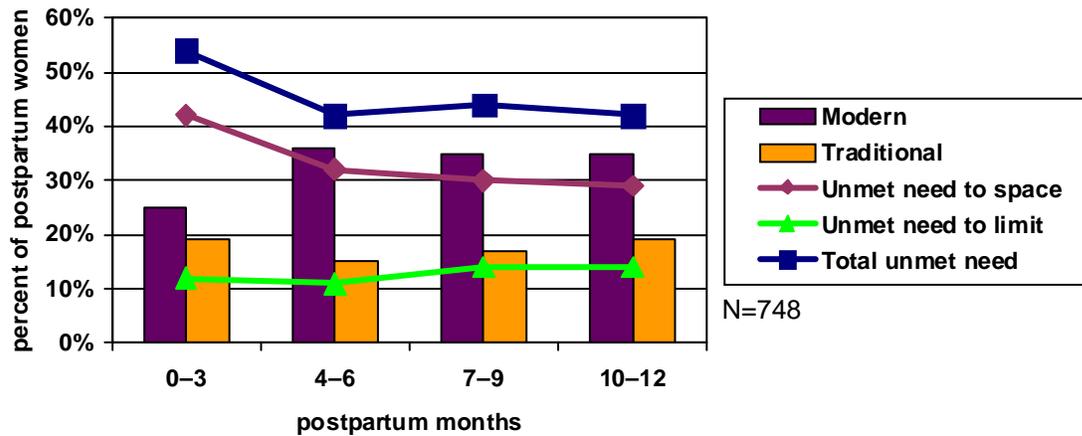
Figure 2: Unmet need among women in the first year postpartum



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 is highest soon after delivery but remains constant from four to 12 months postpartum.

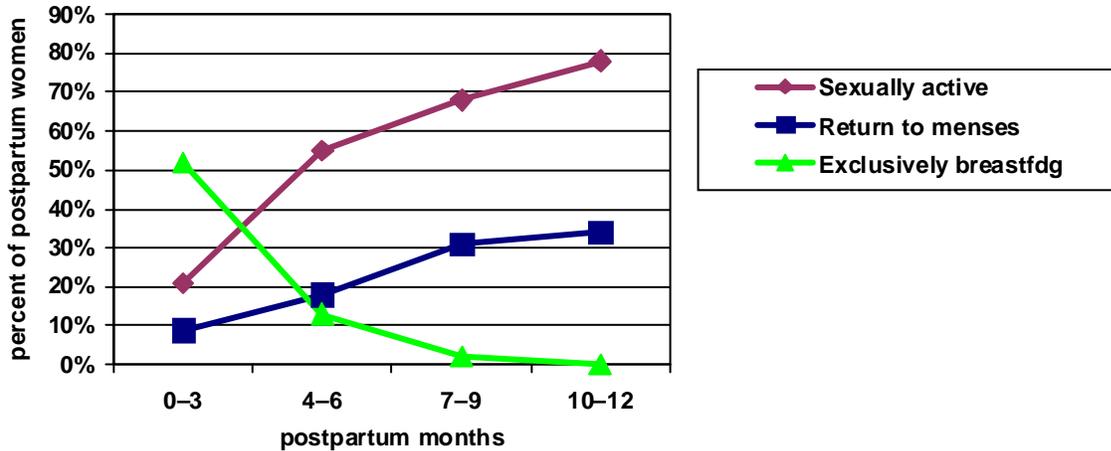
Figure 3: Unmet need for spacing and limiting



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 55% 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 11% are exclusively breastfeeding.

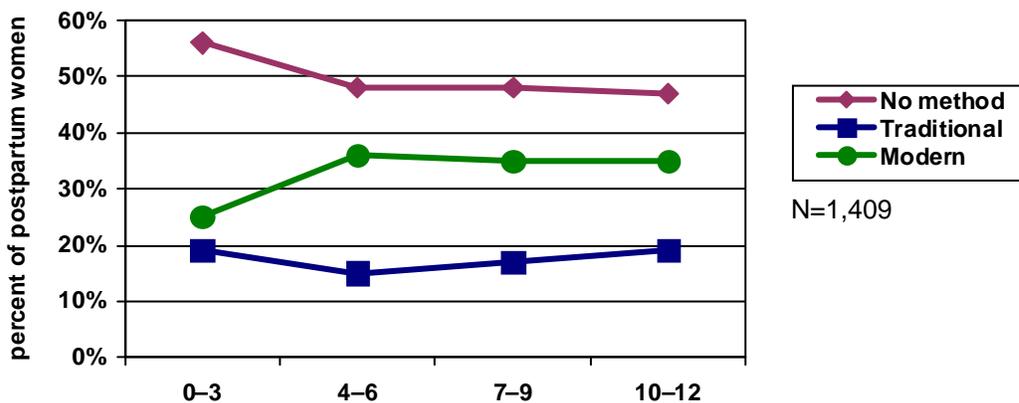
Figure 4: Factors related to return to fertility and risk of pregnancy in the first year postpartum



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. Approximately 37% of women in the four- to six-month postpartum period are using a modern method of family planning.

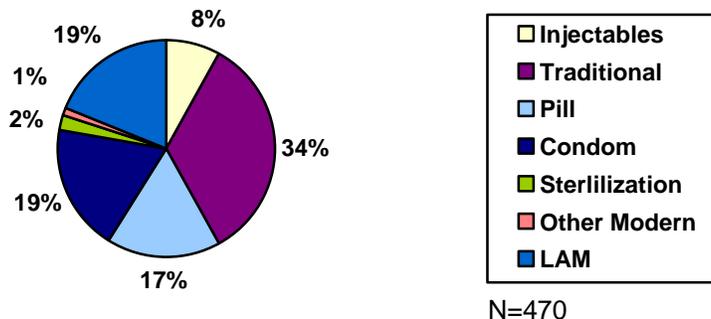
Figure 5: Uptake of family planning across the postpartum period



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. The majority (34%) of women were using a traditional method, followed by the Lactational Amenorrhea Method (LAM), condoms and oral contraceptive pills as the other most-common methods (19%, 19% and 17%, respectively).

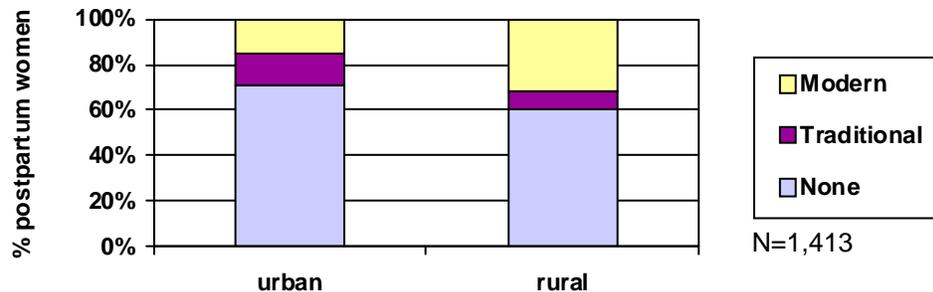
Figure 6: Method mix for postpartum family planning users



Uptake of Family Planning during the Postpartum Period by Postnatal Care

Figure 7 illustrates uptake of family planning by postnatal care regardless of whether the woman delivered at home or in a health facility. The figure demonstrates that uptake of a modern family planning method is more likely for those who receive postnatal care.

Figure 7: Uptake of family planning during the postpartum period by postnatal care



Conclusion

This analysis demonstrates that women in Zambia have a significant unmet need for family planning during the first year postpartum. The findings suggest that a large number of women are using less-effective traditional methods and LAM beyond the period of effectiveness.

Ensuring that postpartum women have access to high-quality postpartum services, including counseling about birth spacing, limiting options, return to fertility, the risk of pregnancy and family planning services, 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.