

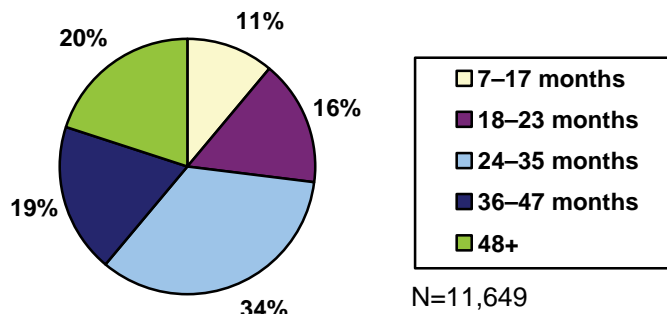
Family Planning Needs during the Extended Postpartum Period in India

This analysis is based on the 2005–2006 data from the National Family Health Survey III for India, 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 27% 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 11,649 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, 65% have an unmet need, but only 26% are using any method of family planning. Consistent with findings elsewhere,⁴ only 8% of women during this 12-month postpartum period desire another birth within two years.

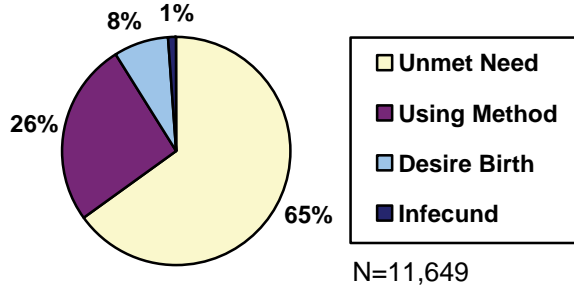
¹Analysis by Maria Borda, Futures Group International, April 2009.

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

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

⁴Ross 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.

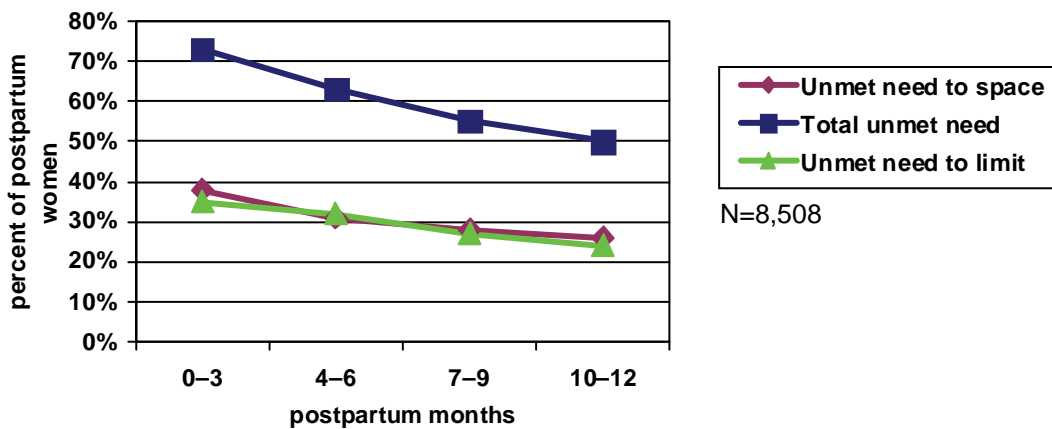
Figure 2: Unmet need among women in the first year postpartum



Unmet Need for Spacing and Limiting

Figure 3 demonstrates the unmet need for spacing and limiting births during the first year postpartum. Total unmet need declines slightly over the course of the postpartum period.

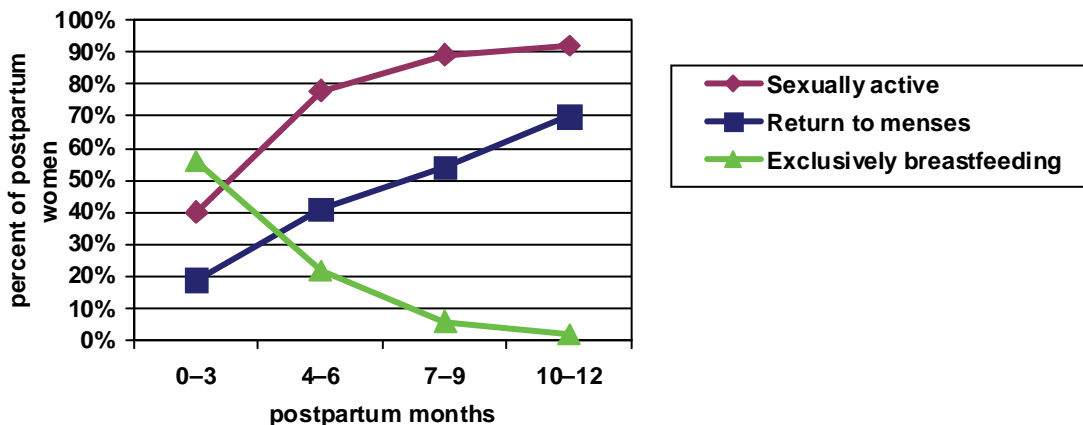
Figure 3: Unmet need for spacing and limiting



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 40% return to sexual activity during the zero- to three-month period after giving birth, and menses returns for 20% during this same period. At four to six months, approximately 20% of postpartum women are exclusively breastfeeding.

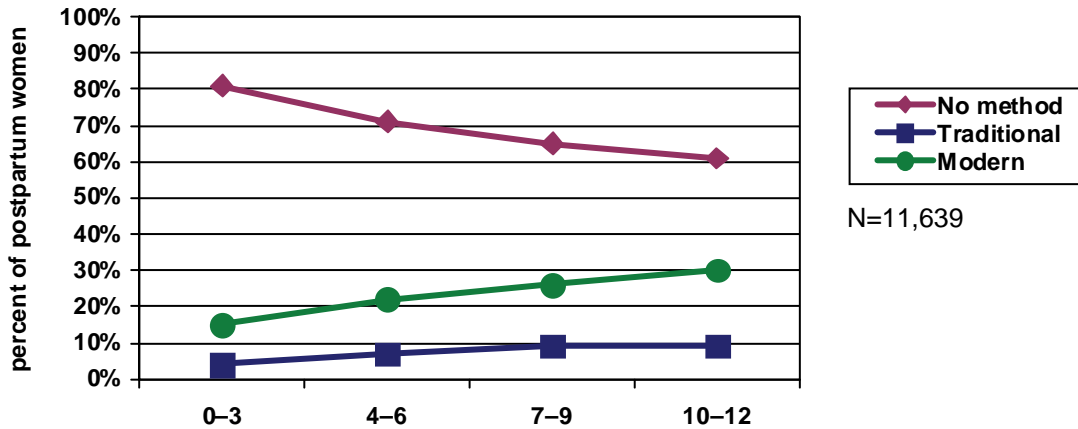
Figure 4: Factors related to return to fertility and risk of pregnancy in the first year after birth



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 most postpartum women returned to sexual activity at four to six months postpartum (as indicated in Figure 4), the majority of them are not using any family planning method. The use of modern methods increased to 30% by the end of the postpartum period.

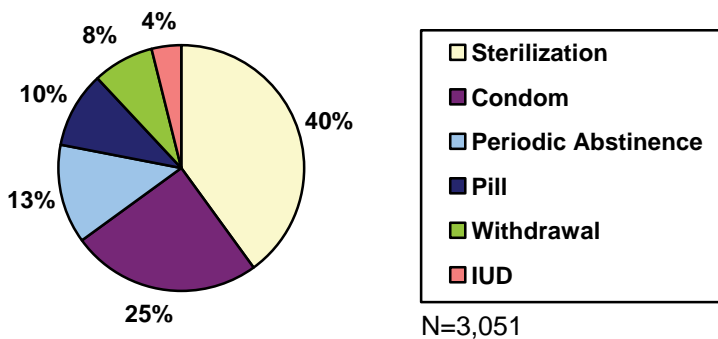
Figure 5: Uptake of family planning across the postpartum period



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 survey (N=3,051). The majority (40%) of women use sterilization, followed by condoms as the second most-widely used method (25%).

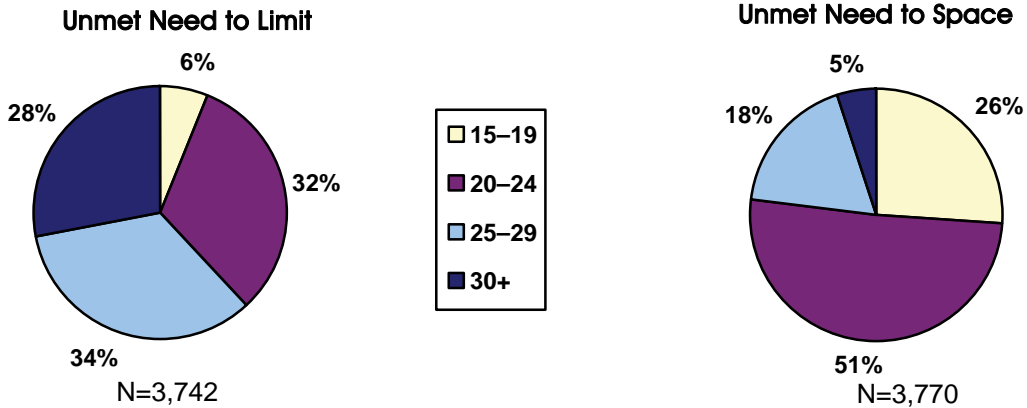
Figure 6: Method mix for postpartum family planning users



Postpartum Women with Unmet Need by Age

Figure 7 illustrates that 28% of women with unmet need for limiting are more than 30 years old, while only 5% of women with unmet need for spacing are older than age 30. In contrast, 38% of women with unmet need for limiting are between 15 and 24, while 77% of women with unmet need for spacing are in this age group. To respond to this high unmet need for spacing, long-acting methods should be made available to these women.

Figure 7: Postpartum women with unmet need by age



Conclusion

This analysis demonstrates that women in India have a high unmet need for family planning during the first year postpartum. The significant need for spacing among younger women is an important programmatic area for family planning support. The method mix relies heavily on sterilization when the IUD could be an excellent option for many women.

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.