



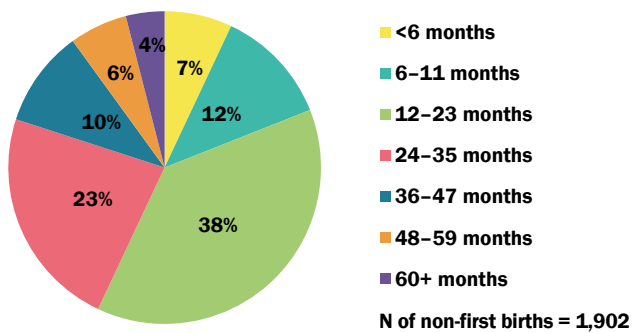
Family Planning Needs during the First Two Years Postpartum in Bihar, India

This analysis is based on the 2005–06 Demographic and Health Survey (DHS) data from Bihar, India. It summarizes key findings related to pregnancy spacing, unmet need, fertility return and family planning (FP) use for women during the period from the last birth through two years postpartum.

PREGNANCY SPACING IN BIHAR

Figure 1 presents data from women experiencing births in the past five years. In this analysis, the pregnancy duration is calculated at nine months and only women with pregnancies that resulted in a live birth are included. Of these pregnancies, 7% occur within very short intervals of less than six months, 12% occur within short intervals of 6–11 months and another 38% occur within intervals of 12–23 months. Thus, over half (57%) of all pregnancies in Bihar occur within short intervals of less than 24 months after the preceding birth.

Figure 1: Birth-to-pregnancy spacing among all women aged 15–49, all non-first births in the last five years



Because research findings demonstrate improved perinatal outcomes for infants born 36–59 months after a preceding birth, experts made recommendations to a World Health Organization (WHO) Technical Committee 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.¹ In addition, an analysis of DHS data from 52 developing countries, which studied over one million births, found that birth-to-pregnancy intervals that are too short are associated with adverse pregnancy outcomes, increased morbidity in pregnancy, and increased infant and child mortality.²

PROSPECTIVE UNMET NEED FOR FAMILY PLANNING AMONG WOMEN 0–24 MONTHS POSTPARTUM

Data from 972 women within two years of a birth were used to examine unmet need, as illustrated in **Figure 2**. In this analysis, unmet need is defined prospectively³ regarding the woman’s desired timing for her next pregnancy. Prospective unmet need is based on fertility

¹ Report of a WHO Technical Consultation on Birth Spacing, Geneva, Switzerland, 13–15 June 2005.

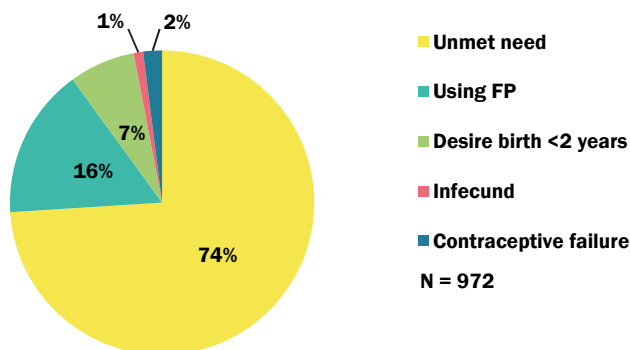
² Rutstein SO. 2008. Further evidence of the effects of preceding birth intervals on neonatal, infant, and under-five-years mortality and nutritional status in developing countries: Evidence from the Demographic and Health Surveys. *DHS Working Papers, Demographic and Health Research* (41).

³ The definition for prospective unmet need is based on the DHS question “Would you like your next child within the next two years or would you like no more children?”

preferences looking forward because it is most likely to predict a woman’s need for family planning in the extended postpartum period.

Among women within two years postpartum, 74% have an unmet need for FP; 16% are using a method of FP; and only 7% of women during this 24-month postpartum period desire another pregnancy within two years.

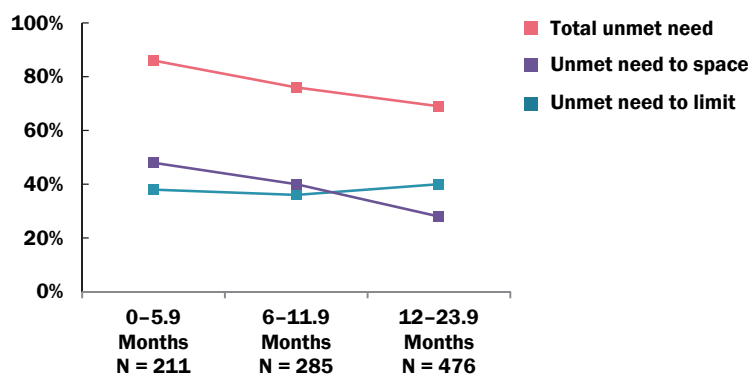
Figure 2: Prospective unmet need for FP among women within 0–24 months postpartum



UNMET NEED FOR SPACING AND LIMITING

Figure 3 demonstrates the prospective unmet need for spacing and limiting births compared to FP use during this period. Total unmet need decreases as the number of months post-delivery increases. From 0–5.9 months postpartum, overall unmet need is 85%. At the end of one year postpartum, overall unmet need has decreased to 75%, and then drops to 68% by the end of the second year. With regard to components of overall unmet need, the levels of unmet need for spacing decrease throughout the 24-month postpartum period, from 48% (0–5.9 months) to 40% (6–11.9 months) to 28% (12–23.9 months). The unmet need for limiting increases slightly over this same period, going from 37% (0–5.9 months) to 35% (6–11.9 months) to 40% (12–23.9 months).

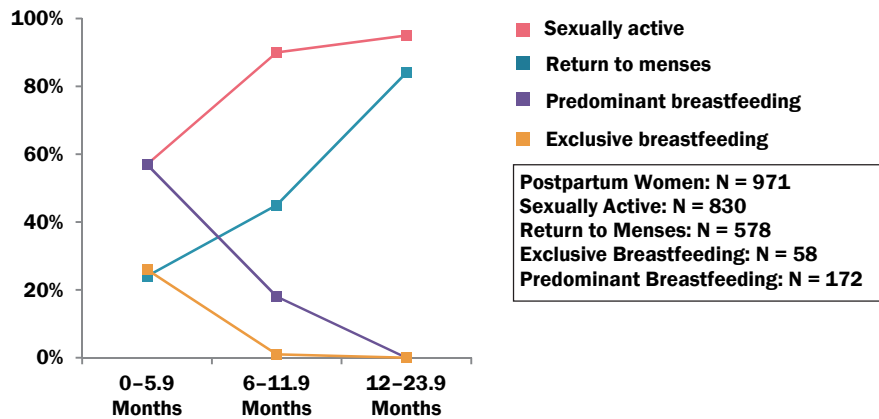
Figure 3: Prospective unmet need across postpartum periods



RETURN TO FERTILITY AND RISK OF PREGNANCY

Figure 4 illustrates key factors related to return to fertility and the risk of pregnancy among women during the first two years postpartum. More than half (57%) of women are sexually active by six months postpartum and 24% of women have experienced menses return during the same period. From 12–24 months postpartum, 95% of postpartum women are sexually active and 84% have menses return, yet only 17% of sexually active postpartum women are using a modern method of FP during this time.

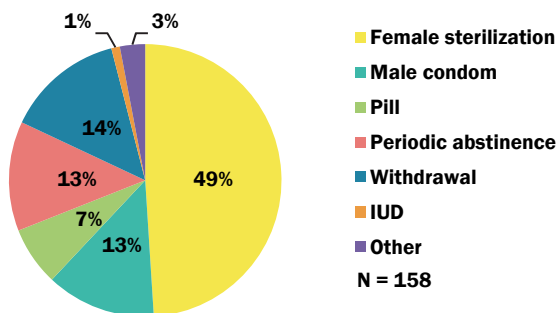
Figure 4: Factors related to return to fertility and risk of pregnancy in the first 0–24 months after birth



METHOD MIX FOR POSTPARTUM FAMILY PLANNING USERS

Figure 5 illustrates the method mix for women using FP during the first two years postpartum. Among the 158 women who are using a FP method, the majority (49%) use sterilization, 13% are using the male condom, 7% are using the pill, 1% are using an IUD and 27% are using traditional methods (abstinence and withdrawal).

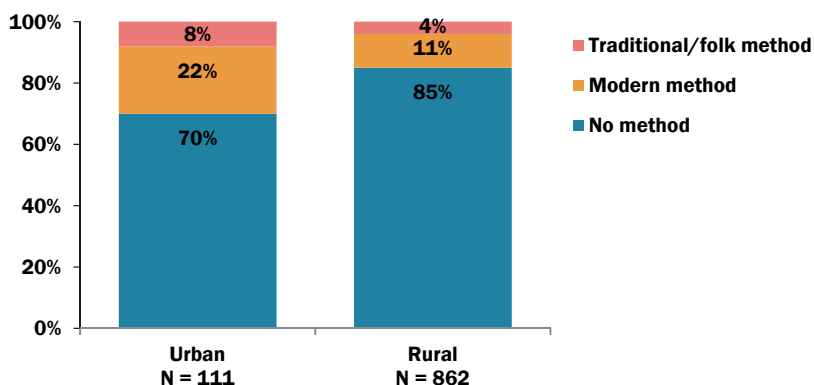
Figure 5: Method mix for family planning users 0–24 months postpartum



CONTRACEPTIVE USE BY URBAN-RURAL RESIDENCE

Figure 6 shows the uptake of family planning during the 24-month postpartum period by urban and rural residence. A higher percentage of rural women (85%) than urban women (70%) do not use any method of FP. In addition, only 11% of rural women are using a modern method, compared with 22% of urban women.

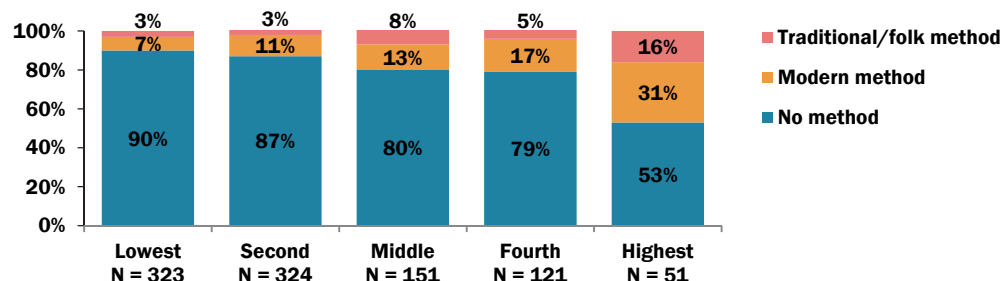
Figure 6: Uptake of family planning during the postpartum period by urban-rural residence



CONTRACEPTIVE USE BY SOCIOECONOMIC STATUS

Figure 7 shows the uptake of FP during the 24-month postpartum period by socioeconomic status. The highest wealth quintile is much more likely to use a method of FP (47%) compared with the lowest wealth quintile, where FP use is only 10%.

Figure 7: Uptake of family planning during the postpartum period by socioeconomic status



CONCLUSION

Over half (57%) of all non-first births in Bihar, India, are spaced less than 24 months apart, putting women and their infants at increased risk for poor maternal and perinatal outcomes. This analysis demonstrates that women in Bihar have a significant unmet need for FP during the two years after a birth. Even though unmet need decreases during this period (from 85% to 68%), overall unmet need is still very high, with unmet need for limiting remaining steady (from 37% at 0–5.9 months to 40% at 12–23.9 months).

At 12–24 months postpartum, 95% of postpartum women are sexually active and 84% have menses return, yet only 17% of sexually active postpartum women are using FP during this period, leaving them at increased risk for unintended pregnancy. While this unmet need is for both spacing and limiting, the majority of women rely on sterilization (49%), with the next most common method the male condom (13%). This limited method mix demonstrates the need to increase availability of a wide range of FP methods. Findings here also demonstrate the need for increased attention to community-based services because rural women are much less likely to use FP than urban women (15% and 30% respectively). In addition, women in the highest wealth quintiles are also much more likely to use a method of FP compared to those in the lowest wealth quintiles.

Ensuring that all women with infants and small children have access to high-quality FP services through existing maternal and child health services, both in urban and rural settings, is an important strategy for reducing both maternal and childhood mortality. Program evidence indicates that offering postpartum family planning (PPFP) services that begin during antenatal care and are offered during all maternal and child health contacts can be effective for increasing awareness of, demand for and use of FP in this critical period.

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