



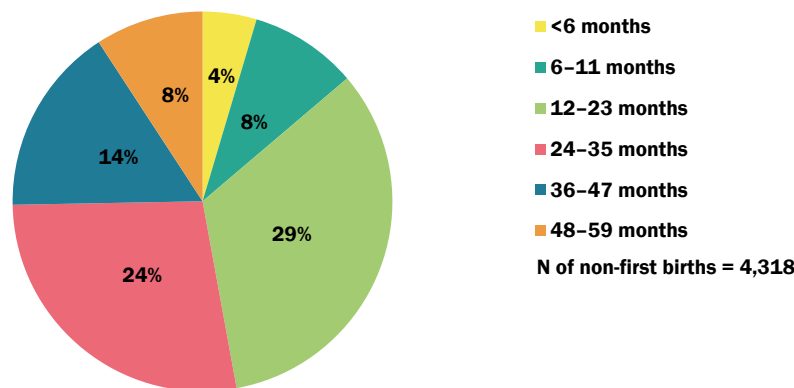
# Family Planning Needs during the First Two Years Postpartum in Liberia

This analysis is based on the 2007 Demographic and Health Survey (DHS) data from Liberia. It summarizes key findings related to pregnancy spacing, fertility return, family planning (FP) use and opportunities for services during the period from the last delivery through two years postpartum.

## PREGNANCY SPACING IN LIBERIA

**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. Approximately 41% of pregnancies in Liberia occur within short intervals of less than 24 months. Of these pregnancies, 12% occur within very short intervals of less than 12 months and another 29% occur within intervals of 12–23 months.

**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.<sup>1</sup> 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.<sup>2</sup>

It is noteworthy that the 2007 Liberia DHS data demonstrate a sharp decrease in infant and childhood mortality rates as the length of the birth-to-pregnancy interval increases. Infant mortality decreases from 147/1,000 (for infants born at intervals <15 months) to 55/1,000 (for infants born at intervals between 27 and 38 months). Similarly, higher rates of under-five mortality are evidenced for children born at intervals of less than 15 months (208/1,000) compared with children born at intervals between 27 and 38 months (111/1,000).

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

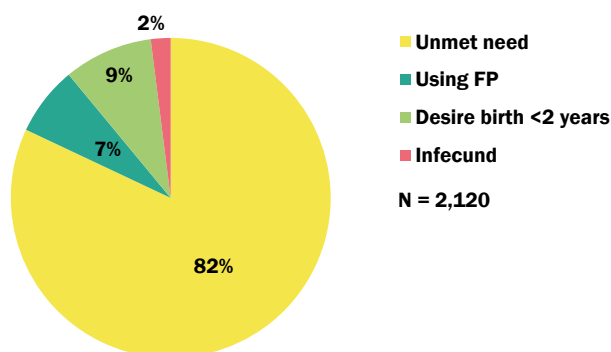
<sup>2</sup> Rutstein SO. 2008. Further evidence of the effects of preceding birth intervals on neonatal, infant, and under-five-years mortality and nutritional status in developing countries: Evidence from the Demographic and Health Surveys. *DHS Working Papers, Demographic and Health Research* (41).

## UNMET NEED AMONG WOMEN WITHIN 0–24 MONTHS

Data from 2,120 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 prospectively<sup>3</sup> regarding the woman’s desired timing for her next pregnancy. Prospective unmet need is based on fertility 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, 82% have an unmet need. Only 7% of these women are using any method of FP, yet only 9% of women during this 24-month postpartum period desire another birth within two years.

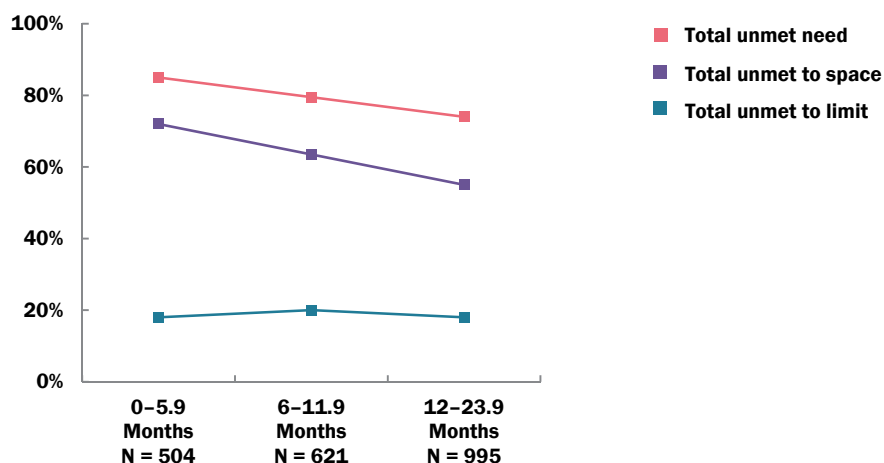
**Figure 2: Prospective unmet need for FP among women within 0–24 months postpartum**



## UNMET NEED FOR SPACING AND LIMITING

**Figure 3** demonstrates the prospective unmet need for spacing and limiting births versus FP use during this period. Total unmet need declines only slightly over the two-year period. At the end of the first year postpartum, the unmet need is 85%. By the end of the second year, the unmet need decreases to 74%. Notably, the unmet need to space decreases over the two-year postpartum period (from 72% to 55%), while the unmet need to limit stays more or less stable (between 18% and 20%).

**Figure 3: Prospective unmet need across postpartum periods**

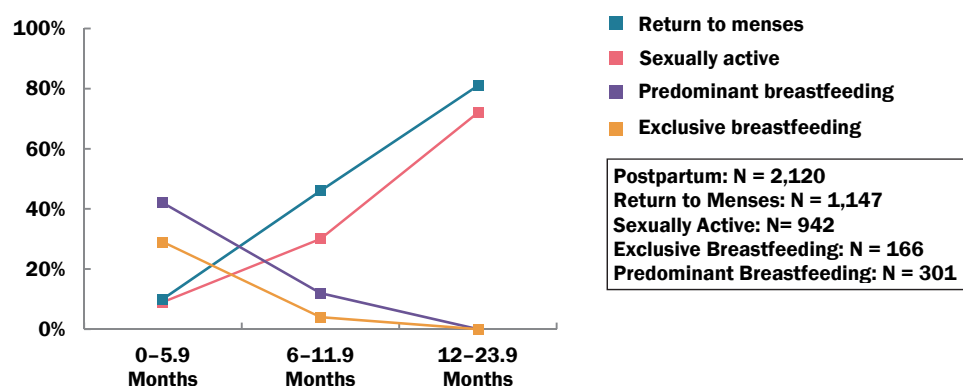


<sup>3</sup> The definition for *prospective unmet need* is based on the DHS question “Would you like your next child within the next two years or would you like no more children?”

## 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. Less than 10% of women report that they are sexually active at six months postpartum (although in-country sources note that sexual activity is likely higher in this group). The percentage of women reporting that they are sexually active increases to 30% at 6–12 months postpartum and to 72% at 12–24 months postpartum. While only 12% of women report menses return within the first six months after delivery, this percentage increases to 46% at 6–12 months and to 81% at 12–24 months.

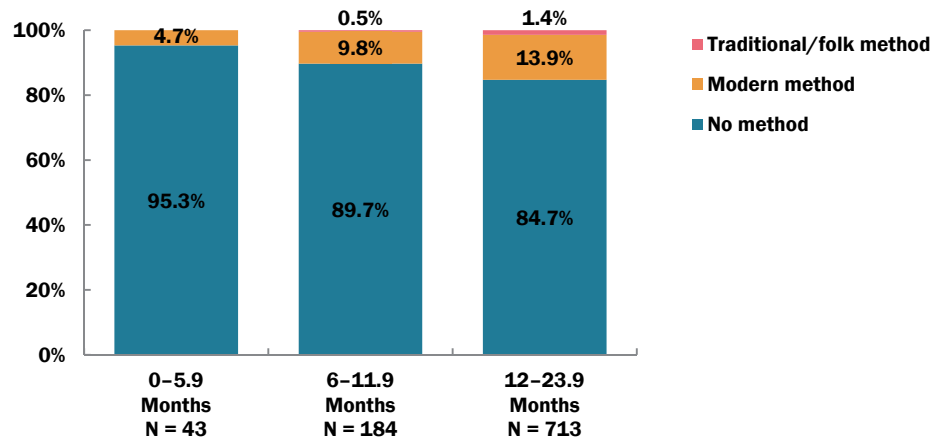
**Figure 4: Factors related to return to fertility and risk of pregnancy in the first 0–24 months after birth**



## UPTAKE OF FAMILY PLANNING USE AMONG SEXUALLY ACTIVE WOMEN

**Figure 5** shows uptake of FP methods among women who are sexually active in the two-year postpartum period. While sexual activity increased from less than 10% for women 0–6 months postpartum to 30% at 6–12 months, and to 72% at 12–24 months, the use of modern methods only increased from 5% to 14% by the end of the second year, leaving 85% of sexually active women not using a modern method of FP.

**Figure 5: Uptake of family planning among sexually active women within 0–24 months postpartum**

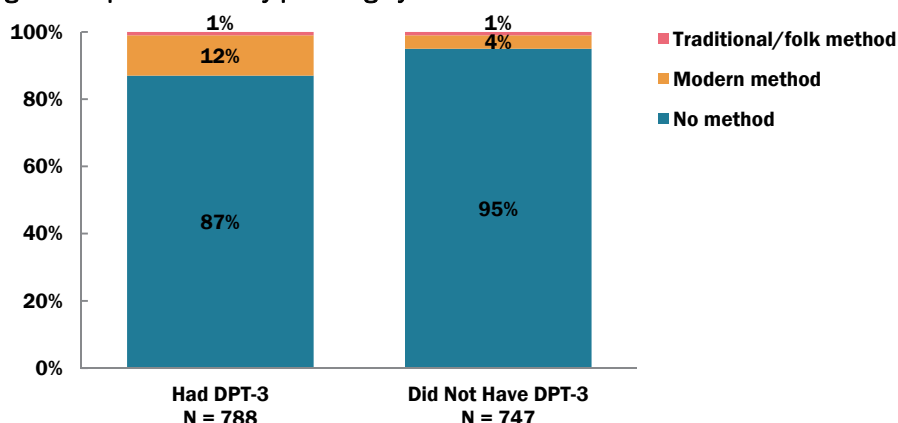


## CONTRACEPTIVE USE BY INFANT VACCINATION STATUS

Since new mothers and their infants have multiple contacts with health services during the first two years postpartum, it is useful to examine contraceptive use by immunization status. As illustrated in **Figure 6**, mothers of children who received a DPT-3 vaccine are more likely to use a modern FP method in the postpartum period (12%) compared with mothers of children who did not receive a DPT-3 vaccine (4%). Similarly, mothers of children who received a measles

vaccine were also more likely to use a modern FP method (13%) than mothers of children who did not receive a measles vaccine (5%).

**Figure 6: Uptake of family planning by DPT-3 vaccination status**



## CONCLUSION

This analysis of the 2007 DHS demonstrates that women in Liberia have a high unmet need for FP during the first two years after a birth. Overall, 82% of women have a prospective unmet need for FP. This unmet need is for both spacing and limiting, supporting the need to ensure the availability of a wide range of FP methods. It is notable that unmet need for spacing declined over time, while there was no decline in unmet need for limiting. These high levels of unmet need for FP in postpartum women further suggest the need to integrate FP into existing programs that are reaching this group. Immunization services are an excellent example of a possible integration platform, because 64% of children 9–24 months received their measles vaccine and, as illustrated above, women who have immunization contacts are much more likely to accept FP services.

In addition, almost half of the women who have an unmet need for FP (40% for spacing and 39% for limiting) delivered at a health facility. This illustrates missed opportunities at the facility level and, as such, the need to integrate postpartum family planning (PPFP) into routine post-delivery care services. The provision of integrated PPFP services is especially important for postpartum women choosing to limit, as permanent FP methods are provided only at the facility level. Ensuring that women with infants and small children have access to high-quality FP services that include counseling about risk of pregnancy and contraceptive options is an important strategy for reducing both maternal and childhood mortality.

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