



Family Planning Needs during the First Two Years Postpartum in the Philippines

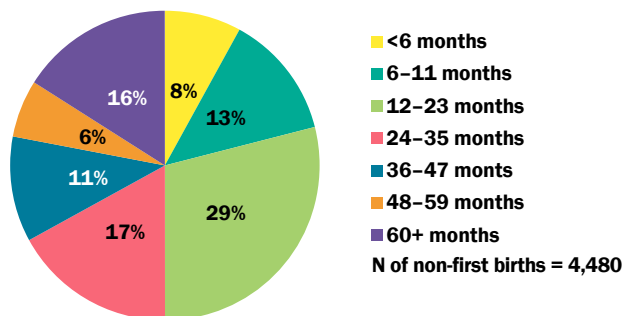
This analysis is based on the 2008 Demographic and Health Survey (DHS) data from the Philippines. It summarizes key findings related to birth and pregnancy spacing, fertility return, unmet need for and use of family planning (FP), and contact with key services for women during the period from the last birth through two years postpartum.

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

PREGNANCY SPACING IN THE PHILIPPINES

Figure 1 presents data from women experiencing births in the past five years. In this analysis, only women with pregnancies that resulted in a live birth are included, and the pregnancy duration is calculated at nine months. Of these pregnancies, 8% occur within very short intervals of less than six months, 13% occur within short intervals of less than 12 months, and another 29% occur within intervals of 12–23 months. Thus, half (50%) of all pregnancies in the Philippines 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



It is noteworthy that the 2008 Philippines 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 by almost half, from 35/1,000 for infants born at birth-to-pregnancy intervals <15 months, to 18/1,000 for infants born at birth-to-pregnancy intervals between 27 and 38 months. Similarly, higher rates of under-five mortality are evidenced for children born at birth-to-pregnancy intervals of less than 15 months (54/1,000) compared with children born at birth-to-pregnancy intervals between 27 and 38 months (26/1,000).

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

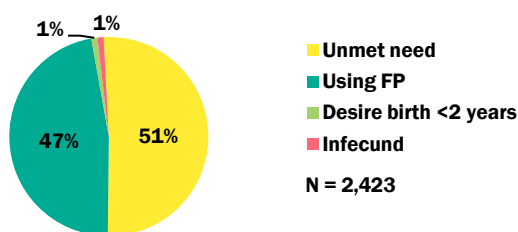
² Rutstein SO. 2008. Further evidence of the effects of preceding birth intervals on neonatal, infant, and under-five-years mortality and nutritional status in developing countries: Evidence from the Demographic and Health Surveys. *DHS Working Papers, Demographic and Health Research* (41).

PROSPECTIVE UNMET NEED FOR FAMILY PLANNING

Data from 2,423 women within two years of a birth were used to examine unmet need, as illustrated below in **Figure 2**. In this analysis, unmet need for FP is defined prospectively³ regarding the woman’s desired timing for her next pregnancy and her current use of a method of contraception. Prospective unmet need is based on fertility preferences looking forward because it is most likely to predict a woman’s need for FP in the extended postpartum period.

Among women within two years postpartum, 51% have an unmet need for FP; 47% are using a method of FP; and only 1% of women desire another pregnancy within two years.

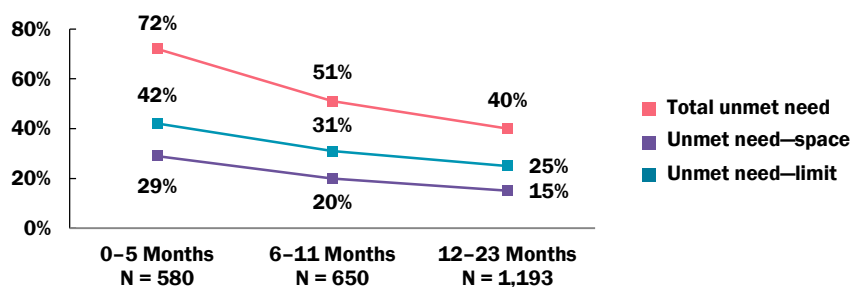
Figure 2: Prospective unmet need for FP among women within 0–23 months postpartum



UNMET NEED FOR SPACING AND LIMITING

Figure 3 demonstrates the prospective unmet need for spacing and limiting births through two years postpartum. Total unmet need decreases as the number of months post-delivery increases. Among women 0–5 months postpartum, overall unmet need is 72%. Overall unmet need decreases to 51% among women 6–11 months postpartum, and then decreases further to 40% among women 12–23 months postpartum. With regard to women’s fertility desires among the total unmet need, the levels of unmet need for limiting decrease throughout the two-year postpartum period, from 42% (0–5 months) to 31% (6–11 months) to 25% (12–23 months). Similarly, the unmet need for spacing decreases over this same period, going from 29% (0–5 months) to 20% (6–11 months) to 15% (12–23 months).

Figure 3: Prospective unmet need across postpartum periods



RETURN TO FERTILITY AND RISK OF PREGNANCY

The figures on the following page illustrate key factors related to return to fertility and risk of pregnancy. **Figure 4** shows that among all women 0–23 months postpartum, 52% of women are sexually active during the first six months postpartum and 34% have experienced menses return during the same period. Among women 12–23 months postpartum, 93% are sexually active and 92% have menses return.

Figure 5 looks at sexually active women during the same period and illustrates how risk of pregnancy increases over time during the two years postpartum. While only 41% of sexually active women are at risk of pregnancy during the first six months postpartum, this risk increases

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?”

to 65% among women 6–11 months postpartum, and then decreases slightly to 61% among women 12–23 months postpartum.⁴

Figure 4: Factors influencing return to fertility among all women 0–23 months postpartum

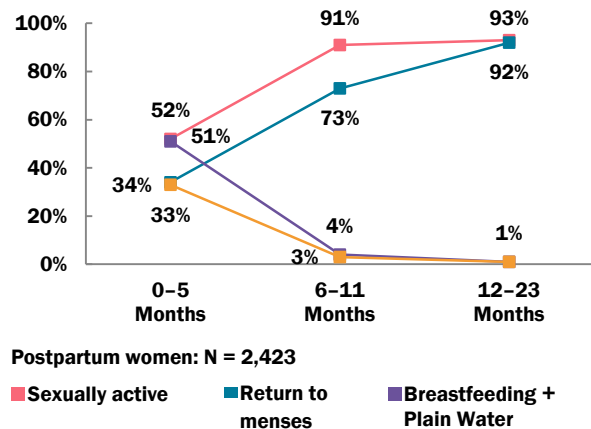
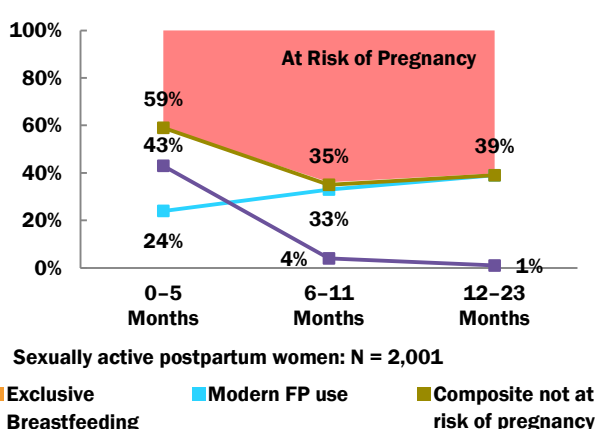


Figure 5: Risk of pregnancy among sexually active women 0–23 months postpartum

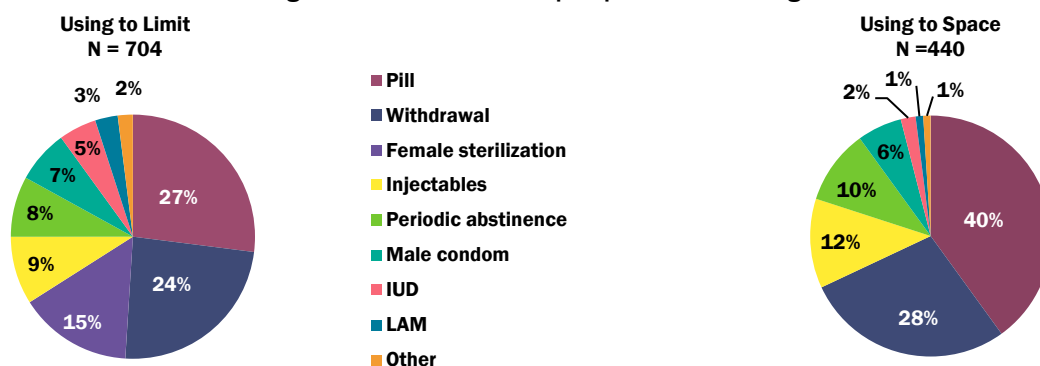


METHOD MIX FOR POSTPARTUM FAMILY PLANNING USERS

Among the 1,145 postpartum women who are using a FP method, 32% are using the pill, 10% are using injectables, 9% are using female sterilization, 6% are using condoms, 4% are using an IUD, 3% are using the lactational amenorrhea method, 1% are using the Standard Days Method[®] and the remaining 35% are using traditional methods (withdrawal and periodic abstinence).

Figure 6 shows the method mix among postpartum women by their reproductive intentions. Among women who are using FP to limit, 80% are using short-acting or traditional methods, while only 20% are using long-acting or permanent methods, such as female sterilization (15%) and IUDs (5%). For women intending to space, the mix is dominated by short-acting methods. Of note is the use of the pill by 40% of the women who are using FP to space.

Figure 6: FP method use among women 0–23 months postpartum according to their intention to limit or space



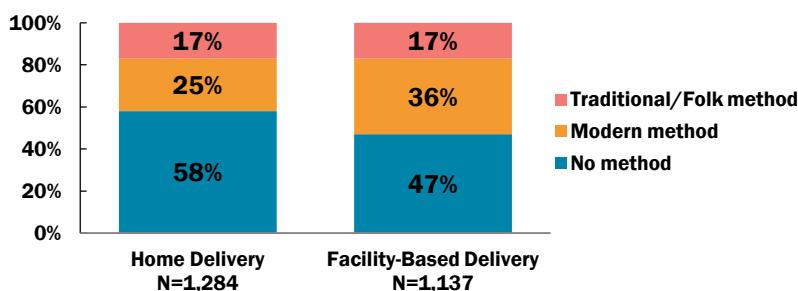
CONTRACEPTIVE USE BY PLACE OF DELIVERY

According to the 2008 DHS, only 44% of all births in the Philippines occur at a health facility, while more than half (56%) occur at home. **Figure 7** shows that overall, 36% of postpartum

⁴ The composite not-at-risk calculation includes: (1) women 0-5 months postpartum who are exclusively breastfeeding, or providing breastmilk and plain water only, or are using a modern FP method; (2) women 6-11 months postpartum who are exclusively breastfeeding and menses have not returned, or providing breastmilk and plain water only and menses have not returned, or are using a modern FP method; (3) women 12-23 months postpartum who are using a modern FP method.

women who delivered at a health facility are using a modern method of FP, compared with only 25% of women who delivered at home.

Figure 7: Uptake of family planning during the 0–23 months postpartum period by place of delivery



CONCLUSION

Half (50%) of all non-first births in the Philippines are spaced at less than the recommended 24-month birth-to-pregnancy interval, putting women and their infants at increased risk for poor maternal and perinatal outcomes. This analysis demonstrates that women in the Philippines have a significant unmet need for FP during the two years after a birth. Even though total unmet need decreases during this period (from 72% to 40%), the overall unmet need is still high.

In the Philippines, risk of pregnancy peaks in the second half of the first year postpartum. While only 41% of sexually active women are at risk of pregnancy during the first six months postpartum, this risk increases to 65% among women 6–11 months postpartum, and then decreases slightly to 61% among women 12–23 months postpartum. Method mix in the Philippines relies heavily on traditional and short-term methods, with the majority of women relying on the pill (32%) and only 13% using long-acting or permanent methods (IUDs and female sterilization). However, the need to limit is still high for postpartum women (42% among women 0–5 months postpartum and 25% among women 12–23 months postpartum), demonstrating the need for increased access to long-acting and permanent methods of FP, which are highly effective methods for women to achieve their desired pregnancy spacing/limiting needs.

Perhaps reflective of access to services, women who deliver at home are much less likely to use a modern FP method than those who deliver in a health facility (25% and 36% respectively). With over half (56%) of all births in the Philippines occurring at home, these findings demonstrate the need for increased community-based services in rural settings. Program evidence indicates that offering postpartum family planning (PPFP) counseling during antenatal care and offering PPFP services 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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