Family Planning Needs during the Extended Postpartum Period in the Democratic Republic of Congo

This analysis is based on the 2007 Demographic and Health Survey (DHS) data from the Democratic Republic of Congo, 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 26% of births occur within short intervals of less than 24 months, and another 39% 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 \textit{before couples attempt to become pregnant} (birth-to-pregnancy interval) in order to reduce the risk of adverse maternal, perinatal and infant outcomes.\(^2\)

\begin{figure}[h]
\centering
\includegraphics[width=0.5\textwidth]{figure1}
\caption{Birth spacing among all women—all births in last five years}
\end{figure}

Unmet Need among Postpartum Women

Data from 2,039 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, 67% have an unmet need, but only 21% 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.

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\(^1\) Analysis by Maria Borda, Futures Group International, April 2009.
\(^3\) 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.
**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 remains high throughout the postpartum period.

**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 31% during this same period. At four to six months, approximately 11% of postpartum women are exclusively breastfeeding.
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 the majority of postpartum women have returned to sexual activity at four to six months postpartum (as indicated in Figure 4), the majority of women are not using any family planning method. The use of modern methods remains constant at about 10% throughout the postpartum period.

**Figure 5: Uptake of family planning across the postpartum period**

![Graph showing uptake of family planning methods](image)

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 DHS survey (N=428). The majority (54%) of women use periodic abstinence, followed by withdrawal (20%) and condoms (20%) and the second most-widely used methods. The use of other modern methods is only 6% among postpartum family planning users.

**Figure 6: Method mix for postpartum family planning users**

![Pie chart showing method mix](image)

Postpartum Women with Unmet Need by Age

Figure 7 illustrates that 57% of women with unmet need for limiting are more than 30 years old, while only 27% of women with unmet need for spacing are older than age 30. In contrast, 22% of women with unmet need for limiting are between 15 and 24, while 49% of women with unmet need for spacing are in this age group. To respond to this unmet need in spacing and limiting, long-acting and permanent family planning methods should be made available to these women.
Conclusion
This analysis demonstrates that women in the Democratic Republic of Congo have a high unmet need for family planning during the first year postpartum. The significant need for limiting among older women is an important programmatic area for family planning support, as it is often a period neglected by both maternal and newborn health and family planning programs. Long-acting family planning methods are needed for effective limiting and spacing and thus are vitally important.

Ensuring that postpartum women have access to high-quality postpartum services, including family planning and counseling about pregnancy spacing, 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.