Family Planning Needs during the Extended Postpartum Period in Madagascar

This analysis uses the 2003–2004 Demographic and Health Survey (DHS) data from Madagascar, and summarizes key findings related to birth spacing and postpartum family planning during the extended postpartum period. 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 24% of births in Madagascar occur within short birth intervals of less than 24 months, and another 33% occur between 24 and 35 months. Based on research findings that demonstrate improved perinatal outcomes for infants born 36 to 59 months after a preceding birth, experts made recommendations to the World Health Organization (WHO) advising that women have an interval of at least 24 months before attempting the next pregnancy in order to reduce the risk of adverse maternal, prenatal and infant outcomes.2

Unmet Need for Family Planning among Postpartum Women
In this analysis, data from 1,196 women within one year post-delivery were used to examine prospective unmet need. Prospective unmet need is defined as postpartum women’s reported desired timing for the next pregnancy. Prospective analysis yields higher rates of unmet need than are observed if the woman is asked only about the preceding birth.3

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1 Analysis by Maria Borda, Futures Group International, January 2009.
3 Based on the question, “Would you like your next child within the next two years or would you like no more children?” among women within one year post-delivery.
Figure 2 shows that 75% of women in the first year postpartum have an unmet need for family planning but only 16% are using any method of family planning. Notably, only a small percentage (7%) of women desire another birth in the next two years.

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

Unmet Need for Spacing and Limiting
Figure 3 illustrates the unmet need for spacing and limiting compared to family planning use during the first year postpartum. Unlike the findings from other countries, unmet need reaches the highest level (nearly 80%) at the four- to six-month postpartum period instead of the first three months postpartum. There is also a notable proportion of unmet need for limiting (around 30%) across the 12 months following the birth. In contrast, family planning use reaches no more than one-fifth (19%) at the 10–12 month postpartum period.

**Figure 3: Prospective unmet need among postpartum women**

Return to Fertility and Risk of Pregnancy
Figure 4 illustrates key elements related to return to fertility among women during the first year postpartum. Of note is the sharp decline in exclusive breastfeeding and the increase in sexual activity occurring during the three- to six-month time period. Almost 70% (69%) of women resume sexual activity in the three- to six-month period postpartum. This figure increases steadily through the first year, totaling about 88% of women at the end of the extended postpartum period. Consistent with the median return of menses found in Madagascar’s 2003–2004 DHS, over half (53%) of women experience return of menses by 12 months.
Figure 4: Factors related to return to fertility and risk of pregnancy in the first year after birth

Uptake of Family Planning by Place of Residence
Similar to findings elsewhere, there appears to be a relationship between place of residence and postpartum family planning use. Figure 5 illustrates that women who live in urban areas more frequently use family planning methods.

Figure 5: Uptake of family planning during the postpartum period by place of residence

Contraceptive Method Mix for Postpartum Family Planning Users
Figure 6 presents the method mix among the 16% of women using family planning in the extended postpartum period. It is noteworthy that 36% of this use is attributable to the Lactational Amenorrhea Method (LAM), followed by traditional methods at 26% and injectables at 22%. Use of other modern methods, which include IUDs and implants, is negligible at only 1%.

Figure 6: Method mix for postpartum family planning users
Uptake of Family Planning across the Postpartum Period

Figure 7 illustrates that the majority of postpartum women (between 75% and 81% at any given period) do not use any method of family planning, although the uptake of modern methods increases throughout the postpartum period. With nearly one-fifth (19%) of women using LAM during the first three-month time period, apparent opportunities exist for LAM users to be transitioned to other modern methods.

Figure 7: Uptake of family planning across postpartum period

Conclusion

This analysis demonstrates significant unmet need in Madagascar for family planning for both spacing and limiting among women during the first year postpartum. It also graphically portrays their vulnerability to pregnancy through the clustering of elements related to return to fertility through the first year postpartum, a period often neglected by both maternal and newborn health and family planning programs. Differences in uptake of family planning between urban and rural areas suggest that family planning programs must tailor services and interventions to specific population settings. Furthermore, despite the significant proportion of LAM use, other modern methods including long-acting methods are vital for effective spacing given the high unmet need for both spacing and limiting.

Overall, ensuring that postpartum women have access to high-quality postpartum services, including family planning and counseling about birth spacing and limiting options, is an important strategy in reducing both maternal and early childhood mortality.

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