Family Planning Needs during the Extended Postpartum Period in Malawi

This analysis is based on the 2004–2005 Demographic and Health Survey (DHS) data from Malawi, 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 15% of births occur within short intervals of less than 24 months, and another 35% 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 before couples attempt to become pregnant (birth-to-pregnancy interval) in order to reduce the risk of adverse maternal, perinatal and infant outcomes.2

Figure 1: Birth spacing among all women – all births in last five years

Unmet Need among Postpartum Women

Data from 2,611 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, 70% have an unmet need, but only 26% are using any method of family planning. Consistent with findings elsewhere,4 only 3% 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, January 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
Figure 2: Unmet need among women in the first year postpartum

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 is highest soon after delivery but remains substantial even in the latter 10–12 months postpartum. Unlike in many other African countries, there is a steep decrease in unmet need across the postpartum period, particularly in spacing. Unmet need to limit remains substantial and therefore an opportunity exists to improve access to long-acting and permanent methods within postpartum family planning programs.

Figure 3: Unmet need for spacing and limiting compared to family planning use

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 45% return to sexual activity during the four- to six-month period after giving birth, and menses returns for 25% during this same period. At four to six months, approximately 20% of postpartum women are exclusively breastfeeding and about 40% of sexually active women are using family planning.
Figure 4: Factors related to return to fertility and risk of pregnancy in the first year after birth

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. About 40% of women in the four- to six-month postpartum period are using any method of family planning.

Figure 5: Uptake of family planning across the postpartum period

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=2,611). The majority (59%) of women use injectables, followed by condoms (11%) and withdrawal (10%).

Figure 6: Method mix for postpartum family planning users
Postpartum Women with Unmet Need by Age

Figure 7 illustrates that 48% of women with unmet need for limiting are over 30 years old, while only 12% of women with unmet need for spacing are over age 30. In contrast, 27% of women with unmet need for limiting are between 15 and 24, while 65% of women with unmet need for spacing are in this age group. To respond to unmet need in spacing and limiting, long-acting and permanent methods should be made available.

Figure 7: Postpartum women with unmet need, by age

Unmet Need to Limit
- 5% 15–19
- 22% 20–24
- 25% 25–29
- 48% 30+
N=2,611

Unmet Need to Space
- 12% 15–19
- 19% 20–24
- 23% 25–29
- 46% 30+

Conclusion

This analysis demonstrates that women in Malawi have a high unmet need for family planning during the first year postpartum. The significant need for limiting 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 methods are needed for effective limiting and spacing and are thus vitally important. There are also opportunities for the lactational amenorrhea method (LAM), given that 65% of women exclusively breastfeed during the zero to three-month period.

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