Family Planning Needs during the Extended Postpartum Period in Nigeria

This analysis is based on the Nigerian 2003 Demographic and Health Survey data and summarizes key findings related to birth spacing, family planning needs and practices during the first year postpartum.

Birth Spacing among all women in Nigeria
Figure 1 presents data from all women experiencing births in the past five years. Almost one fourth (24%) of births in Nigeria occur within short birth intervals of less than 24 months and another 40% occur between 24 and 35 months. Based on research findings that indicate improved perinatal outcomes for infants born 36-59 months after a preceding birth, WHO recommends an interval of at least 24 months before couples attempt to become pregnant in order to reduce the risk of adverse maternal, perinatal infant outcomes.2

Prospective unmet need for family planning among postpartum women
Figure 2 illustrates unmet need for family planning among women in the first year postpartum. In this analysis unmet need is defined prospectively with regard to the next pregnancy, which yields even higher rates of unmet need than if the question was asked about the last birth. Thirteen percent of this group is using a method of family planning, with nine percent modern method use. Unlike the findings from studies elsewhere3 which show that the 93-97% of women in their first year postpartum would like to delay the next pregnancy for at least two years, we see that one fifth (20%) of Nigerian women desire another birth within two years.

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1 Analysis by Maria Borda and William Winfrey, Futures Group/Constella, for ACCESS-FP.
Unmet need for spacing and limiting
Figure 3 demonstrates the unmet need for spacing and limiting among Nigerian women during the first year postpartum. Consistent with what is known about postpartum unmet need, in Nigeria there is also a need both for spacing and limiting. Although the need for limiting hovers around 10%, it is fairly constant across the 12 months following birth. Notable is that 50% of these women with the expressed need to limit delivered in health institutions indicating a significant missed opportunity to meet their family planning needs.

Factors affecting return to fertility
Figure 4 illustrates key elements related to return to fertility and risk of pregnancy among women during the first year postpartum. Of note is the sharp decline in breastfeeding from around 90% in the first 3 months to just above 50% between 4-6 months after birth, and the return to sexual activity by two thirds of women occurring during the 4-6 month time period. We also note that 30% of women resume sexual activity in the first three months postpartum. This figure increases steadily through the first year reaching about 80% of women at the end of the extended postpartum period. Consistent with the median return of menses found in Nigeria’s 2003 DHS, approximately 45% of women experience menses return before 12 months.
**Figure 4: Return to fertility**

![Figure 4: Return to fertility](image)

**Postpartum family planning use and influence of antenatal care**

Similar to findings elsewhere there appears to be a relationship between use of maternal health services and postpartum family planning use and the dose response pattern is notable (Figure 5). Other research has demonstrated that when the effects of location, education and income are controlled for in the analysis, the relationship remains. The proportion of postpartum family planning use is LAM (See Figure 6).

**Figure 5: Postpartum family planning use and influence of antenatal care**

![Figure 5: Postpartum family planning use and influence of antenatal care](image)

**Method mix for postpartum family planning users**

Figure 6 illustrates the method mix among the 13% of women using family planning in the extended postpartum period. It is noteworthy that the majority of use is LAM, which decreases over time. Modern method use is about 68% of the total. Of the traditional methods, withdrawal accounts for 12% and abstinence only 9.5%.

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4 Sexually active N=1480; Predominately breastfeeding N=1,338 and Menses returned=1,483.
Figure 6: Method mix for postpartum FP users

Conclusion
This analysis demonstrates significant unmet need for family planning among women during the first year postpartum. It also graphically portrays that their greatest vulnerability to pregnancy, as illustrated through the clustering of elements related to return to fertility, occurs between the 4-9 month period postpartum. The significant unmet met for both spacing and limiting indicates an important area for family planning programmatic support.

In addition, the relationship between family planning use and the use of antenatal care has important implications for women’s access to critical maternal health services. In light of the fact that every year in Nigeria there are over five million births ensuring that postpartum women have access to quality postpartum services, including family planning and counseling about birth spacing, is an important strategy in reducing both maternal, perinatal and early childhood mortality rates.

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 will 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 Angela Nash-Mercado, anash-mercado@jhpiego.net.