Family Planning Needs during the Extended Postpartum Period in Pakistan

This analysis uses the 2006–2007 Demographic and Health Survey (DHS) data from Pakistan, 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 34% of births in Pakistan occur within short birth intervals of less than 24 months, and another 34% occur between 24 and 35 months. Research findings demonstrate improved perinatal outcomes for infants born 36 to 59 months after a preceding birth. Based on these findings, 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.\(^2\)

*Figure 1: Birth spacing—all births in last five years*

Unmet Need for Family Planning among Postpartum Women

In this analysis, data from 2,093 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.\(^3\)

Figure 2 shows that 64% of women in the first year postpartum have an unmet need for family planning. Only 22% are using any method of family planning during the first year postpartum, and only 12% of women desire another birth in the next two years.

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\(^1\) Analysis by Maria Borda, Futures Group International, February 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 illustrates the unmet need for spacing and limiting compared to use of modern and traditional family planning during the first year postpartum. While unmet need declines over the first year postpartum and both modern and traditional contraceptive use increases, unmet need still remains high at 45%.

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

Return to Fertility and Risk of Pregnancy
Figure 4 illustrates key elements related to return to fertility among women during the first year postpartum. Nearly half (46%) of postpartum women have returned to sexual activity during the first three months postpartum. During these first three months, women may be protected from another pregnancy by breastfeeding exclusively and the absence of menses. However, in the four- to six-month postpartum period, the percentage of women who are sexually active increases to 85%, yet there is a dramatic decrease in the percentage of women breastfeeding exclusively and an increase in the percentage of women whose menses has returned.

Figure 4: Factors related to return to fertility and risk of pregnancy in the first year after birth
Uptake of Family Planning by Number of Antenatal Care Visits and by Location

Similar to findings elsewhere, there appears to be a relationship between number of antenatal care visits and postpartum family planning use. Use of family planning is also associated with living in an urban area, being older than 25, having two to six children and having a higher socio-economic status.

Figure 5: Uptake of family planning by number of antenatal care visits

![Uptake of family planning by number of antenatal care visits](image1)

Figure 6: Uptake of family planning by location

![Uptake of family planning by location](image2)

Contraceptive Method Mix for Postpartum Family Planning Users

Only 22% of postpartum women use family planning. Figure 7 presents the method mix among women using family planning in the extended postpartum period. Condoms, withdrawal and periodic abstinence (all male-controlled methods) are the most commonly used methods.

Figure 7: Method mix for postpartum family planning users

![Contraceptive method mix](image3)
Uptake of Family Planning across the Postpartum Period

Figure 8 illustrates uptake of family planning methods among women who are sexually active during the postpartum period. The majority of postpartum women do not use any method of family planning, although the uptake of modern methods increases throughout the postpartum period.

Figure 8: Uptake of family planning across postpartum period

Conclusion

More than one-third of women in Pakistan experience unusually short birth intervals of less than 24 months, with another third having intervals between 24 and 35 months. These short intervals have important implications for maternal and child health.

This analysis demonstrates significant unmet need in Pakistan 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.

Use of modern family planning is associated with both urban location and use of antenatal care. This family planning use may be due to urban women’s easier access to health care.

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.

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.