Family Planning Needs during the Extended Postpartum Period in Uganda

This analysis is based on the 2006 Demographic and Health Survey (DHS) data from Uganda, 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 25% of births occur within short intervals of less than 24 months, and another 44% 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 – all births in the last five years**

<table>
<thead>
<tr>
<th>Interval</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>7–17 months</td>
<td>14%</td>
</tr>
<tr>
<td>18–23 months</td>
<td>16%</td>
</tr>
<tr>
<td>24–35 months</td>
<td>17%</td>
</tr>
<tr>
<td>36–47 months</td>
<td>44%</td>
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<tr>
<td>48+</td>
<td>9%</td>
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<tr>
<td>N=6,961</td>
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</tbody>
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**Unmet Need among Postpartum Women**

Data from 1,831 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, 80% have an unmet need, but only 13% are using any method of family planning. Consistent with findings elsewhere,\(^4\) only 6% of women during this 12-month postpartum period desire another birth within two years.

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\(^1\) Analysis by Maria Borda, Constella Futures, 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 compared to use of family planning during the first year postpartum. Total unmet need is highest soon after delivery but remains substantial even in the latter 10–12 months postpartum. Similar to other African countries, there is a decrease in unmet need across the postpartum period, but the decrease is rather minor. Unmet need for both spacing and limiting remains high, and therefore an opportunity exists to improve access to long-acting and permanent methods of family planning 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 75% return to sexual activity during the four- to six-month period after giving birth, and menses returns for 26% during this same period. The majority (74%) of women practice exclusive breastfeeding from zero to three months postpartum, but less than one-third (32%) do so by four to six months postpartum. This figure illustrates that four to six months postpartum is a critical period when women become vulnerable to a subsequent pregnancy.
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. The 15% of women using family planning at one year postpartum compares with the 20% of all women using family planning.

Figure 5: Uptake of family planning across 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 of women use injectables, followed by traditional methods.

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

Figure 7 illustrates that 65% of women with unmet need for limiting are over 30, while 20% of women with unmet need for spacing are over age 30. In contrast, 15% of women with unmet need for limiting are between 15 and 24, while 44% of women with unmet need for spacing are in this age group. Women who are 30 and older may be more likely to adopt long-acting or permanent methods, while women who are younger than 30 may be more likely to take up a spacing method.

![Figure 7: Postpartum women with unmet need by age](image)

**Conclusion**

This analysis demonstrates that women in Uganda 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 in Uganda. Long-acting and permanent methods are needed for effective limiting and are thus vitally important.

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 maternal and child health contacts can be effective for increasing 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.