



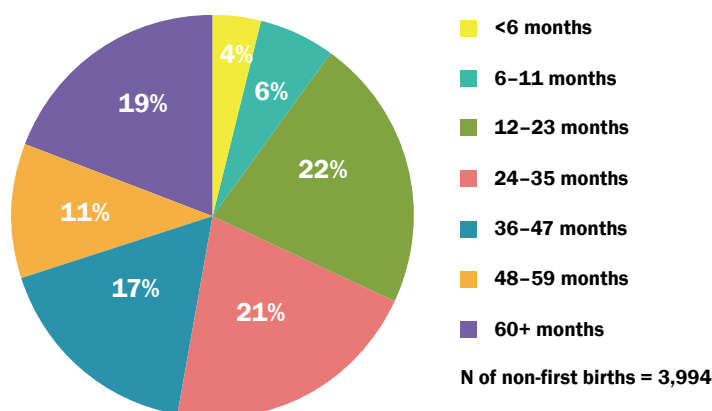
# Family Planning Needs during the First Two Years Postpartum in Bangladesh

This analysis is based on the 2007 Demographic and Health Survey (DHS) data from Bangladesh. It summarizes key findings related to pregnancy spacing, fertility return and family planning (FP) for women during the period from the last birth through two years postpartum.

## PREGNANCY SPACING IN BANGLADESH

**Figure 1** presents data from all women experiencing births in the past five years. In this analysis, the pregnancy duration is calculated at nine months and only women with pregnancies that resulted in a live birth are included. One third (32%) of all pregnancies occur within intervals of less than 24 months. Of these pregnancies, 10% occur within very short intervals of less than 12 months and another 22% occur within intervals of 12–23 months.

**Figure 1: Birth-to-pregnancy spacing among all women aged 15–49, all non-first births in the last five years**



Because research findings demonstrate improved perinatal outcomes for infants born 36–59 months after a preceding birth, experts made recommendations to a World Health Organization (WHO) Technical Committee 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.<sup>1</sup> In addition, an analysis of DHS data from 52 developing countries, which studied over one million births, found that too short of birth-to-pregnancy intervals are associated with adverse pregnancy outcomes, increased morbidity in pregnancy, and increased infant and child mortality.<sup>2</sup>

Similarly, it is noteworthy that the 2007 Bangladesh DHS data demonstrates decreases in infant and childhood mortality rates as the birth-to-pregnancy interval increases. Infant mortality decreases by more than half, from 105/1,000 (for infants born at intervals <15 months)

<sup>1</sup> Report of a WHO Technical Consultation on Birth Spacing Geneva, Switzerland, 13–15 June 2005.

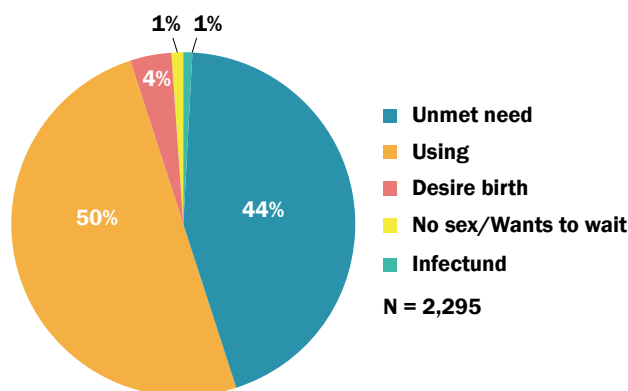
<sup>2</sup>Rutstein SO. 2008. Further evidence of the effects of preceding birth intervals on neonatal, infant, and under-five-years mortality and nutritional status in developing countries: Evidence from the Demographic and Health Surveys. DHS Working Papers, Demographic and Health Research (41).

to 45/1,000 (for infants born at intervals between 27 and 38 months). In addition, higher rates of under-five mortality are evidenced for children born at intervals of less than 15 months (137/1,000) compared with children born at intervals between 27 and 38 months (56/1,000).

## UNMET NEED AMONG WOMEN WITHIN TWO YEARS OF A BIRTH

Data from 2,295 women within two years of a birth were used to examine unmet need, as illustrated in **Figure 2**. In this analysis, unmet need is defined prospectively regarding the woman’s desire to space or to limit. Prospective analysis yields higher rates of unmet need than are observed if the woman is asked if the last birth was planned or wanted.<sup>3</sup> Among women within two years postpartum in Bangladesh, 44% have an unmet need; 50% are using a method of FP. Only 4% of women during this 24-month postpartum period desire another birth within two years.

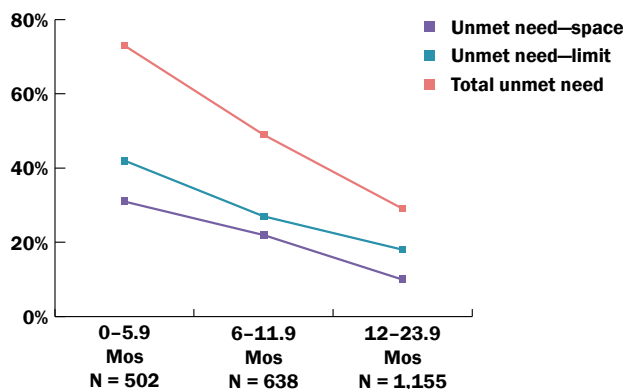
**Figure 2: Unmet need among women within two years postpartum**



## UNMET NEED FOR SPACING AND LIMITING

**Figure 3** illustrates the prospective unmet need for spacing and limiting births compared to FP use during this period. Total unmet need tends to decrease as the number of months post-delivery increases. From 0–5.9 months postpartum, overall unmet need is 73%. At the end of one year postpartum, overall unmet need has decreased to 49%, and ultimately drops down to 29% by the end of the second year. With regard to the components of overall unmet need, 31% of postpartum women in the first six months post-delivery have an unmet need for spacing and 22% have an unmet need for limiting. This finding has clear implications for supporting an expanded method mix inclusive of long-acting and permanent methods.

**Figure 3: Unmet need for spacing and limiting**

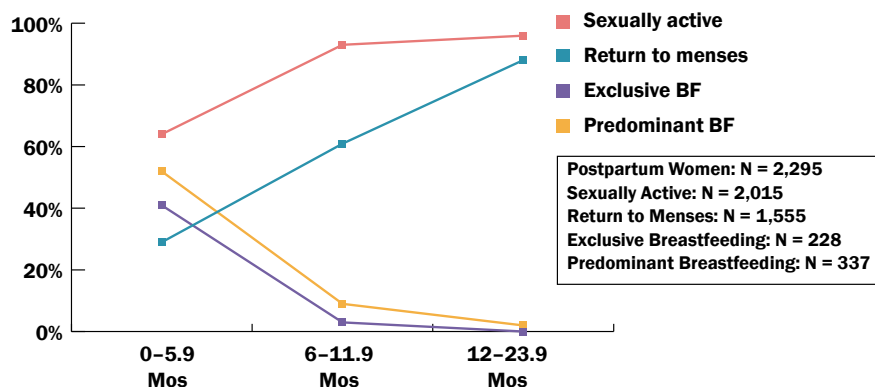


<sup>3</sup> Based on a series of questions regarding desire for future pregnancies, FP use and/or fecundity status among women within one year post-delivery.

## RETURN TO FERTILITY AND RISK OF PREGNANCY

**Figure 4** illustrates key factors related to return to fertility and the risk of pregnancy among women during the first two years postpartum. More than 64% of women report they are sexually active during the first six months postpartum; almost one third (29%) have experienced menses return. During 12-24 months postpartum period, more than 93% of postpartum women are sexually active and 88% have experienced menses return, yet only half are using FP (44% modern and 6% traditional).

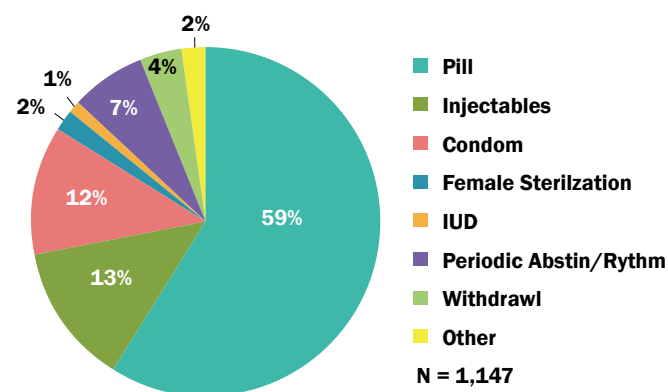
**Figure 4: Factors related to return to fertility and risk of pregnancy in the first two years after birth**



## METHOD MIX FOR POSTPARTUM FAMILY PLANNING USERS

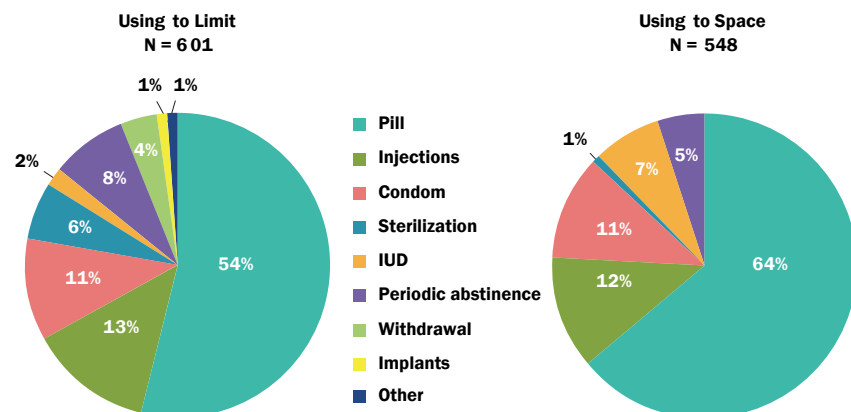
**Figure 5** illustrates the method mix for women using FP during the first two years. Half of these women in Bangladesh (0-24 months postpartum) currently use a FP method. Among the 1,147 women who are using a method, the majority (59%) use the pill, 13% are using injectables, 12% are using the male condom, and less than 3% are using long-acting or permanent methods.

**Figure 5: Method mix for family planning users**



**Figure 6** shows the method mix among women (0-24 months postpartum) who are using a FP method by their reproductive intentions. Among women who are using FP to limit, over 90% are using short acting or traditional methods, while fewer than 10% are using long acting or permanent methods, such as tubal ligation (6%) and IUDs (2%) and implants (1%). For women intending to space, the mix is dominated by short acting method. Of note are 7% of women using the IUD for spacing.

**Figure 6: FP method use among women (0-24 months postpartum) according to their intention to limit or space**



## CONCLUSION

This analysis demonstrates that women during the first two years after a birth in Bangladesh have a high unmet need for FP. This unmet need is for both spacing and limiting. However, even among these women who are using a FP method, only 3% are using long-acting or permanent methods. These findings have additional implications for supporting an expanded method mix inclusive of long-acting and permanent methods.

In addition, 32% of all non-first births in Bangladesh are spaced less than 24 months apart, putting women and their infants at increased risk for poor maternal and perinatal outcomes. Ensuring that women with infants and young children have access to postpartum FP services, including the availability of a wide range of appropriate methods, is an important strategy for reducing both maternal and childhood mortality. Program evidence indicates that counseling about reproductive intentions and FP options that begins during antenatal care and is offered during all maternal and child health contacts can be effective for increasing awareness of, demand for and use of FP in this critical period.

This report was made possible by the generous support of the American people through the United States Agency for International Development (USAID), under the terms of the Leader with Associates Cooperative Agreement GHS-A-00-08-00002-00. The contents are the responsibility of the Maternal and Child Health Integrated Program (MCHIP) and do not necessarily reflect the views of USAID or the United States Government. MCHIP is the USAID Bureau for Global Health's flagship maternal, neonatal and child health (MNCH) program. MCHIP supports programming in maternal, newborn and child health, immunization, FP, malaria and HIV/AIDS, and strongly encourages opportunities for integration. Cross-cutting technical areas include water, sanitation, hygiene, urban health and health systems strengthening.

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