

PERFORMANCE MONITORING FOR ACTION

LEVELS AND DISPARITIES IN POSTPARTUM FAMILY PLANNING OVER THE EXTENDED POSTPARTUM PERIOD

POSTPARTUM FAMILY PLANNING IS ESSENTIAL SEXUAL AND REPRODUCTIVE HEALTH CARE

The World Health Organization recommends that women wait at least 24 months after giving birth before attempting another pregnancy.[1] The first twelve months following birth are thus a critical period to offer postpartum family planning (PPFP) services, including counseling for and provision of contraception to prevent unintended pregnancy. PPFP reduces the risk of adverse maternal, perinatal, and infant outcomes associated with pregnancy and short birth intervals.[2] Accessible, high-quality PPFP services, including counseling and delivery of desired contraceptive methods, are essential to supporting women in achieving their reproductive goals.

This fact sheet provides evidence of disparities in sexual and reproductive health needs, PPFP use and service provision among postpartum women interviewed 12 months after childbirth in Ethiopia using Performance Monitoring for Action (PMA) data collected in 2018-2022. Information can be used by health officials, advocates, and non-governmental organizations to improve programs and services that aim to meet postpartum women's reproductive health needs and improve health outcomes in Ethiopia.

KEY FINDINGS

Nearly all women at one-year postpartum had resumed sexual activity (95%), yet less than half (43%) were using any method of family planning. In addition, the majority reported wanting to delay pregnancy for at least two years and would feel unhappy if they learned they were pregnant (71% and 66%, respectively).

Large disparities in contraceptive use and method type exist by background characteristics. At one-year post-partum, the percentage of women using contraception was roughly 50% higher among the wealthiest and most educated women relative to those from the poorest households and those with no education, respectively.

Fewer than one in ten (6%) women reported discussing family planning with their provider during antenatal care visits. Although nearly all facilities surveyed offer family planning services (96%), most women at one-year postpartum reported not receiving family planning counseling during health checks (81%).

SEXUAL AND REPRODUCTIVE HEALTH NEEDS AND PREFERENCES OF POSTPARTUM WOMEN

By one-year postpartum, nearly all women report resuming sexual activity and most would be unhappy if they found out that they were pregnant. Contraceptive use is low among most postpartum women despite pregnancy preferences.

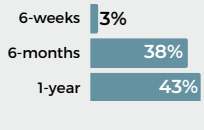
Resumption of Sexual Activity

95%

Nearly all women (95%) report resuming sexual activity at one-year postpartum.

When asked at six-months postpartum, most (91%) had resumed sexual activity.

Contraceptive Use

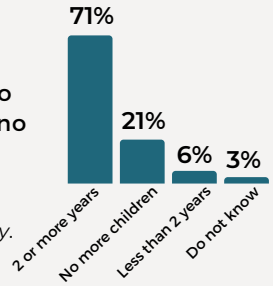


Use of contraception increased 40 percentage points between six-weeks and one-year postpartum.

Prospective Pregnancy Intentions

Among women one-year postpartum, 71% want to delay pregnancy for at least two years, 21% want no more children, and 6% want within two years.

When asked at six-months postpartum, women's pregnancy intentions were 72%,, 21%, and 4% respectively.



Emotional Response to Pregnancy

Among women at one-year postpartum, 66% would be unhappy if they found out they were pregnant again.

When asked at six months postpartum, a greater proportion of women reported feelings of unhappiness toward a potential pregnancy (74%).

Results from PMA Ethiopia's 2019-2020 Maternal and Newborn Health (MNH) and 2019-2021 Service Delivery Point (SDP) Surveys.

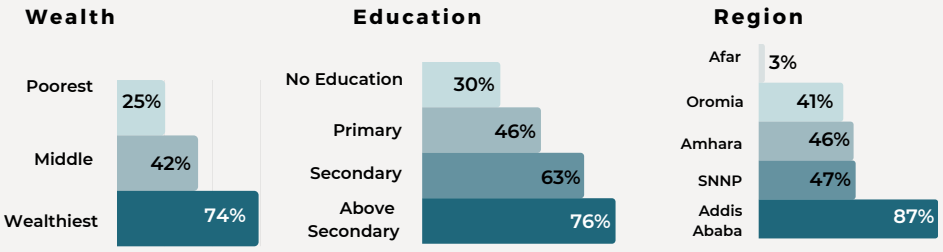
1. Ahmed S, et al. Maternal deaths averted by contraceptive use: an analysis of 172 countries. Lancet. 2012 Jul 14
2. Ahrens KA, et al. Short interpregnancy intervals and adverse perinatal outcomes in high-resource settings: An updated systematic review. Paediatr Perinat Epidemiol. 2019 Jan

DISPARITIES IN POSTPARTUM FAMILY PLANNING ILLUSTRATE PATTERNS OF INEQUITY

Contraceptive use varies widely by postpartum women's sociodemographic characteristics. Less educated women, those from the poorest households, and those living in rural areas are less likely to use contraception after childbirth.

Contraceptive Use by Background Characteristics

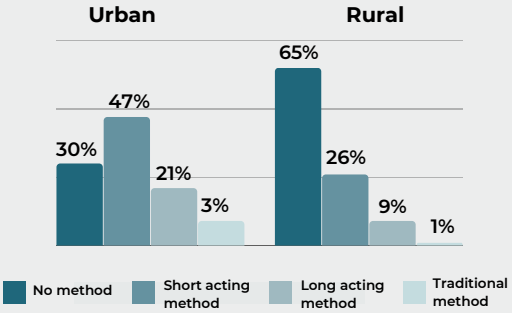
Reports among women at one-year postpartum illustrate patterns of inequity.



**Differences by wealth, education, and region are statistically significant per design-based F-statistic.*

Results are comparable among women at six-months postpartum across characteristics.

Contraceptive Method Type by Residence

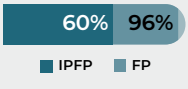


POSTPARTUM FAMILY PLANNING COUNSELING IS LIMITED, DESPITE SERVICE COVERAGE

Nearly all facilities surveyed offer family planning (FP) services, yet the majority of pregnant and postpartum women are not receiving family planning counseling.

Availability of Family Planning Services

Nearly all facilities surveyed (96%) offer family planning (FP) services and, among them, 60% offer immediate postpartum family planning (IPFP).



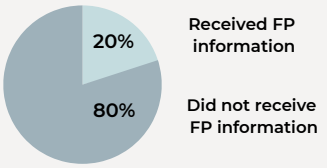
Contraceptive Counseling During ANC

At six-weeks postpartum, fewer than one in five women (16%) reported that their provider discussed postpartum family planning (PPFP) during antenatal care (ANC) visits.

Family Planning via Postpartum Health Checks

Among women at one-year postpartum who received a health check, the majority did not receive family planning counseling (81% and 80%, respectively).

When asked at six-months postpartum, one in four women reported receiving family planning counseling during a non-immunization or immunization health check.



RECOMMENDATIONS

To improve family planning services and reduce disparities among Ethiopian women following childbirth, the Federal Ministry of Health, Regional Health Bureaus, nongovernmental organizations and other relevant stakeholders are encouraged to implement the following recommended actions:

- Strengthen the availability of family planning counseling and services throughout the continuum of reproductive care, particularly during immunization and non-immunization health checks, and antenatal and postnatal visits.
- Increase the equity and coverage of family planning services to ensure that all postpartum women, regardless of wealth, residence, or level of education, can access contraceptive services and achieve their reproductive goals.

WHAT IS PMA?

The Performance Monitoring for Action Ethiopia (PMA Ethiopia) is a five-year project implemented in collaboration with Addis Ababa University, Johns Hopkins Bloomberg School of Public Health, and the Federal Ministry of Health which measures key reproductive, maternal and newborn health (RMNH) indicators. PMA Ethiopia uses mobile technology and a network of trained female resident enumerators (data collectors) to collect data to identify gaps in maternal and newborn care. Survey implementation is managed by Addis Ababa University, School of Public Health (AAU) in collaboration with regional universities, the Federal Ministry of Health and the Central Statistics Agency. Technical support is provided by the Bill and Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. The grant is managed by the Ethiopian Public Health Association (EPHA). Funding is provided by the Bill & Melinda Gates Foundation.