POSTPARTUM FAMILY PLANNING USE IN UGANDA
EVIDENCE FROM THE 2006 DEMOGRAPHIC AND HEALTH SURVEY

Rachel Winnik Yavinsky, MHS
ryavinsky@prb.org
Population Reference Bureau

Presented at the International Conference on Family Planning
Dakar, Senegal
December 2, 2011
POSTPARTUM FAMILY PLANNING (FP)

An Opportunity to Address Unmet Need

- Total unmet need for FP services: 41%
- Unmet need among postpartum women: 80%
- Only 6% postpartum women desire another birth within 2 years
- Postpartum contraceptive prevalence rate: 13%

ONE OUT OF FOUR NON-FIRST BIRTHS OCCUR WITHIN TWO YEARS OF PREVIOUS BIRTH

Source: UBOS, 2007; ACCESS-FP, 2009
POSTPARTUM FP OPPORTUNITIES

- Women more likely to access peripartum health services
- 94% of women receive antenatal care from a skilled provider
- 47% attend at least 4 antenatal care visits

Source: UBOS, 2007
NOVEMBER 2009:

- International Conference on Family Planning: Research and Best Practices in Kampala
  - Included several papers on postpartum family planning
  - Ugandan First Lady Janet Museveni renewed commitment to family planning by the Ugandan government
  - U.S. Embassy in Uganda announced increase of funding for Family Planning and Reproductive Health in Uganda
PURPOSE OF THIS STUDY:

- Document the demographic characteristics associated with postpartum contraceptive uptake
- Assess the effects of antenatal visits and facility delivery on postpartum contraceptive use
STUDY DATA

2006 Uganda Demographic and Health Survey (UDHS)

- Nationally representative survey of 8,531 women age 15-49
- UDHS “calendar” charts the pregnancy histories and contraceptive use by month
- Data included from the 5,004 women who had given birth during the last 70 months
STATISTICAL ANALYSIS:

3 Cox models

- Time to use:
  - Any FP method
  - Short-term methods
  - Long-term methods

- Independent Variables:
  - Age
  - Highest education level
  - Residence (rural or urban)
  - Number of living children
  - Antenatal care visits
  - Place of delivery
THE MAJORITY OF POSTPARTUM FP USERS USED SHORT-TERM METHODS

Method of First Postpartum FP Use

- No method: 70%
- Long-term method: 6%
- Pill: 15%
- Injectable: 3%
- Female condom: 4%
- Diaphragm: 2%
- Rhythm: 1%
WHEN LOOKING AT ALL FP METHODS:

- Significant predictors of postpartum FP use:
  - More education
  - Older age
  - Urban residence
  - 4+ ANC visits
  - Formal place of delivery
WHEN LOOKING AT SHORT-TERM METHODS ONLY:

- Significant predictors of postpartum FP use:
  - More education
  - Older age
  - Urban residence
  - Formal place of delivery

- ANC visits are only borderline significant predictors.
WHEN LOOKING AT LONG-TERM METHODS ONLY:

- Significant predictors of postpartum FP use:
  - More education
  - Urban residence
  - 4+ ANC visits
  - Formal place of delivery
  - Fewer living children
- Age no longer a significant predictor
DEMOGRAPHIC PREDICTORS:

- Education and urban residence are strong predictors of FP use in all models
- Number of living children:
  - not associated with use of any method or short-term methods
  - negatively associated with use of long-term methods
    - Reverse of UDHS findings for FP use overall
    - Women with more living children may be slower to initiate FP use after giving birth.
HEALTH SERVICE UTILIZATION:

- ANC and formal place of delivery increase uptake of postpartum FP, but...

Peripartum health services have the potential for even greater impact:

- Increase ANC visits and facility delivery for a greater majority of women

- Include counseling and provision with ANC visits and formal delivery
GREATEST NEED:

- Focus on less educated women and rural women
- Higher parity women immediately after they give birth
GREATEST OPPORTUNITY:

- Increasing the correlation between use of health services and postpartum FP

- The Sexual and Reproductive Health Policy Guidelines for Uganda should:
  - Make postpartum FP counseling and provision a basic component of ANC and facility delivery
  - Train health workers to provide these services and ensure their inclusion