

# Family Planning Needs during the Extended Postpartum Period in a High Fertility State "Bihar" in Northern India

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**Background:** Bihar is among most populous states in India with highest TFR and very low contraceptive prevalence among couples. BBC Media Action is implementing a 5 yr. grant from BMGF to shape demand and practices around 9 family-health behaviours including Family Planning. Present paper is based on the analysis of benchmarking survey conducted during 2012.

**Methodology:** The evaluation design adopts a pretest-posttest design with appropriate statistical controls. A multi-staged cluster sampling approach used, sample size of 7646 respondents was spread across 200 PSUs from Bihar. **Findings:** Findings suggest a very low use and very high unmet need post birth. Result shows that in Bihar 7/8 women (88%) in the extended postpartum period do not use any modern contraceptive method and heavily depend on natural methods (like periodic abstinence, withdrawal, or natural postnatal infertility associated with exclusive breastfeeding before a woman's periods return). Nine out of 10 women do not use any modern contraceptive method within the first six months after delivery. The extended postpartum period is a time when there's a very high chance of a woman becoming pregnant: exclusive breastfeeding drops, fertility returns and sexual activity resumes. Result also shows that 2/3 women in their extended postpartum period expressed such an unmet need for family planning (limiting 40%; spacing 27%). Unmet need decreases but remains very high throughout the first year after birth: even by the end of the year, almost two thirds of women in Bihar still desired to space or limit subsequent births. There is significantly higher unmet need among mothers having 3 or more child (3+ parity- 75%).

**Program lessons learned:** Program needs to identify women with unmet need during extended postpartum period and communication should target the identified triggers-barriers.

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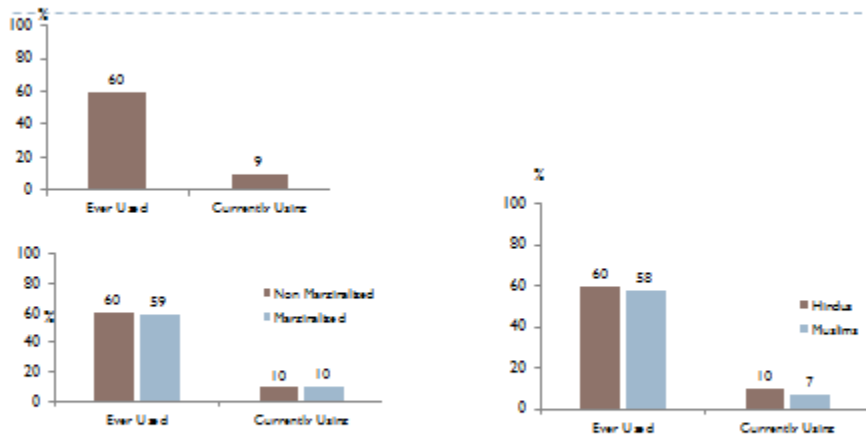
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## Findings:

### Very Low use of contraceptive methods during postpartum

Findings suggest a very low use and very high unmet need post birth. Results shows that in Bihar 7 out of 8 women (88%) in their one year postpartum **do not use** any modern contraceptive method (like oral contraceptive pills, IUD, injectables, or sterilization) and heavily depend on natural methods (like periodic abstinence, lactational amenorrhoea - natural postnatal infertility associated with exclusive breastfeeding before a woman's periods return, or withdrawal).

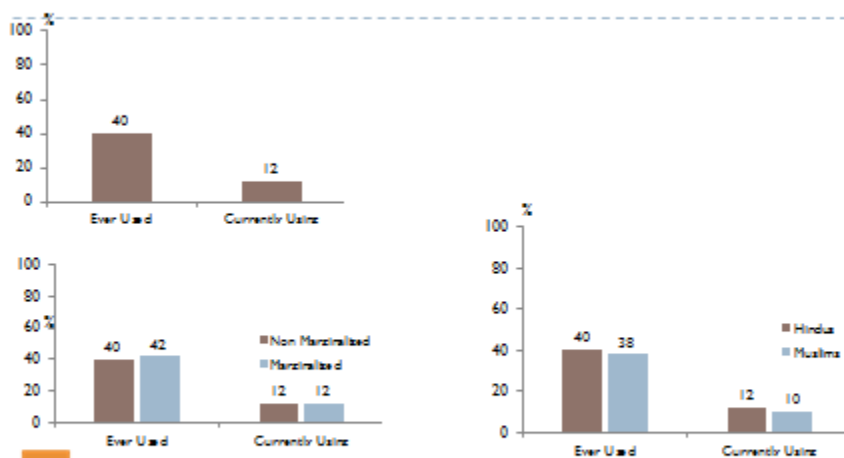
## Use of Modern FP Methods during first 6 months after birth



- About 9% of the Mothers of child below 6 yrs. were found to be using modern Family Planning methods.

Base (W): Mothers with children between age of 0 to 6 months and have ever used FP methods :1025  
 Base (W): Mothers with children between age of 0 to 6 months and are currently using FP methods 877

## Use of Modern FP Methods – Among Mothers of Child 0-11 months)

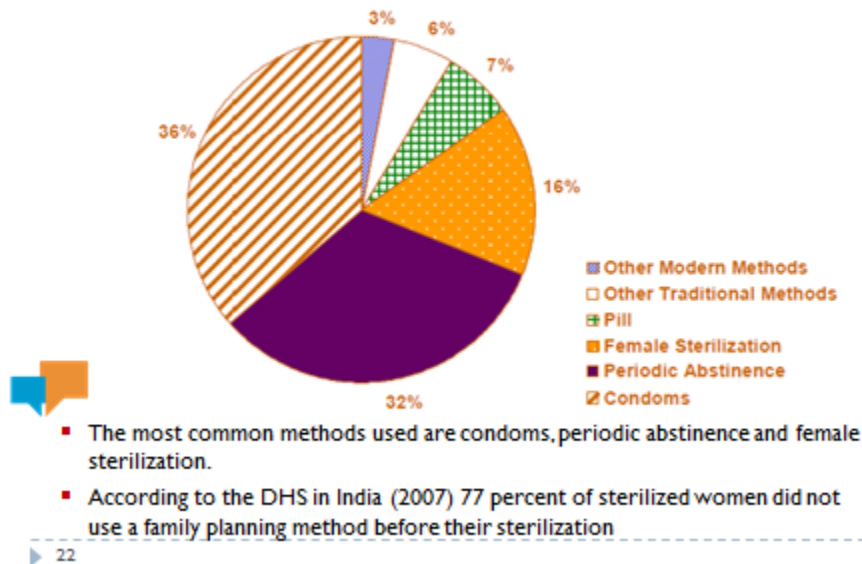


- About 12% of the women were found to be using a modern Family Planning method during her extended post-partum phase of 1 yr. after child birth.

Base (W): Mothers with children between age of 0 to 11 months and have ever used FP methods :1863  
 Base (W): Mothers with children between age of 0 to 11 months and are currently using FP methods :1596

And 9 out of 10 women do not use any modern contraceptive method within first 6 months post-delivery. The most common methods used are condoms, periodic abstinence and female sterilization. According to the DHS in India (2007) 77 percent of sterilized women did not use a family planning method before their sterilization.

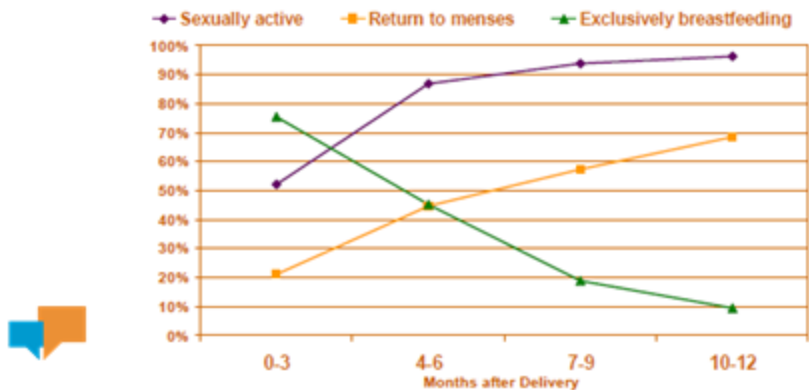
### Method mix for postpartum family planning users



### High Vulnerability of Postpartum women

Postpartum women are highly vulnerable to becoming pregnant —particularly three–six months after delivery: Exclusive breastfeeding drops, fertility returns and sexual activity resumes. Pregnancies that occur in the first year postpartum are more likely to have adverse outcomes for the mother and baby; therefore the extended postpartum period is a critical period for addressing unmet need for family planning.

## Factors related to return to fertility by month postpartum

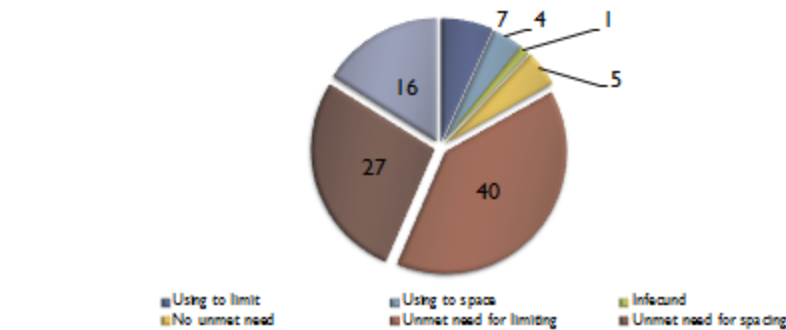


- Postpartum women are vulnerable—particularly three–six months after delivery: Exclusive breastfeeding drops, fertility returns and sexually activity resumes

### Very high unmet need during the extended postpartum

“Unmet Need” is one MDG Indicator for assessing the future demand for Family Planning services / supplies. It is defined as the percentage of women who aren’t using contraception even though they want to avoid becoming pregnant. Two out of every three women in Bihar during their extended postpartum period expressed an unmet need for family planning and there is a very high level of unmet need for limiting (40%) and significantly higher need for spacing (27%). This unmet need decreases but remains very high throughout the first year postpartum—Almost 2/3<sup>rd</sup> women in Bihar still desired to space or limit subsequent births by the end of the year. There is significantly higher unmet need among mothers having 3 or more child (3+ parity- 75%).

## Unmet need during extended postpartum

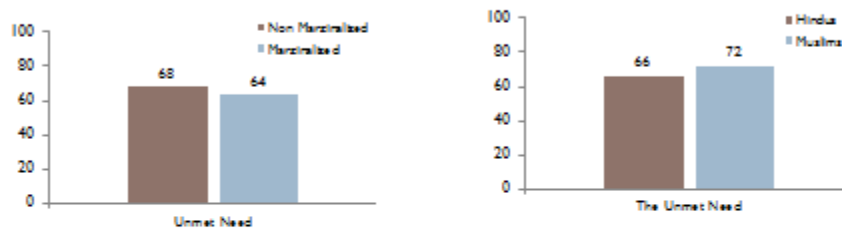


- Two out of every three extended postpartum women in Bihar expressed an unmet need for family planning.
- A very high level of unmet need for limiting (40%) and significantly higher need for spacing (27%).

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Base (W): All respondents with children between age of 0 to 11 months Mothers: 1864

## Unmet need by background characteristics

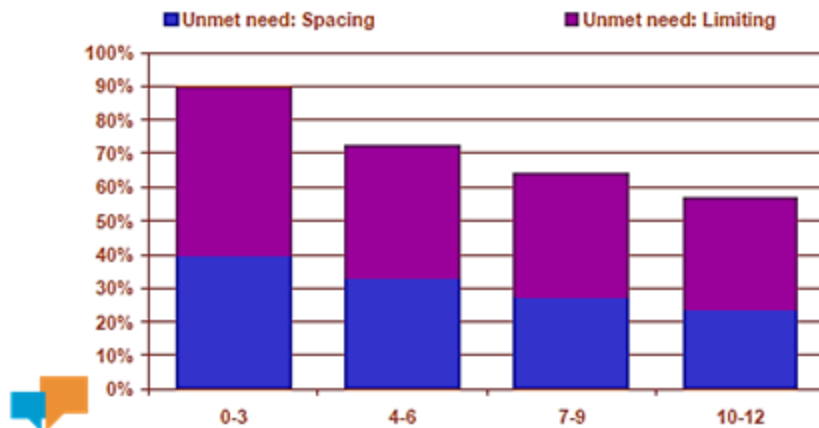


- Very high levels of unmet need across different social groups.
- Higher unmet need among Muslims in comparison to Hindus.
- Significantly higher unmet need among mothers having 3 or more child (3+ parity- 75%)

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Base (W): All respondents with children between age of 0 to 11 months Hindu Mothers: 1612, Muslim Mothers: 252; Marg mothers: 499, Non Marg mothers: 1365

## Unmet need across postpartum period

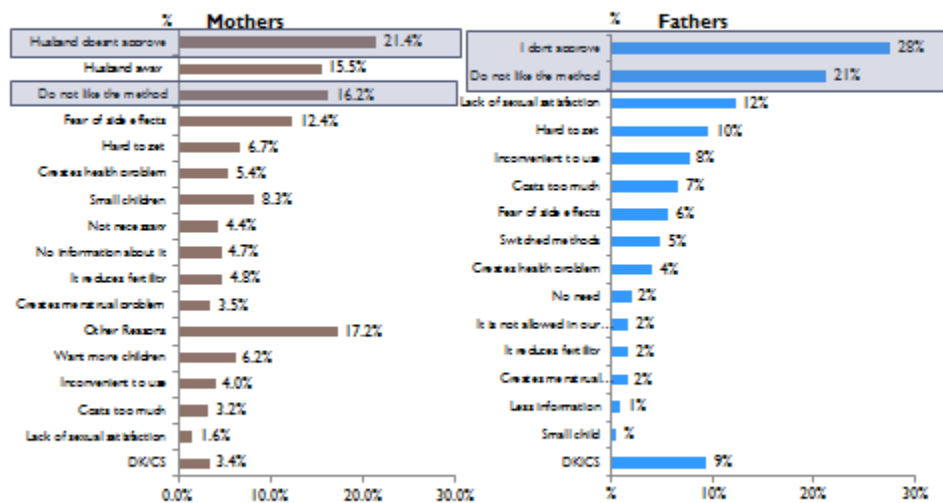


- Unmet need decreases but remains high throughout the first year postpartum— Almost 60% women still desired to space or limit subsequent births by the end of the year

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Source: Access FP Paper for Uttar Pradesh based on NFHS-3

## Reasons for non-use..... among women with unmet need



▶ Base (W): Respondents with children between age of 0 to 11 months who have not used the Family Planning Methods and whose wife is not currently pregnant, are not menopause and are divorced/separated

These findings suggest that if an intervention programme could identify the women having higher unmet need and provide them necessary timely interventions it could help a lot.

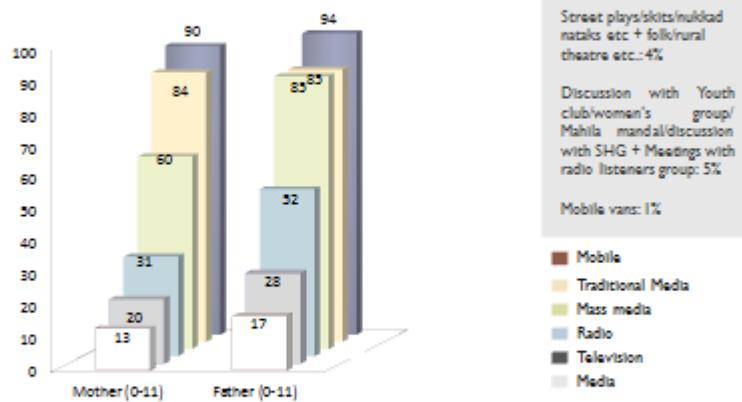
## Barriers & Triggers:

What are the barriers? How program could reach these women effectively and screen them for timely intervention?? Barriers that baseline research has identified are:

1. **Very low access to mass media** – A significantly large of population in Bihar lives in media dark areas where there is absolutely no access to mass media viz. TV or Radio.



### Access to Media



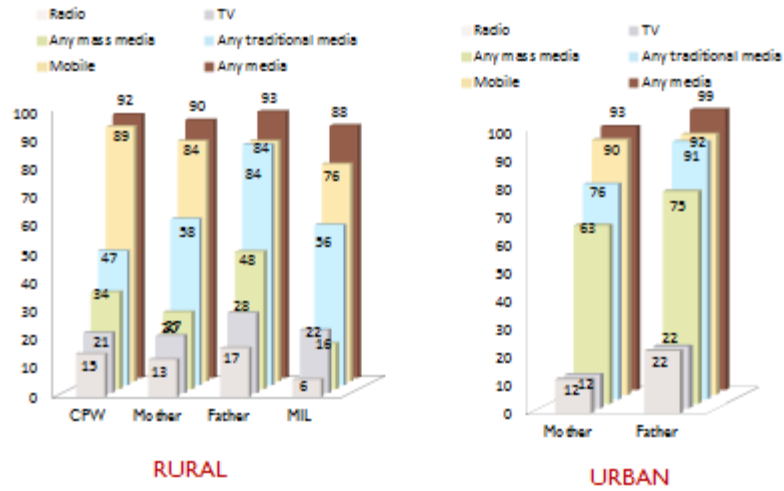
Mobile includes: Personal or shared

Any traditional media includes: Street plays/skits/nukkad nataks etc; Folk/rural theatre; Rural melas/fairs/festivals

Any mass media includes: TV; Radio; Newspaper; Magazines/Journals; Movies

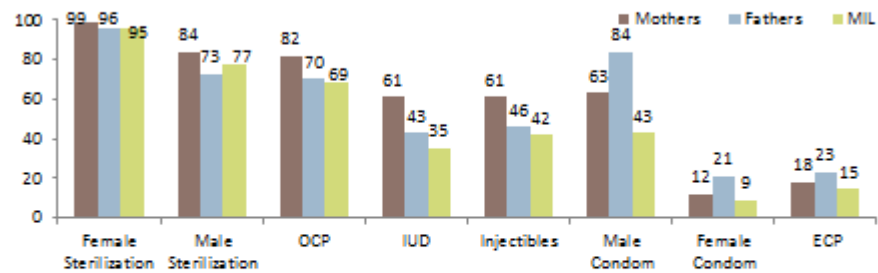
Any media includes: Any mass media; Any traditional media; Mobile

## Access to Media: By Urban/Rural



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## Knowledge: Family Planning Methods

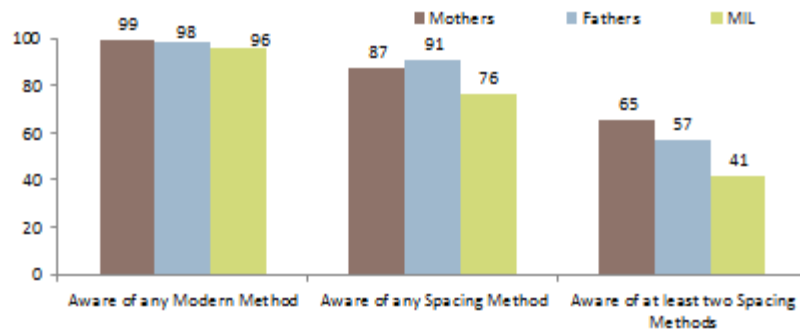


- Awareness of limiting methods of family planning (especially Female Sterilization) almost universal
- Awareness of condoms (both male and female) and Emergency Contraceptive Pills was found to be higher among the men

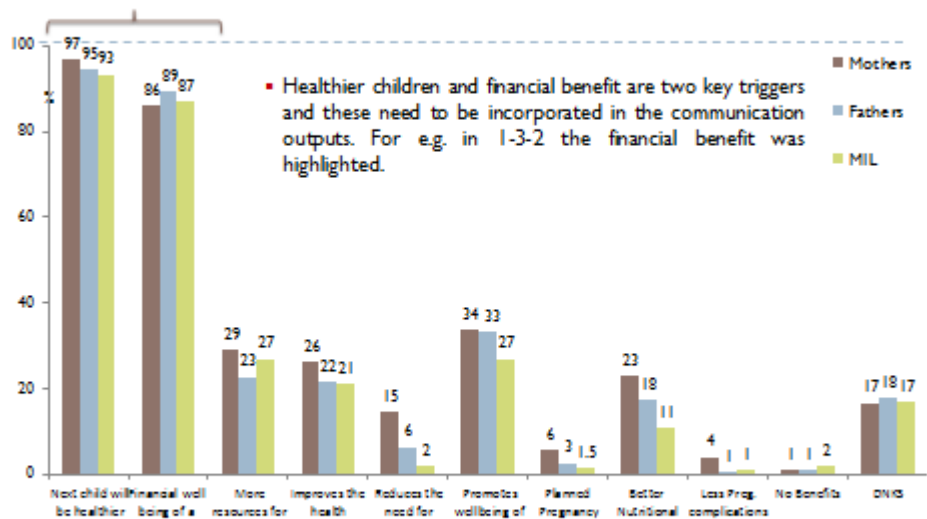
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## Knowledge: Modern Family Planning Methods



## Knowledge: Benefits of Family Planning



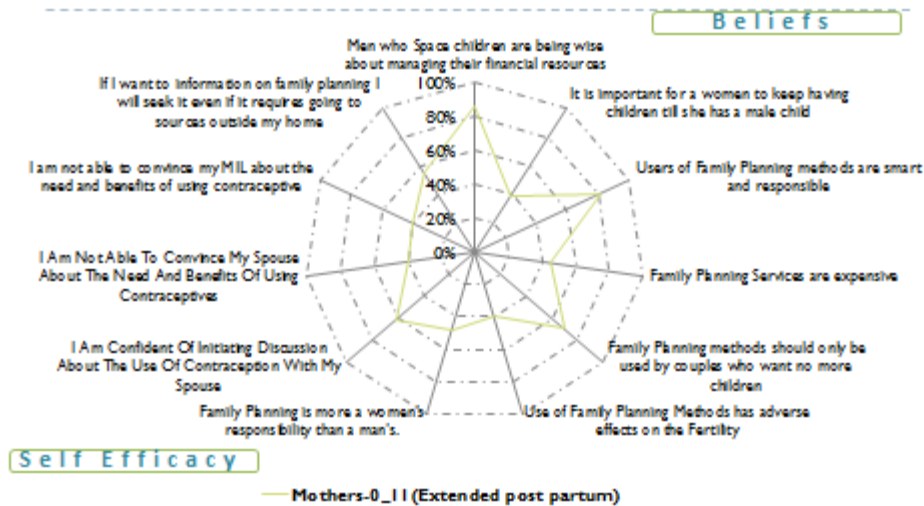
\*No benefits are those respondents who reported to have no knowledge regarding benefits of Family Planning

\* Significance difference using Z test (with 95% confidence interval)

Base (N): All respondents with children between age of 0 to 23 months Mothers: 3523; Father: 1119, MIL= 1083

## 2. Low uptake of maternal and child health services including family planning:

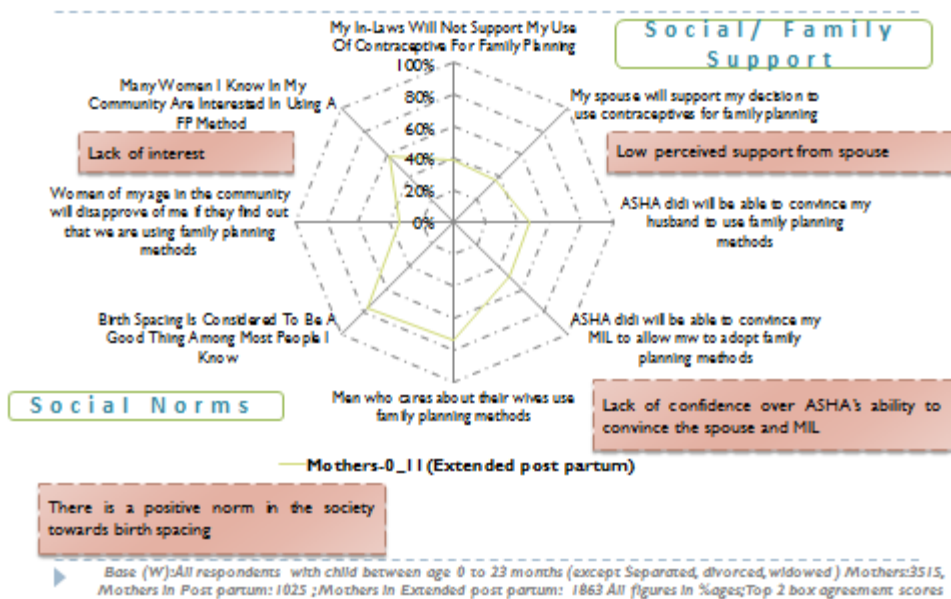
## Perceptions towards Family Planning among Women in extended postpartum



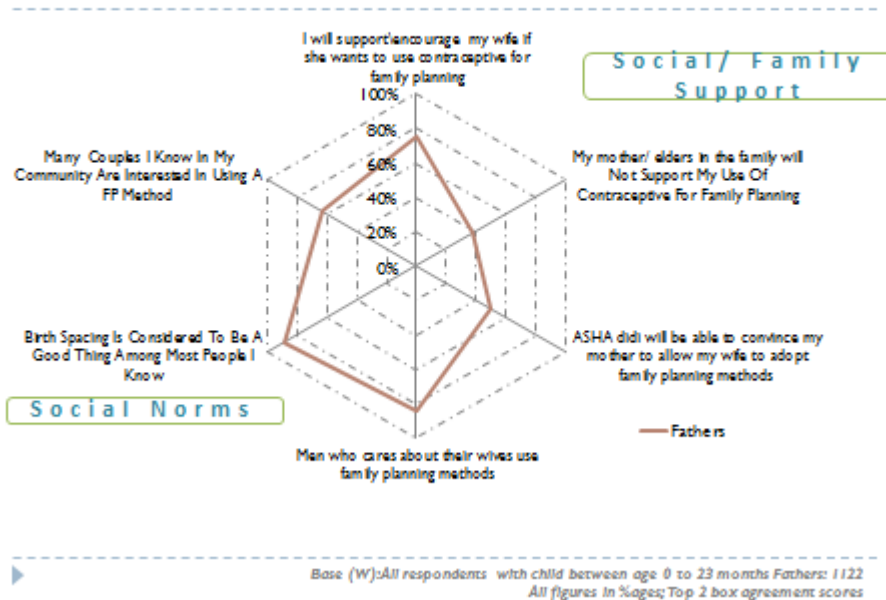
Base (W): All respondents with child between age 0 to 23 months (except Separated, divorced, widowed)  
 Mothers: 3515, Mothers In Post partum: 1025 ; Mothers In Extended post partum: 1863 All figures in %ages; Top 2 box

- Lack of confidence over frontline workers skills** to convince the spouse and elders in family including mother-in-law who is a very key player in the decisions related to family size and use of contraception.
- Low Self Efficacy among women** – a sizeable proportion of women have low self-efficacy in terms of convincing their spouse or mother-in-law and elders in family on issues related to family planning.
- Lack of spousal communication** - above three-fifth of the women is not confident of initiating discussion about the use of contraction with their spouse

## Social Norms & Social/Family Support



## Perceptions towards Family Planning: Husbands



6. Lack of support from the spouse

7. Lack of interest especially among males in adopting a contraceptive method

## **Program lessons learned:**

What all a supply or demand side intervention could do to tackle above barriers? Program could possibly approach following key components/recommendations:

These findings suggest that program needs to identify the women with unmet need and reach them with the necessary information and access to services at the right time. Messaging on FP could be integrated during antenatal visits to recognise this and use antenatal period as a gateway to intervene for other behaviours. The research also highlighted the **importance of the role of frontline health workers**. Projects that build capacity among health workers to screen and identify women with unmet need and provide them with the correct information might also see greater success in improving women and babies' health. **Considering contraceptive methods based on postpartum timings and breastfeeding status** would also be a useful focus. Other important issues that projects could actively tackle include the **importance of discussing both the high pregnancy risk in the year after delivery, the healthy timing of a woman's next pregnancy** and also a couple's **return to sexual activity**. There may be a stigma attached to the discussion of sex, which makes women reluctant to ask for family planning services. **Supporting immediate, exclusive and continued breastfeeding** are also important practices for ensuring child survival during the first year.