

Has the increase in institutional delivery led to an increase in postpartum family planning use in Sub-Saharan Africa?



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Introduction

Expanding uptake of postpartum family planning (PPFP) has the potential to provide substantial benefits to women and their families, with global initiatives such as FP2020 advocating for greater attention to PPFP^[i] and USAID's Maternal and Child Survival Program implementing wide-scale efforts to expand access to PPFP^[ii].

A 2015 study of PPFP use in Ethiopia, Malawi, and Nigeria found consistently positive associations between linkages to the healthcare system during the postpartum period and PPFP use, with institutional delivery (ORs 1.24 - 2.04) and child immunization (ORs 1.34 - 1.85) representing substantial opportunities for increasing PPFP use^[iii]. While the literature indicates a relationship between institutional delivery and use of PPFP, no studies have examined how rates of institutional delivery and PPFP use are changing over time and in relation to each other. This analysis attempts to understand whether growth in PPFP use in sub-Saharan Africa is attributable solely to a increases in rates of institutional delivery (a compositional change to the postpartum population) or to overall increases in uptake of modern contraception in the postpartum period among both facility and home delivery.

Data

This study uses data from the Demographic and Health Survey from sub-Saharan countries with at least 2 surveys containing calendar data. Analysis included all women age 15-49 who had given birth between 1 and 5 years prior to the survey.

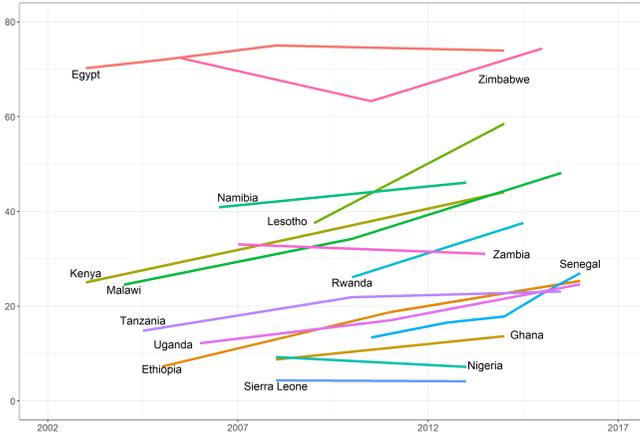
Modern contraceptive methods as defined in the DHS include female sterilization, male sterilization, pills, intrauterine devices, injectables, implants, male condoms, female condoms, diaphragms, foam/jelly, LAM, and emergency contraception.

For the purpose of this study, the postpartum period was defined as the 6 months following the most recent birth of a child, with estimates of PPFP use calculated for each month during the postpartum period.

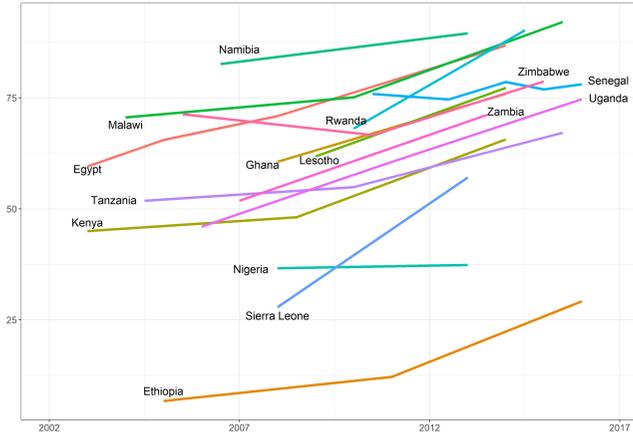
Difference between the most recent and second most recent surveys are decomposed into the change in postpartum family planning use at 6 months postpartum attributable to the changes in the proportion of women delivering in facilities and the change attributable to the increasing rates of postpartum family planning use^[iv].

Results

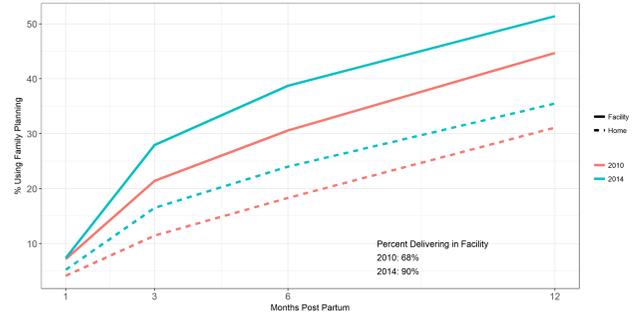
Family Planning Use at 6 Month Post Partum



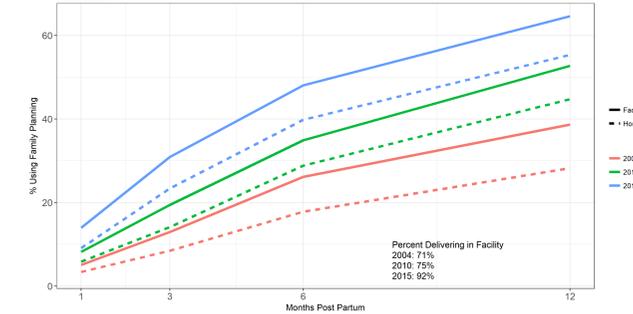
Percent of Births Delivered in Facility



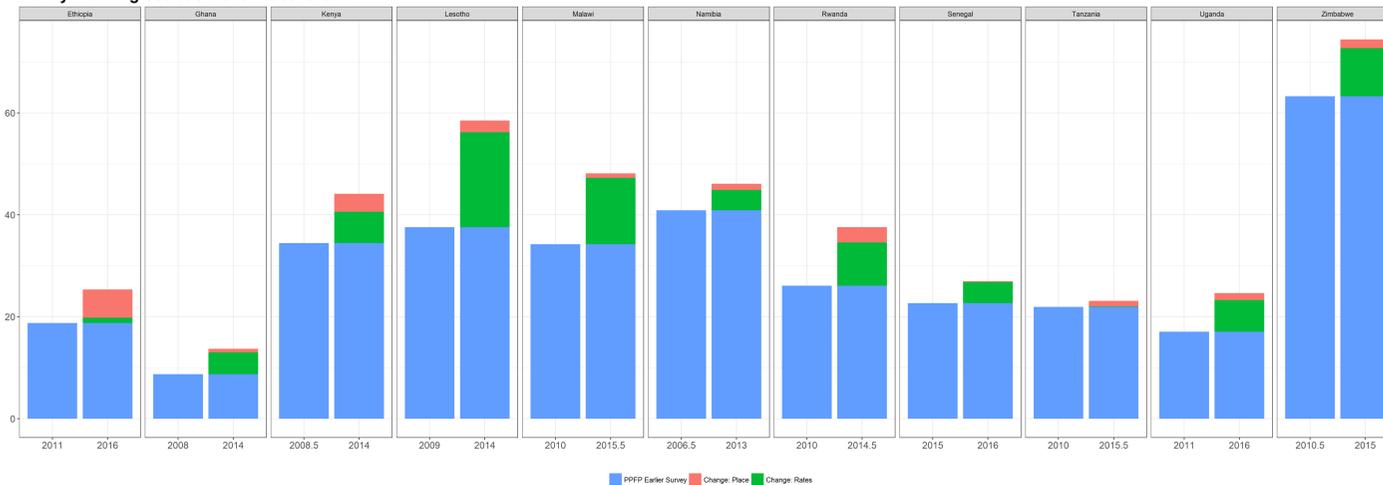
Rwanda



Malawi



Family Planning Use at 6 Month Post Partum



Conclusions

Of the 15 countries included in our analysis, 11 saw increases in the percent of women using a modern method of family planning six months after giving birth. The four remaining countries experienced declines of less than two percentage points. All declines in use were caused by declines in rates of PPFP use, (in most cases among both women delivering in facilities and at home) rather than fewer women delivering in facilities.

In 9 of the countries experiencing increases in PPFP use, the decomposition indicates that growth is attributable mainly to increasing rates of PPFP uptake, regardless of place of delivery, rather than changing rates of facility delivery.

Lesotho experienced the largest change due to increases PPFP rates for home and institutional deliveries. Among women who gave birth at home, the prevalence of PPFP use rose from 27% to 48%, while PPFP use following facility delivery rose from 44% to 61%.

In Ethiopia, the country with the largest growth contributed by an increase in institutional delivery, PPFP use among women delivering in a facility decreased from 53% to 43% between surveys, but was still substantially higher than the 18% PPFP among women who deliver at home. Institutional deliveries more than doubled between 2011 and 2016.

Literature cited

- ^[i] <http://www.familyplanning2020.org/microsite/ppfp>
- ^[ii] <http://www.mcsprogram.org/our-work/ppfp/>
- ^[iii] Hounton S, Winfrey W, Barros A, Askew I. Patterns and trends of postpartum family planning in Ethiopia, Malawi, and Nigeria: evidence of missed opportunities for integration. *Global Health Action* 2015; 8 (1), 29738.
- ^[iv] Kitagawa E. M. Components of a Difference between Two Rates. *Journal of the American Statistical Association* 1955; 50 (272), 1168-94.

Acknowledgments

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