Opportunities for Family Planning Programming in the Post-Partum Period in Kenya

### # of live births (2016)

- 1,590,000

### % of WRA who are post-partum

- 14%

### mCPR among All WRA (2016)

- 43%

### Modern PPFP at 6 months post-partum (2014 DHS)

- 18%

### Modern PPFP use among women who delivered in facilities at 1 month post-partum (Immediate PPFP)

- 6%

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**Current Postpartum Contraceptive Use**

The graph below shows that overall 18% of post-partum women are using a modern method of family planning 6 months after delivery. Large differences are seen in post-partum family planning (PPFP) uptake among women who deliver at home (13%) versus women who deliver at facilities (22%). These differences may be attributable to differences in access and utilization of the health care system as well as underlying demographic differences that may contribute to where women deliver and the rates at which they use contraceptives.

![Graph showing PPFP uptake by place of delivery](image)

**Note:** we never expect PPFP uptake to reach 100%, countries with very successful programs show uptake levels around 60-70% nationally.

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**Trends in Uptake of Contraception During the Post-Partum Period**

The graph to the right shows trends in uptake of modern contraception over the first year post-partum, by month.

At one month following delivery, 5% of post-partum women are using a modern method of contraception. At one year, 22% of post-partum women report using a modern method of contraception.

To help women avoid closely spaced pregnancies, efforts should be made to provide women with access to PPFP during the first year post-partum. Trend data can help countries identify opportunities to reach women through different PPFP interventions during this period.

![Graph showing trends in contraception uptake](image)

**Note:** PPFP trend analysis is only available for countries with a DHS Calendar.

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**Assessing Opportunities for PPFP Programming**

The graph to the right shows the proportion of all women of reproductive age (WRA) who are post-partum, segmented by modern PPFP use and place of delivery.

Overall, modern PPFP uptake at 6 months in Kenya is 18%. Combining this with demographic data, it is estimated that 14% of women of reproductive age in Kenya are post-partum in a given year and 11% are post-partum and not using a modern method of contraception. This is the most we could expect national mCPR to grow based on PPFP programming alone, although we would never expect 100% uptake of PPFP.

Places where a large proportion of women of reproductive age are post-partum and not using modern contraception present the largest opportunities for investments in PPFP to lead to growth in mCPR. Attention should be paid to what types of PPFP interventions might be most impactful, considering differential levels of post-partum use by place of delivery and levels of facility vs home delivery.

![Graph showing PPFP uptake by place of delivery and PPFP use](image)
Lactation Amenorrhea Method (LAM) can be an effective method of contraception, protecting women from pregnancy for up to 6 months postpartum, when used correctly. To be effective, LAM requires: 1) that the menstrual period hasn’t returned, 2) exclusive breastfeeding, 3) baby is less than 6 months old. While many women may breastfeed during the postpartum period, many women are not practicing exclusive breastfeeding and as a result are not practicing LAM. Providing women with education and counseling on effective use of LAM during ANC, Post-natal care, and infant health-related services can not only increase use of this method, but more importantly raise awareness of need to transition to another method when one of the LAM conditions no longer applies.

Routine childhood immunization services are one of the most widely used and most equitable health care services globally. Integrating family planning into childhood immunization services has been identified as a promising High Impact Practice, offering a significant opportunity to reach women during the year following delivery. While each immunization represents an opportunity to reach women with PPFP counseling and services, coverage with three doses of DTP vaccine often is used as a proxy for a fully immunized child and implies 3 separate, consecutive opportunities during the post-partum period to reach women with integrated services.

The HIP brief strongly cautions AGAINST integrating family planning into mass immunization campaigns, and to do so only in routine or outreach services.