

The Integration of Family Planning with Other Health Services: A Literature Review

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Background

- Many calls exist for integration as a way to address unmet need for family planning
- But, we must establish an evidence base for the effectiveness of such an approach before investing significant resources
- Previous reviews have focused on the integration of family planning with a specific type of health service



Purpose

To review the literature for the current state of knowledge about the effectiveness of integrating family planning services with any other health services



Search Strategy

Databases

- PubMed
- Embase
- CABDirect
- PsycINFO
- Social Sciences Citation Index

Terms

- Family planning, birth spacing, birth control, contraception, pregnancy planning, OR pregnancy prevention
AND
- Integration, service integration, bundling OR twinning

Limits

- 1994-2009 (mid-year)
- English

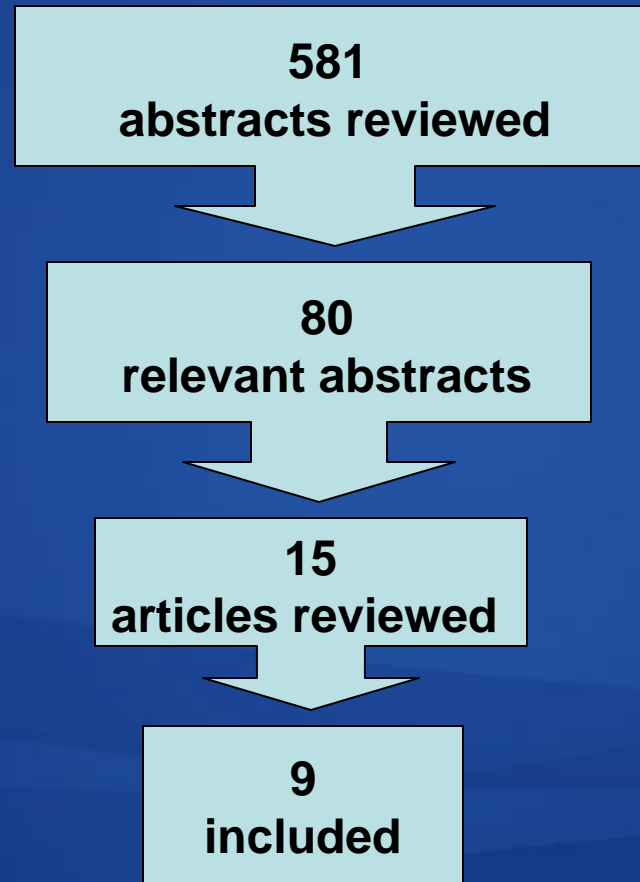


Inclusion Criteria

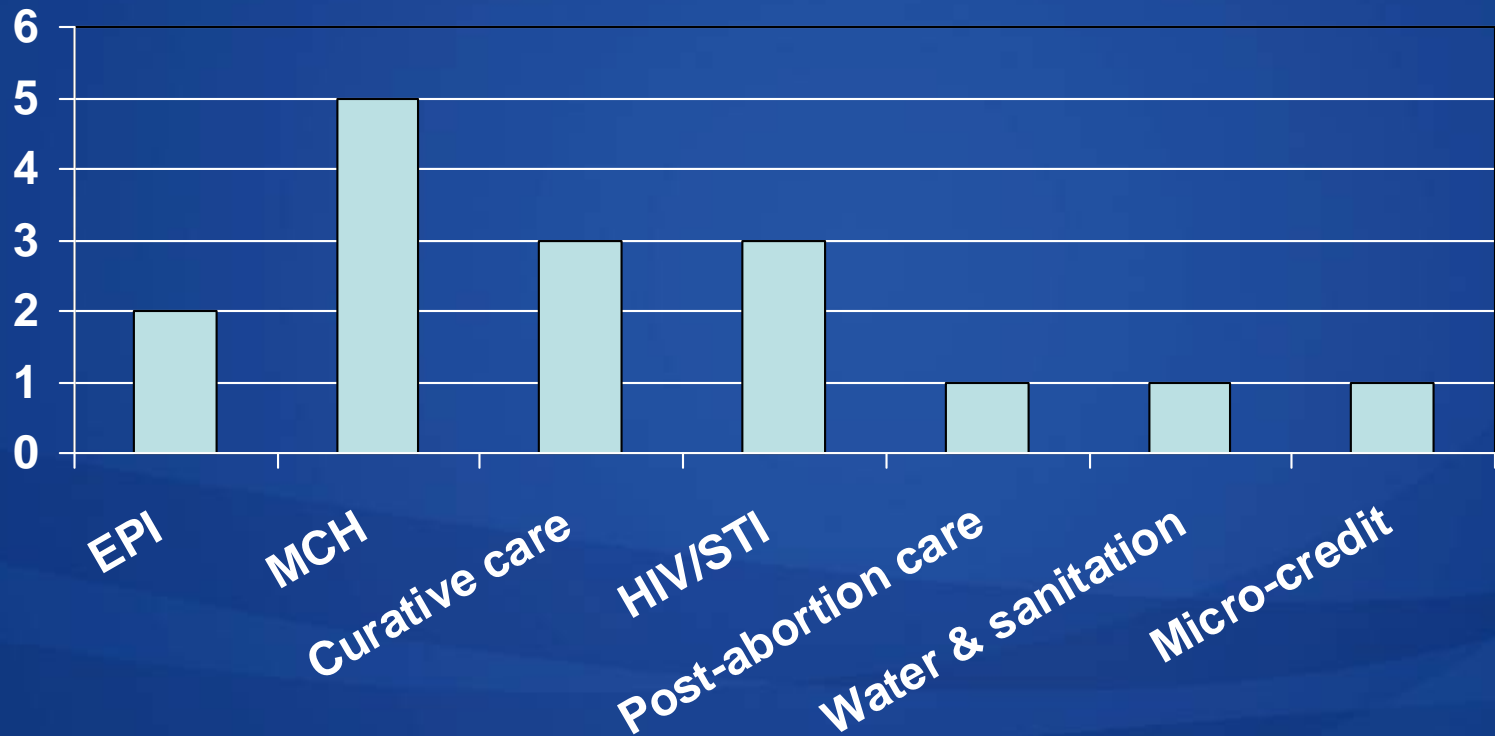
1. Evaluation studies reporting a family planning-related outcome (i.e., contraceptive prevalence, service utilization)
2. Studies using either a) single-group pre-test/post-test design or b) two-group comparison or control design



Search Results



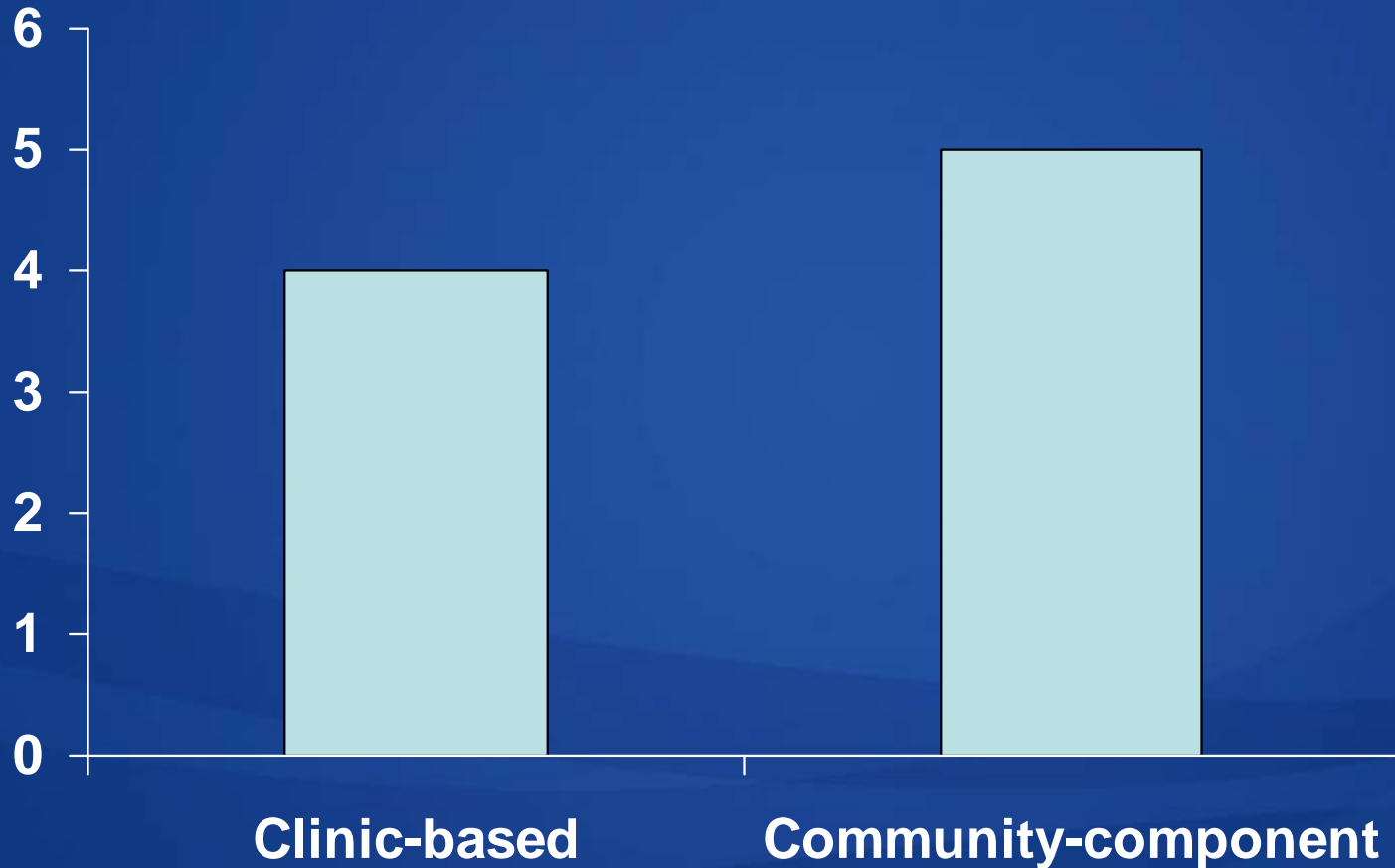
Health Services Integrated with Family Planning*



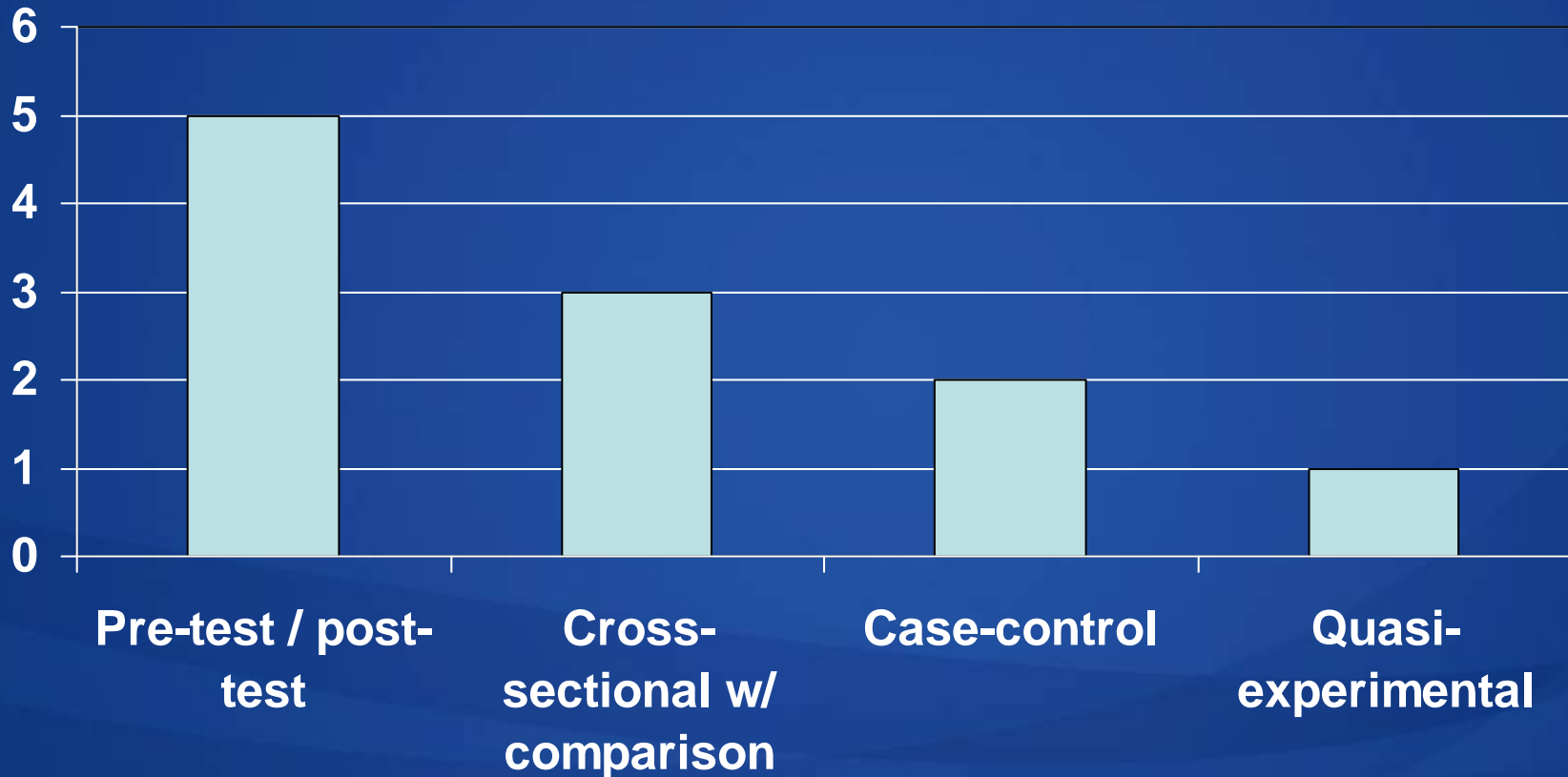
*Some interventions integrated multiple services



Intervention Type (n=9)



Study Design*



*Two evaluations combined 2 designs



Integration May Improve Service Utilization

Togo: EPI referral to FP (Huntington & Apolgan 1994)

| Average # new FP clients | <u>Pre (1991)</u> | <u>Post (1992)</u> | <u>p-value</u> |
|--------------------------|-------------------|--------------------|----------------|
| • Intervention | 1035 | 1311 | <.0001 |
| • Comparison | 704 | 768 | NS |

Ghana: Integrated FP & other RH services (Fullerton et al. 2002)

| Mean # of continuing clients | <u>Pre (1996)</u> | <u>Post (1998)</u> | <u>p-value</u> |
|------------------------------|-------------------|--------------------|----------------|
| • Intervention | 112.8 | 164.0 | 0.02 |
| • Comparison | 159.5 | 151.4 | 0.41 |



Integration & Service Utilization (cont.)

Nigeria: Dual Protection Counseling (Adeokun et al. 2002)

| | <u>Pre (1999)</u> | <u>Post (2001)</u> |
|---------------------------------|-------------------|--------------------|
| • Condoms purchased at FP visit | 2% | 9% |

Niger: Integrated MCH-FP counseling (Bossyns et al. 2002)

| | <u>Pre (1999)</u> | <u>Post ('99-'00)</u> |
|-----------------------------------|-------------------|-----------------------|
| • FP proposed | 5.4% | 99.2% |
| • FP accepted | 79.8% | 46.7% |
| • FP supplied | 20.0% | 62.1% |
| • Index - Uptake of Contraception | 0.86% | 28.8% |



Integration May Increase Contraceptive Prevalence

India: Local Initiatives Program (Paxman et al. 2005)

| Contraceptive prevalence | <u>Pre (1999)</u> | <u>Post (2003)</u> |
|--------------------------|-------------------|--------------------|
| • CRRID | 59% | 69% |
| • CINI | 34% | 59% |
| • HIHT | 27% | 66% |

Bangladesh: FP w/ EPI & Micro-Credit (Amin et al. 2001)

| | <u>Pre (1992)</u> | <u>Post (1997)</u> |
|----------------------------|-------------------|--------------------|
| • Contraceptive prevalence | 28% | 53% |

Pakistan: Lady Health Worker Program (Douthwaite & Ward 2005)

- Use of modern method increased OR=1.50 (1.04-2.16)



Limitations

- Focused on peer-reviewed literature
- Restricted to English-language publications



Conclusions

- Existing research provides some evidence suggesting benefits of integration & helps to generate hypotheses
- But, well-designed, further evaluation research of family planning programs integrated with other health services is still needed
- Future research should report outcomes for all integrated health areas & should investigate client & community member perspectives



Thank you!



Appendix:

Citations of Included Articles

- Adeokun, L et al.** Promoting dual protection in family planning clinics in Ibadan, Nigeria. *IFPP*, 2002, 28, 87-95.
- Alvarado, R et al.** Integrated maternal and infant health care in the postpartum period in a poor neighborhood in Santiago, Chile. *Stud Fam Plann*, 1999, 30, 133-141.
- Amin, R et al.** Integration of an essential services package (ESP) in child and reproductive health and family planning with a micro-credit program for poor women: experience from a pilot project in rural Bangladesh. *World Development*, 2001, 29, 1611-1621.
- Bossyns, P et al.** Supply-level measures to increase uptake of family planning services in Niger: the effectiveness of improving responsiveness. *Tropical Medicine & International Health*, 2002, 7, 383-390.



Appendix (cont.)

- Douthwaite, M & Ward, P.** Increasing contraceptive use in rural Pakistan: an evaluation of the Lady Health Worker Programme. *Health Policy & Planning*, 2005, 20, 117-123.
- Fullerton, J et al.** A case/comparison study in the Eastern Region of Ghana on the effects of incorporating selected reproductive health services on family planning services. *Midwifery*, 2003, 19, 17-26.
- Huntington D & Aplogan A.** The integration of family planning and childhood immunization services in Togo. *Stud Fam Plann.* 1994 25(3):176-83.
- Lundgren, R et al.** Cultivating men's interest in family planning in rural El Salvador. *Studies in Family Planning*, 2005, 36, 173-188.
- Paxman, JM et al.** The India Local Initiatives Program: A Model for Expanding Reproductive and Child Health Services. *Stud Fam Plann*, 2005, 36, 203-220.

