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

- 581 abstracts reviewed
- 80 relevant abstracts
- 15 articles reviewed
- 9 included
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)

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<tr>
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<tr>
<td><strong>Average # new FP clients</strong></td>
<td></td>
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<tr>
<td>Intervention</td>
<td>1035</td>
<td>1311</td>
<td>&lt;.0001</td>
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<tr>
<td>Comparison</td>
<td>704</td>
<td>768</td>
<td>NS</td>
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**Ghana: Integrated FP & other RH services** (Fullerton et al. 2002)

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<td><strong>Mean # of continuing clients</strong></td>
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<tr>
<td>Intervention</td>
<td>112.8</td>
<td>164.0</td>
<td>0.02</td>
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<tr>
<td>Comparison</td>
<td>159.5</td>
<td>151.4</td>
<td>0.41</td>
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Integration & Service Utilization (cont.)

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

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<tr>
<td>Condoms purchased at FP visit</td>
<td>2%</td>
<td>9%</td>
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**Niger: Integrated MCH-FP counseling** (Bossyns et al. 2002)

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<th>Pre (1999)</th>
<th>Post (’99–’00)</th>
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<tr>
<td>FP proposed</td>
<td>5.4%</td>
<td>99.2%</td>
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<tr>
<td>FP accepted</td>
<td>79.8%</td>
<td>46.7%</td>
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<tr>
<td>FP supplied</td>
<td>20.0%</td>
<td>62.1%</td>
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<tr>
<td>Index - Uptake of Contraception</td>
<td>0.86%</td>
<td>28.8%</td>
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Integration May Increase Contraceptive Prevalence

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

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<td>CRRID</td>
<td>59%</td>
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<td>HIHT</td>
<td>27%</td>
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<td>66%</td>
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**Bangladesh: FP w/ EPI & Micro-Credit** (Amin et al. 2001)

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<td>Contraceptive prevalence</td>
<td>28%</td>
<td>53%</td>
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**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


Appendix (cont.)


