

Contraceptive Service Integration: What do Service Providers in Maternal and Child Health sites do?

- Background

Harmonizing contraceptive services with other healthcare services expand access to family planning services. Increased access to family planning services improves the reproductive health of women in a population. Integration of contraceptive services in Maternal and Child Health (MCH) sites helps women achieve their fertility intentions and encourage the use of more effective methods of contraceptives. Women who come to these integration points for MCH services are potential clients for contraceptive services, the integration allows for family planning counselling and uptake. To avoid missing the opportunity of introducing family planning/child birth spacing to these women who come for MCH services, it is important to know what services providers do especially in High volume facilities. This paper examines whether family planning information/services are provided to clients by services providers in MCH sites in three states surveyed in Nigeria.

- Research Question

Contraceptive service integration: what do service providers in maternal and child health sites in Nigeria do? This research examines the contraceptive service integration practices in MCH sites by service providers.

The goal of the study is to examine the type of contraceptive services offered at maternal and child health sites in three states in Nigeria.

- Research methodologies

The Nigerian Urban Reproductive Health Initiative (NURHI) II midline health facility survey data for service providers conducted in June/July 2016 in three states (Oyo, Lagos and Kaduna) was analyzed in this abstract. The Nigerian Urban Reproductive Health Initiative (NURHI) II supports 50 high volume sites (HVS) in Lagos, 71 in Oyo, 73 in Kaduna. A total of 491 service providers in 194 facilities across the three states was interviewed. NURHI II Project is funded by the Bill and Melinda Gates Foundation and administered by the Johns Hopkins University Center for Communication Programs (JHUCCP).

In this study, relevant variables in the survey data was analyzed. Data analysis was carried at Bivariate levels using the software STATA 14.

- Results/ Key findings

We studied providers offering maternal and child health services in high volume facilities in three states in Nigeria- Kaduna, Lagos and Oyo States. Our results showed that about three quarters of providers offer Antenatal care (ANC) services , when offering ANC services 97% provides information about Family Planning routinely, 55% help a woman to select a suitable method for post-delivery,88% use counseling job aids to provide Family Planning services and 70.3% encourage women to wait for some time before the next pregnancy.

When talking about Family Planning during delivery care, 97.2% provide information about family planning routinely, 76.1% of Service Providers encourage women to wait for some time before the next pregnancy. During Postnatal Care visits, 98.9% of service providers provide family planning information to their clients, for women who come for Post-Abortion Care 96.4% of the service providers surveyed provide routine family planning information, 90.98% of them introduce their clients to different family planning methods and 70% explain side effects. 98.7% of service providers inform women who come for child immunization/child growth monitoring about family planning.

- Knowledge Contribution

Integration points increase access to comprehensive care, saves time and reduces costs. More women of reproductive age can be reached in Nigeria when clients coming for maternal and child health services are integrated for contraceptive service provision. Opportunities to provide family planning information and services including referrals when women come for other healthcare services must be utilized to the maximum.

Programs should focus more on expanding access to family planning by making sure that women who have contact with the health system and with unmet need for family planning are offered contraceptive services and referrals given when these services are not readily available.

Findings from the results of our analysis showed that service providers may be a little reluctant in talking about side effects of family planning methods. They should be periodically and adequately trained to also educate clients on the side effects of different methods of contraceptives so that the clients may choose the method most suitable for themselves based on the information provided.