

Integration of Family Planning and Child Immunization Services: Its Determinants and Effects on Service Delivery and Postpartum Contraceptive Use in Health Facilities in Urban Areas of Nigeria

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Abstract

Integration of family planning into child immunization services has been lauded for its potential to decrease unmet need for postpartum contraception by offering family planning information and services to women during routine child immunization visits. Yet evidence about the effects of integration is scant and conflicting. This study develops and applies integration indexes to identify determinants and effects of integration in urban areas of Nigeria.

First, we develop a Provider Integration Index and a Physical Integration Index and then generate integration index scores for 400 health facilities. Our results show considerable variation in the level of integration. This suggests that although some facilities have achieved high levels of integration, many others have limited capacity to provide integrated services.

Second, we employ the indexes to 1) determine whether facility-level integration changes over time, 2) assess the impact of Nigerian Urban Reproductive Health Initiative (NURHI) on facility-level integration, and 3) identify determinants of integration. Our results show that: 1) Provider Integration Index scores increased significantly only among comparison group facilities and the increase in Physical Integration Index scores was not statistically significant in the intervention or comparison group; 2) The NURHI intervention did not significantly affect Provider and Physical Integration Index scores; and 3) Several facility-level characteristics are determinants of Provider and Physical Integration Index scores. These results inform understanding of factors associated with the extent of integration attained within a facility, which is essential to the development of sustainable and scalable integration initiatives.

Third, we apply the integration indexes to measure the association between integration and 1) client-reported receipt of family planning information during an immunization visit, 2) correct identification of family planning service availability, and 3) postpartum use of any method to prevent pregnancy. We found that Provider and Physical Integration Index scores are not significantly associated with postpartum contraceptive use. Our results also show that Physical Integration Index scores are negatively associated with receipt of family planning information and that Provider Integration Index scores are positively associated with correct identification of family planning service availability. These results challenge the position that integration improves service delivery and contraceptive use.

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