

# Implications of Quality and Cost Interventions to Increase Family Planning Use during the Extended Perinatal Period in Kinshasa, Democratic Republic of Congo

Authors: Leah Jarvis, Jane Wickstrom, Jewel Gausman, and Gwyneth Vance

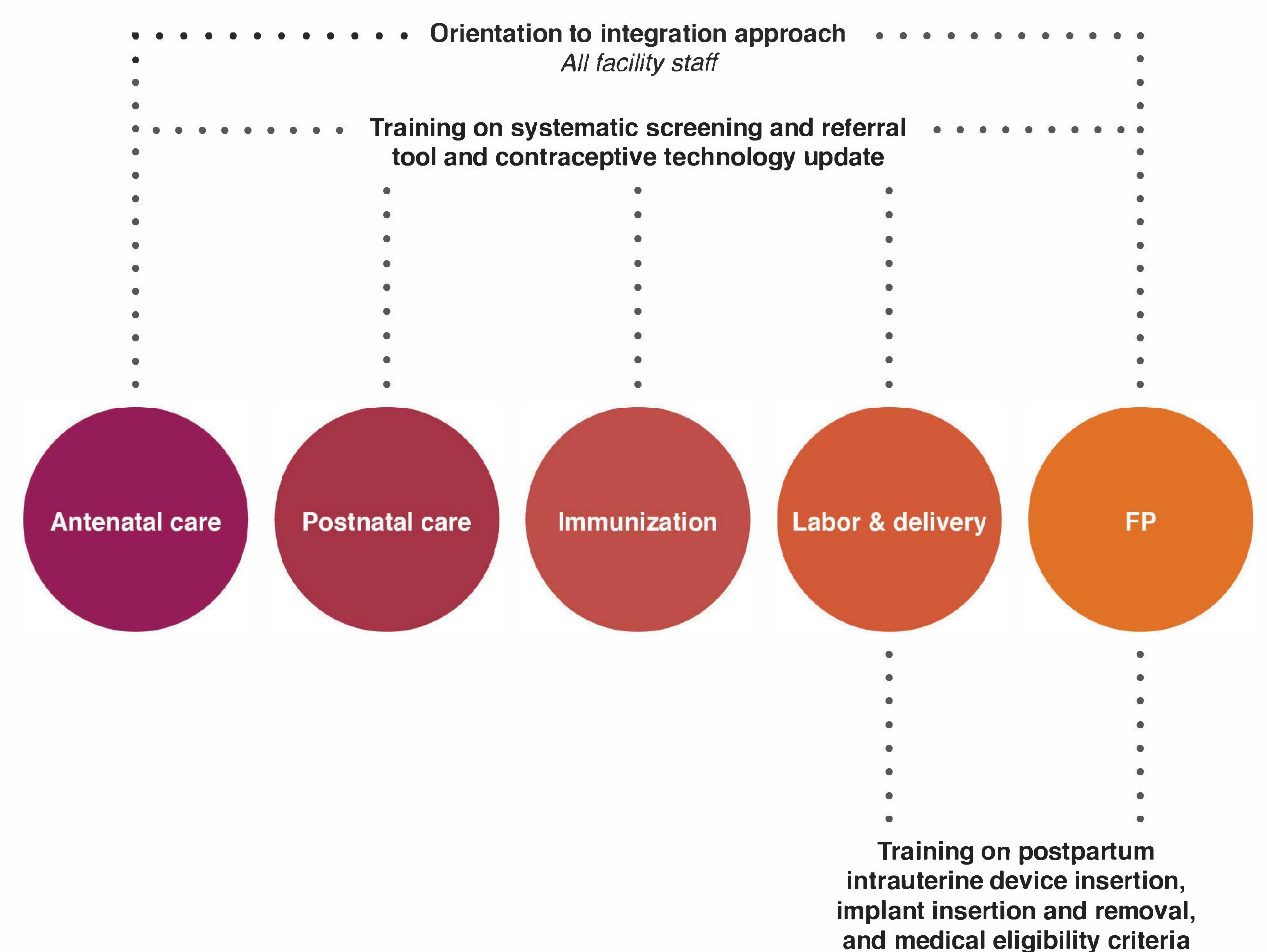
## SIGNIFICANCE

- The Expand Family Planning (ExpandFP) project sought to increase access to as well as quality and uptake of family planning (FP) information, methods, and services for women in the extended perinatal period.
- The study evaluated the effects of: (1) providing free FP methods to all clients and (2) improving quality by integrating a systematic screening and referral system for FP and clinical training on postpartum FP.

## METHODOLOGY

- The quality intervention consisted of four components: (1) a whole-site training approach, (2) the introduction of an FP systematic screening and referral tool, (3) an FP medical eligibility criteria training, and (4) a clinical training and equipment provision for postpartum intrauterine devices insertion.
- ExpandFP collected client exit interviews (n=563) and service statistics in a four-arm quasi-experimental study, which included: a free contraceptives group (n=150), a quality inputs group (n=113), a combined free contraceptives plus quality inputs group (n=150), and a control group (n=150).
- ExpandFP then analyzed service statistics using one-way comparisons to determine the proportion of all FP clients who were 0 to 2 days, 3 days to 6 weeks, more than 6 weeks and up to 12 months, or more than 12 months postpartum.

Figure 1. Whole site training model



## RESULTS

- Women in the quality and combined free plus quality groups were more likely to report receiving proper screening for FP than women in the control group.
- Women in the free and the combined free plus quality groups were more likely to report receiving proper counseling on FP than women in the control group.
- Nonpregnant women in the free and combined free plus quality groups were significantly more likely to use modern methods (excluding condoms) than women in the control group.
- Use of long-acting reversible contraceptives was significantly higher in all three study groups in comparison to the control group.
- A significantly greater proportion of FP adopters were within the immediate postpartum period (0 to 2 days) in the quality group and free plus quality group.

Figure 2. Percentage distribution of FP clients by postpartum period and by study group

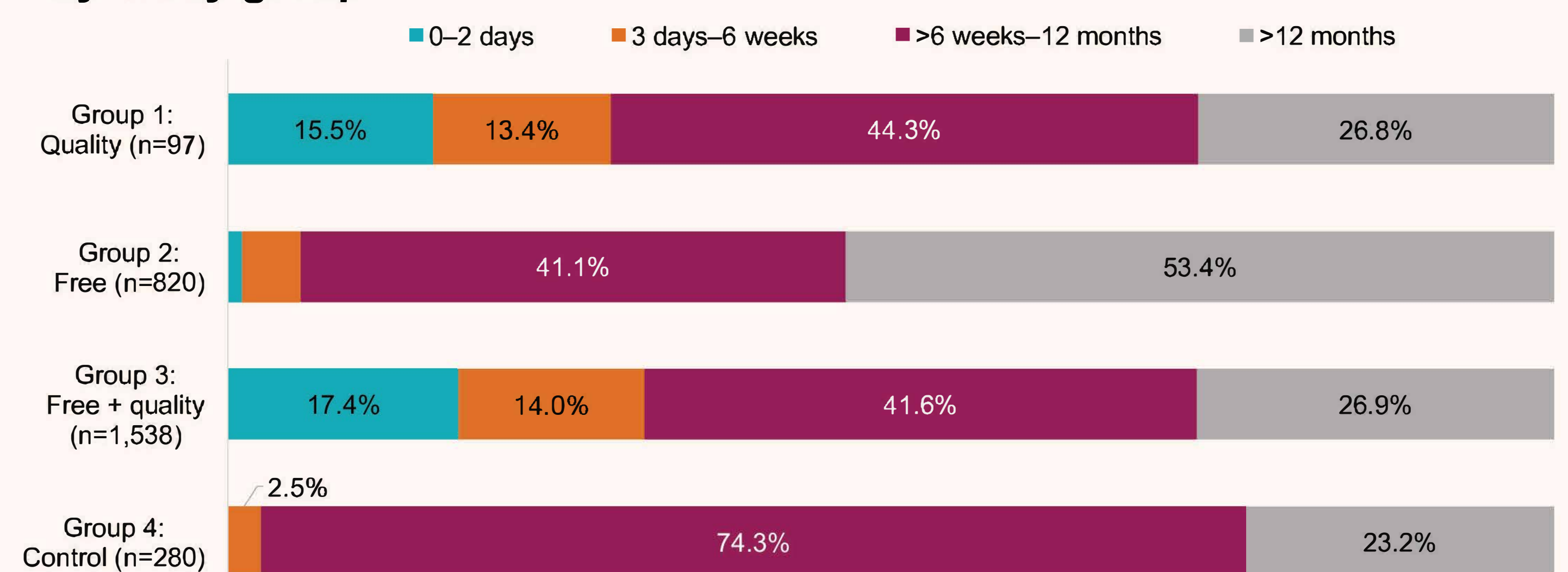


Table 1. Crude and adjusted odds ratios (ORs) for FP use among nonpregnant women

Study Group	N	Modern FP Use (N=461)		Modern FP Use, Excluding Condoms (N=461)		Long-Acting and Reversible Contraceptive Use <sup>1,2</sup> (N=461)	
		Positive resp. N (%)	Adj. <sup>3</sup> OR (95% CI)	Positive resp. N (%)	Adj. OR (95% CI)	Positive resp. N (%)	Adj. OR (95% CI)
1: Quality	88	18 (20.5)	0.4 (0.2-0.9)*	14 (15.9)	1.4 (0.6-3.2)	11 (12.5)	2.9 (1.1-7.9)*
2: Free	123	58 (47.1)	0.9 (0.5-1.8)	52 (42.3)	3.2 (1.4-7.2)**	37 (30.1)	5.6 (2.3-13.7)***
3: Free + Quality	125	74 (59.2)	2.3 (1.2-4.3)*	72 (57.6)	8.6 (3.9-19.0)***	45 (36.0)	8.4 (3.4-20.6)***
4: Control	125	48 (38.4)	Reference group	23 (18.4)	Reference group	8 (6.4)	Reference group

Table 2. Crude and adjusted ORs for proper FP screening, counseling, and referral

Study Group	N	Proper FP Screening <sup>1</sup> (N=400)			Proper FP Counseling <sup>3</sup> (N=263)		
		Positive resp. N (%)	Crude <sup>2</sup> OR (95% CI)	Adjusted OR (95% CI)	Positive resp. N (%)	Crude OR (95% CI)	Adjusted OR (95% CI)
1: Quality	100	26 (26.0)	4.0 (1.7-9.5)**	4.5 (1.8-10.9)**	8 (21.1)	1.6 (0.6-4.3)	1.7 (0.6-4.8)
2: Free	100	11 (11.0)	1.4 (0.5-3.7)	1.5 (0.6-4.0)	32 (42.7)	4.3 (2.0-9.5)***	3.8 (1.6-9.0)**
3: Free + quality	100	36 (36.0)	6.5 (2.8-14.8)***	6.7 (2.8-16.1)***	46 (61.3)	9.2 (4.2-20.3)***	11.0 (4.7-27.9)***
4: Control	100	8 (8.0)	Reference group	Reference group	11 (14.7)	Reference group	Reference group

1. Nonpregnant women, 2. \* = p < .05, \*\* = p < .005, \*\*\* = p < .001, 3. Adjusted for socioeconomic status, education level, religion, marital status, parity, postpartum status and ever use of modern contraception

## IMPLICATIONS AND LESSONS LEARNED

- Quality inputs and free contraception positively impacted aspects of screening and FP uptake; the combined intervention performed best by all measures.
- The combined intervention had the strongest effect on such study outcomes as FP screening, quality of counseling, modern FP use, and long-acting and reversible contraceptive use.
- FP clients in the two quality intervention groups were more likely to adopt a method within 0 to 2 days and 3 days to 6 weeks of delivery.
- While screening improved, the intervention had little effect on referrals.
- Providing free contraceptives to clients is key to improving uptake of postpartum FP methods.
- Combining quality and cost interventions is more effective than implementing either intervention alone.
- Future scale-up of this or similar interventions should focus on (1) how to adjust screening and referral practices so that they can be implemented more fully and consistently and (2) how to make services sustainable.