

# Integrating Family Planning into Immunization Services in India: Assessment Provides Recommendations for Addressing Unmet Needs of Postpartum Women

## Objective

To assess the quality of integrating family planning into immunization services and to develop recommendations for strengthening integrated service delivery among women in the extended postpartum period in the India state of Jharkhand.

## Methods

FHI 360 and CARE India conducted a cross-sectional descriptive study to assess the quality of integrated services provided under the National Rural Health Mission (NRHM) in Lohardaga district of Jharkhand. The NRHM, as mandated by the India Ministry of Health and Family Welfare, seeks to integrate family planning into immunization services nationwide. The assessment covered service delivery at two primary health centers and 15 village health and nutrition days, using semi-structured interviews with immunization service providers, service managers, and women who brought their babies to receive immunization services. The study also looked at what services were being provided at the 17 delivery locations and the potential for improved integration.

## Findings

- Approximately one-quarter of mothers interviewed were at risk of pregnancy. Most could not correctly perceive their risk of pregnancy, believing their return to fertility was tied solely to the return of menses.
- Providers reported discussing spacing of pregnancy and family planning methods with mothers during group counseling sessions. The providers reviewed some elements of the lactational amenorrhea method (LAM) but could not accurately identify and counsel women on all three LAM criteria.
- Mothers reported receiving integrated FP information or services much less frequently than providers reported offering them. Approximately one-third of the women reported ever discussing family planning methods or the importance of spacing during immunization services. Less than 5% reported receiving any family planning information or services during their most recent immunization visit.
- The service-delivery locations were crowded and lacked private spaces for family planning services. Most locations did not have basic medical supplies, and family planning commodities were absent in many locations. Locations also lacked complete records of service provision.

- Providers and managers cited insufficient family planning training and a lack of guidelines for providing integrated services. Also, a lack of postpartum family planning knowledge was reflected among providers, women, and the women's husbands and mothers-in-law, who are key family planning decision-makers.

## Conclusion

The findings indicated a number of service-delivery challenges for integrated family planning and child immunization services, ranging from postpartum women's fertility awareness to health systems issues. These results were shared with a range of stakeholders, who participated in developing a series of recommendations to strengthen integrated service delivery. In consultation with the Government of Jharkhand, several priority recommendations emerged: 1) develop standard operating procedures to integrate services, 2) incorporate the procedures and supportive materials into the regular government training for providers, and 3) develop communication materials on integration. With funding from the U.S. Agency for International Development (USAID) India, FHI 360 will collaborate with the NRHM in Jharkhand to facilitate the implementation of these priority recommendations.

## Background

Although many postpartum women know about healthy spacing of pregnancy and intend to use a method, they often do not follow through on their intentions or are unaware of how to correctly assess their pregnancy risk.<sup>1</sup> Women should be protected against pregnancy through the lactational amenorrhea method (LAM) if they are fully breastfeeding, have not menstruated since their most recent birth, and their child is less than six months old. However, women often incorrectly believe they are not fertile until their menses returns, regardless of their breastfeeding status or the time since their delivery.<sup>2-3</sup> Therefore, many postpartum women who may be at risk of pregnancy do not recognize their risk.

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Opportunities are needed to reach women with family planning (FP) information during the extended postpartum period, including during delivery, postpartum check-ups, and infant immunization visits. In geographic areas where rates of institutional deliveries and postpartum checkups are low, immunization rates are often high, providing consistent and direct access to women in their postpartum period. The World Health Organization (WHO) recommends that a baby receive four rounds of immunizations by his or her first birthday.<sup>4</sup>

## Study Rationale

Targeting FP services to postpartum women through child immunization services is an important strategy for reducing unmet need for FP in India. This is particularly true in the state of Jharkhand, where percentages of unmet need and use of modern methods of contraception are 23% and 31%, respectively, among married women.<sup>5</sup>

In Jharkhand, many women still deliver at home, and 79% receive no postnatal check-ups. Full immunization coverage rates for children under two years old have been increasing in Jharkhand, and most children are at least partially vaccinated. Only 4% of mothers report that their children have received no immunizations.<sup>5</sup> As efforts to improve maternal and child health services continue, immunization rates are expected to continue to increase over time.

The National Rural Health Mission (NRHM) was established by the Ministry of Health and Family Welfare (MOHFW) to oversee and improve public-sector health care in rural areas of India, including Jharkhand.<sup>6</sup> As part of its mandate, the NRHM seeks to integrate FP services into immunization services from the national level down to the community level.

Monthly village health and nutrition days (VHNDs) provide a venue for integrating these services. NRHM guidelines outline a basket of hygiene and maternal and child health services that should be routinely offered to women and their families at these outreach events. VHNDs are typically held at Anganwadi centers (i.e., daycare and community centers) and are coordinated primarily by three types of community workers: auxiliary nurse midwives (ANMs) provide the clinical services; Anganwadi workers (AWWs) provide the health education; and accredited social health activists (ASHAs) mobilize the community.

FHI 360, in collaboration with CARE India, conducted a study to assess the quality of the integration of FP and child immunization services under the NRHM in Jharkhand. The goals of the study were to describe how FP and immunization services were being integrated and to develop recommendations for strengthening integrated service delivery.

## Study Design and Methods

This cross-sectional descriptive study was conducted in April 2011 in three administrative blocks of Lohardaga district, which was selected for its high immunization coverage (81%) and high unmet need for FP (40%).<sup>7</sup> Within each block, one primary health center (PHC) and five VHNDs that offered immunization services were selected for the assessment. The 15 VHNDs were selected based on their accessibility, their high loads of immunization clients, and immunization schedules that coincided with the study's schedule for data

collection. During field visits, one of the PHCs was found to be the immunization stock point and coordination center for the block. Because this PHC was not offering direct services, it was eliminated from the assessment. The assessment therefore focused on 17 service-delivery locations.

The study used semi-structured interviews with 30 immunization service providers (i.e., ANMs and ASHAs), 17 service managers, 7 block- and district-level managers, and 125 women who brought their children to the service-delivery locations to receive immunization services. A maximum of 15 women were interviewed per location. Eligible women were 18 years or older and had infants 12 months or younger. All 17 service-delivery locations were also assessed to determine what services were being provided and the potential for improved integration,

## Family Planning Knowledge of Mothers

The 125 women who were interviewed had a mean age of 25.6 years old, were a mean of 4.9 months postpartum, and had a mean of 2.9 living children. Of these women, 27% were at risk of pregnancy based on how long ago they had given birth, their breastfeeding status, whether their menses had returned, whether they had resumed sexual intercourse, and whether they were using a modern method of contraception. These at-risk women were more likely than the women who were not at risk to desire another child (62% versus 49%), but only 6% wanted another pregnancy within the next year.

Only 26% of the women who were at risk of pregnancy thought that they could actually become pregnant if they had sexual intercourse within the next month. All of these women said they were at risk of pregnancy because they were not using a contraceptive method. For the women who did not believe they could become pregnant in the next month, 88% attributed it to the fact that their menses had not returned. Few women considered the age of their babies or their breastfeeding status when asked to perceive their pregnancy risk.

Among all of the women interviewed, 23% were currently using a FP method (18% a modern method and 6% a traditional method). Although 39% of the women interviewed met all three criteria for LAM, none of the women reported that they

were using LAM or the “breastfeeding method” when asked if they were using a method or doing anything else to avoid pregnancy.

### Provision of Immunization and Family Planning Services

On the day of the assessment all 15 Anganwadi centers where VHNDs were being held offered immunization and FP services. Of the two PHCs assessed, one was offering both immunization and FP services and the other was offering only FP services that day. In all locations, the ANMs assumed primary responsibility for providing the immunization services, including administering the immunizations, counseling mothers, and managing stocks and records. All three types of frontline community workers (i.e., ANMs, ASHAs, and AWWs) were involved in FP counseling, providing FP methods, giving referrals for other methods, making home visits, and gathering women for FP services.

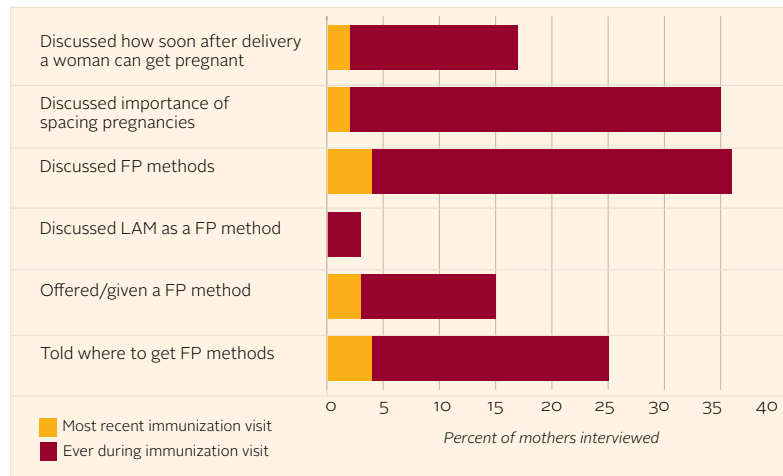
Among the 30 ANMs and ASHAs interviewed, 93% reported that they discussed spacing of pregnancies with mothers attending immunization services, and 97% reported they told mothers about FP services. Some of these discussions were held on a one-to-one basis between a provider and a mother, but most of them took place in a group setting either before or after the babies were immunized.

Providers counseled women on the method mix that was available in the public sector, but they often recommended methods based on the women’s parity. They recommended condoms, oral contraceptive pills, or intrauterine devices (IUDs) to women with one child and female sterilization to women with two or more children.

According to provider reports, many emphasized that breastfeeding can help women avoid postpartum pregnancy, and many told mothers that once their babies reached six months in age, they could again become pregnant. However, beyond these two messages, providers did not discuss elements of LAM. Most providers reported offering condoms and pills (93% and 90% of the providers, respectively) to mothers during immunization services. In addition, 17% of the ANMs, who are trained to provide IUDs, offered IUDs to mothers.

Mothers’ reports of discussions about FP or receiving a method at the time of immunization services were far different than

**Figure 1: Degree of Integration of FP into Immunization Services: Mothers’ Perspectives (n=125)**



the providers’ reports. Only about one of three mothers reported ever discussing FP methods and the importance of spacing pregnancies with a provider during a child immunization visit, and less than 5% reported receiving any such information in the visit immediately before their interview (see Figure 1). Discussions on other elements of FP services, including specific information on LAM, happened much less frequently.

Among women who reported ever discussing FP methods during immunization services, 93% said the discussions happened during group counseling sessions. Among the women who had ever been offered a method, 63% reported being offered condoms, 53% pills, and 58% female sterilization. Among women who had ever been told where to get FP methods, 58% reported being told to get them from an ASHA, 55% from an ANM, and 32% from an AWW.

### Challenges to Delivering Integrated Services

The assessment revealed several barriers and challenges to integrated service provision. Barriers that hampered the provision of integrated services at the facility level included a lack of infrastructure and the unavailability of basic health supplies. Most service-delivery locations had a designated client waiting area (n=13), but the waiting areas were crowded and there were no individual rooms for providing services. The lack of private space left providers having to deliver FP education and counseling in group sessions, which offered little opportunity to tailor their messages or address confidential issues.

Most service-delivery locations had a supply of tap water (n=13) and syringes (n=15). However, less than half of the locations had electricity (n=7), a toilet (n=6), disinfectant (n=2), soap (n=4), or disposable gloves (n=3). Although all 17 locations had sufficient stocks of immunizations on the day of the assessment, 11 locations had no condoms, seven had no pills, and six of the seven locations that reported offering IUDs had none. Furthermore, this lack of FP commodities was not a one-time event, as many facilities reported stock-outs of condoms, pills, and IUDs over the past six months.

Providers exhibited difficulty and inconsistencies in tracking babies who were due for immunizations or were receiving immunizations, and for women who were receiving FP services. Only 11 locations could provide records on the number of babies immunized per month, and only six locations could provide any records of women who had been served there. Providers also complained of gaps in staffing, which lead to excessive workloads, and of being poorly managed and mentored.

Overall, the ANMs and ASHAs who were interviewed were aware that the NRHM’s policy supports integrated service delivery. However, their understanding of integration was usually derived from verbal instructions given by their supervisors on how to provide services, rather than from an official written policy or through formal training. According to providers, the instructions they received and their interpretation of the instructions varied widely. Few felt they had clear guidance and a good understanding of how to offer FP services to mothers attending immunization services.

Both providers and managers reported a lack of written service-delivery guidelines on the provision of integrated FP and immunization services. They also reported a lack of training and communication materials to help them implement the guidelines. In addition, many of the ASHAs and some of the ANMs reported insufficient training on the provision of general FP services. This lack of training became evident during interviews, as many providers had misconceptions and misunderstanding of postpartum FP needs. Very few of the 30 providers could identify any of the LAM criteria, and none could identify all three.

Providers also reported misunderstandings by women and by their husbands and mothers-in-law (who are both influential in FP decisions) as a barrier to providing integrated services. According to providers, the mothers they cared for did not understand their risk of pregnancy and what a return to regular menses might mean for their fertility.

## Recommendations to Improve Integration

In September and October 2011, FHI 360 and CARE India presented the study results to stakeholders from government agencies and development organizations in several district- and state-level dissemination meetings in Jharkhand. Key representatives from the Government of Jharkhand, the MOHFW, the NRHM, and the U.S. Agency for International Development (USAID) played an active role in the state-level meeting proceedings. At each of the meetings, participants discussed the findings and developed recommendations to improve the integration of FP and immunization services, which follow below.

- Standard operating procedures should be developed to ensure that procedures for managers and providers are clear on how integrated FP and immunization services should be delivered. The procedures should address such issues as group or individual counseling, FP materials to give clients, privacy issues, and referrals. Quality assurance guidelines and mechanisms such as monitoring checklists need to be developed to ensure ongoing standards for integrated service delivery.
- Provider capacities need to be strengthened, particularly an awareness of postpartum FP needs and general FP knowledge and counseling skills. Supervisors should provide ongoing support to providers to deliver integrated FP and immunization services. Job descriptions for all providers should include providing integrated services.

- Provider job aids should be developed to help providers counsel and motivate postpartum women to seek FP services according to their risks and needs, and spousal communication for FP decision-making.

- Communication materials such as posters and brochures should be designed for postpartum women and key family members who influence FP decisions (i.e., husbands and mothers-in-law) on fertility awareness issues, the types of FP methods that are available and safe for postpartum use, the importance of birth spacing, and the ease of receiving FP services alongside immunization services.

- Community groups should generate awareness in the community about the importance of accessing FP counseling and services when seeking immunization services.

- Better coordination is needed among the Department of Health and Family Welfare, the Department of Social Welfare, and the Department of Women and Child Development to align policies and clarify staff responsibilities to help ensure effective delivery of integrated FP and immunization services.

- A monitoring system should be developed to identify and track postpartum women and couples who are eligible for integrated FP and immunization services and the FP services offered at the time of immunization services. Also, FP-related indicators need to be introduced into other routine monitoring systems. Monitoring formats should be updated to include the new indicators.

- Consistent and adequate supplies of condoms, pills, and IUDs should be maintained at Anganwadi centers and with frontline providers. These sites need to have adequate amenities such as water, electricity, and basic health supplies, and service-delivery locations should provide private spaces for FP counseling and services.

## Next Steps

Under the leadership of the NRHM, a meeting was held in December 2011 to prioritize these recommendations and formulate a coordinated plan of action for implementing them. Three priority recommendations emerged: 1) developing standard operating procedures for integrating FP and immunization services, in consultation with the team within the Government of Jharkhand's FP cell; 2) incorporating the standard operating procedures and supportive materials into the Government of Jharkhand's regular training for medical doctors, nurses,

ANMs, and ASHAs; and 3) developing communication materials on the integration of FP and immunization services, in accordance with the Government of Jharkhand's program implementation plan for fiscal year 2012–2013. With funding from USAID India, FHI 360 will collaborate with the NRHM and other development partners to facilitate the implementation of these three recommendations.

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