WHAT WORKS IN FAMILY PLANNING: A RESEARCH BRIEF

BACKGROUND

Successful family planning programs have existed for decades. However, in 2008, about 200 million women still had an unmet need for modern contraception.\(^1\) To ensure proper funding of effective and efficient family planning programs, research must identify best practices in program implementation.

This brief, based on the article “What Works in Family Planning Interventions: A Systematic Review,” published in the *Studies in Family Planning* journal in June 2011,\(^2\) provides a current summary of what makes family planning programs work as revealed by recent program evaluations published in both peer-reviewed journals and in “gray” literature.

Both demand-generation activities and supply-side service delivery approaches influence use of modern contraceptive methods, research has shown. By the early 1990s, there was general consensus in the family planning community that specific elements were necessary for programmatic success, including:

- making services available to couples in their villages and homes;
- recognizing quality as a crucial element of programs, which entails method choice, competent and caring providers and follow-up;
- designing programs to be culturally appropriate and sensitive to client needs; and
- engaging political support for family planning programs.

Despite past research, uncertainty exists about the processes and factors that motivate couples to limit family size. Under the Measurement, Learning & Evaluation (MLE) Project for the Urban Reproductive Health Initiative, the authors undertook a comprehensive review to advance the current state of knowledge about what makes family planning programs work. The review synthesized research conducted between 1995 – 2008 on family planning program effectiveness. The authors also assessed the success of different program approaches using a consistent and rigorous methodology applied to all identified publications. The review identified gaps in family planning evaluation research. It also recommended directions for future evaluation research.

---


Key Findings

➤ Family planning programs continue to have a positive and beneficial impact on individuals and populations. In particular, programs improve family planning knowledge, attitudes, beliefs and discussions, and they increase contraceptive use.

➤ All the intervention approaches examined had some benefit. The main program approaches that led to increases in contraceptive use were mass media programs and increasing access to family planning services.

➤ The studies that showed the strongest impact on contraceptive use and resulting fertility rates are the long-term longitudinal studies that took place in Matlab and the MCH-FP (maternal and child health/family planning) extension project in Bangladesh and Navrongo in Ghana. The evidence from these programs indicates the benefits of long-term commitments to family planning programs.

➤ While the review split its assessments into demand-side and supply-side categories, there is considerable interplay and overlap between these two aspects of family planning programming.

➤ Programs with the strongest effects tend to have multiple program elements (for example, mass media and interpersonal communication approaches) and link demand-side with supply-side interventions (for example, mass media and social franchising).

➤ More research is needed on the impact of male involvement, integrated services, public-private partnerships and voucher or cost-reduction programs.

➤ More study is also needed to understand the differential impact of family planning programs on different target audiences. For example, the impact of programs on the populations most in need of services, such as high-risk subgroups, migrants and the urban poor, is important to consider.

➤ Undertaking rigorous impact evaluations that can attribute changes in the outcomes of interest to program activities is critical. The learning that comes from family planning evaluations will increase accountability, improve program decision-making and, ultimately, improve maternal and infant health outcomes.
METHODOLOGY

The authors, all members of the MLE project with backgrounds in reproductive health and family planning, reviewed family planning evaluations from peer-reviewed and gray literature published between 1995 and 2008. They undertook an extensive search of all known published and unpublished sources, including donor-funded project databases, to identify existing evaluation studies. The authors included all evaluation studies conducted in developing countries that used an experimental or quasi-experimental design or another approach to attribute program exposure to observed changes in fertility or family planning outcomes at the individual or population level.

The review focused on studies that looked at influences on fertility decline, such as knowledge or attitudes about family planning, discussions about family planning and intentions to use family planning services. It also included studies that focused on behavioral outcomes, such as contraceptive use, unmet need, service use, total fertility rate, unintended pregnancy and abortion.

Of hundreds of articles and reports, a total of 63 studies met the review criteria. Of these, 42 studies focused primarily on demand-side interventions and 21 studies examined supply-side factors.

RESULTS

In general, family planning programs have positively influenced individuals’ knowledge, attitudes, discussion and intentions, as well as contraceptive use. However, programs do not necessarily lead to increased service use or changes in overall fertility-related outcomes.

DEMAND-SIDE APPROACHES

Mass media and interpersonal communication interventions have made positive contributions to family planning programs. The evidence for newer development approaches is limited, and to date these approaches show mixed results.

Mass Media Approaches

Using the mass media to provide information about and promote family planning services is a long-standing practice. Evidence supports the utility of this approach. Mass media interventions improve family planning knowledge, attitudes, discussion and use.

Primarily, interventions focus on using mass media (radio, television or print) to change women’s, men’s and couples’ knowledge and attitudes about family planning. The majority of the studies reviewed assessed impact on short-term outcomes only, such as attitudes, discussions and intentions to use. When these studies assessed impact on behavioral outcomes, they tended to find positive associations with increased contraceptive use. Most of these results emerged from studies that looked at mass media combined with other interventions, such as social marketing or interpersonal communication. In Tanzania, one study found an independent association between exposure to a radio soap opera Twende na Wakati (“Let’s go with the times”) and increased contraceptive use among married women.3

Interpersonal Communication

Interpersonal communication includes counseling and support that can occur in a service provision setting, as well as intimate discussions about family planning options in a community environment. Ideally, it is personalized to address the specific needs and concerns of family planning clients to assist in decision making.

Interpersonal communication programs have positive impacts on family planning knowledge, attitudes and

behaviors. In addition, half of the studies that measured fertility outcomes (two out of four) found declining fertility. However, there were some limitations to the data and the ability to generalize study findings.

No studies compared the different types of facilitators to inform whether one approach is more effective than another; however, peer-led and facilitator-led interventions had similar outcomes.

Some studies demonstrated significant direct effects. For example, a high-quality study by Cabezón and colleagues (2005) found that a school-based intervention led by teachers helped prevent unintended teen pregnancies.\(^4\)

Other studies found mixed or limited direct effects. A study in Kenya compared two communities that received varying interventions to prevent adolescent pregnancy with one community that did not receive any interventions.\(^5\) The smallest effect was in the community exposed to the largest number of program components. However, the other study community and the comparison community reported significant reductions in pregnancy. The authors speculate that the unexpected findings were the result of a general increase in approval for contraception and condom use in Kenya over the study period.

**Development Approaches**

Development approaches are a newer area of family planning program strengthening. They build on the historical associations between increased wealth and use of modern contraceptives. These approaches attempt to address some of the socioeconomic factors that may inhibit or facilitate use of contraceptive methods, often through techniques and incentives such as cash transfers or participation in savings schemes.

Perhaps because these approaches are relatively new and not yet well documented, development approaches have not generally shown higher contraceptive use or lower fertility rates. Overall, none of the conditional cash transfer (CCT) programs in four different countries reduced fertility rates.

Two country programs did report increased contraceptive use.\(^6\) However, the CCT program in another country actually created large unintended incentives for childbirth and may have raised fertility between 2 and 4 percentage points.\(^7\)

Similarly, a study in Bangladesh evaluating the impact of joining a women’s savings or credit group on contraceptive use found mixed results.\(^8\) Women who joined the credit group were more likely to use contraception than their peers who did not join. However, women who joined the savings group were no more likely to use contraception than their peers.


\(^7\) See note 6.

SUPPLY-SIDE APPROACHES

Programs that increase access to and reduce costs of services have made positive contributions to contraceptive use; however, programs addressing quality of care have had mixed results largely due to the many dimensions of quality.

Access

Programs that address access make family planning services and methods more widely available in underserved communities. In addition to increasing the number of static service delivery facilities, in recent decades these programs have also expanded hours of service; restructured costs and fees for services; and experimented with models to take family planning services into communities through innovative distribution approaches.
Increasing access to sources of family planning information and services has a strong positive effect on family planning outcomes, including knowledge, attitudes and use.

- In social franchising, networks of private medical practitioners offer standard services at lower cost under a shared brand name. All three social franchising programs reviewed improved contraceptive knowledge, attitudes and use. However, the strength of the impact varied among the studies, which seems to be influenced by the availability of other services and sociocultural factors in the communities served by the franchises.

- Among six studies on community outreach or distribution, all had a positive impact on measured outcomes, including family planning knowledge, attitudes, discussion and use and reductions in unintended pregnancies. Three of the studies showed reductions in fertility rates. Studies reviewed included the well-known longitudinal programs in Matlab, Bangladesh, and Navrongo, Ghana. These studies also demonstrate the benefits of combining different outreach approaches.

### Quality Of Care

Quality of care includes several factors that ensure an accurate, safe and appropriate exchange between a family planning provider and client: choice of methods, information, technical competence of the provider, interpersonal relations, follow-up procedures and access to other appropriate services. The number of elements included in quality and the subjective nature of measuring many of them makes it difficult for researchers to assess quality of care consistently and to draw firm conclusions about the impact of quality of care on family planning programs.

---


Despite these challenges, many programs implementing quality of care interventions seem to be at least moderately successful.

- Several studies looked at the effect of **integrating services** such as postpartum contraceptive use, postabortion counseling and HIV prevention into family planning programs. Generally, these programs reported positive results, such as improved contraceptive use. However, research showed that these efforts missed many opportunities to reinforce program goals and personalize information.
- Programs to increase **male involvement** in family planning, thought to be another element of quality, had mixed results overall. The findings hinted toward positive associations with increased contraceptive use; however, larger social and cultural factors had a strong influence on the final outcomes.

**Cost**

Cost is often a barrier to accessing family planning services. Cost barriers include fees paid for services, transport to facilities and “unofficial” payments to staff. Cost also has an element of resources sacrificed, for example the time spent waiting for services.

Most programs that look at cost issues attempt to rectify the costs of receiving family planning services by offering vouchers or other incentives to offset the expenses.

One study evaluated the impact of a voucher program on adolescents’ use of sexual and reproductive health care (SRHC) services. The study found no overall change in contraceptive use between the group of adolescents receiving vouchers and a comparison group that did not. However, as a whole, adolescents in the voucher group did use SRHC services more, and they were more likely to know about contraceptives and sexually transmitted infections. Among the voucher recipients, the type and strength of effect varied depending on place where the adolescents received their vouchers. The difference in study locale likely had an unforeseen effect on the outcome.

**CONCLUSION**

A review of recent research confirms that well designed family planning programs succeed in improving knowledge and attitudes toward family planning and in increasing use of contraceptives and reproductive health services. However, gaps in our knowledge about how specific types of interventions influence family planning uptake and how to best design programs for specific target groups persist.

Renewed global interest in supporting family planning programs and efforts such as the Urban Reproductive Health Initiative offer opportunities to deepen our understanding of the influences on family planning use in different settings. Evaluating these new approaches and program innovations is vital to ensuring quality family planning services benefit all people who want to use them.

---

**Notes:**

For more information about urban reproductive health, please visit www.urbanreproductivehealth.org.

This fact sheet was made possible by support from the Bill & Melinda Gates Foundation under terms of the Measurement, Learning & Evaluation (MLE) Project for the Urban Reproductive Health Initiative. The MLE Project is implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill, in partnership with the African Population and Health Research Center and the International Center for Research on Women. The author’s views expressed in this publication do not necessarily reflect the views of the donor.