

# A Couple-Focused Approach to Improve Family Planning Services for Women and their Partners

**BACKGROUND** A growing body of research is providing evidence that family planning services that involve the male partner and address the couple increase correct use of and satisfaction with family planning and decrease unplanned pregnancy.<sup>1</sup> Studies from family planning programs in several countries show that involving husbands in counseling led to improved outcomes such as higher contraceptive use rates, lower method discontinuation, and significantly lower pregnancy and abortion rates.<sup>2</sup> A review of Title X family planning programs found a need to address the challenges of serving men and building staff capacity to provide couple-focused services.<sup>3</sup>

Despite the benefits of involving men, most family planning services are directed to women only. There are several reasons why this is so. For one, providers are comfortable with this approach because it is familiar to them. They are also concerned about the feasibility of serving couples—for example, whether it would take more time, increase costs, require more space, affect privacy and confidentiality, disempower women, or reduce their freedom to make family planning decisions. In addition, there is a lack of knowledge about what couple-focused services entail and how to provide them.



## Pilot testing a couple-focused approach

The Institute for Reproductive Health, Georgetown University is conducting a study with Planned Parenthood of San Diego & Riverside Counties (PPSDRC) in southern California and Tri-City Health Center in Fremont, California to determine whether integrating the Standard Days Method® (SDM) and a couple-focused approach into family planning services is feasible and beneficial. The study is funded by the Office of Population Affairs, U.S. Department of Health and Human Services.

The SDM is a simple and effective Fertility Awareness-based method that helps women identify the fertile days of their cycle and avoid unprotected sex if they do not want to become pregnant.<sup>4</sup> It requires couple communication and cooperation, and providers are taught to routinely address with their clients the role of men in SDM use. The Institute has found that introducing the SDM is a good way of sensitizing providers to the importance of and the issues surrounding a couple-focused approach.

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## A couple-focused approach

The couple-focused approach that is being tested in this project:

- Recognizes that the couple relationship influences women's decisions about family planning, their satisfaction with it and their ability to use it correctly
- Acknowledges that family planning use may influence the quality of a woman's couple relationship

The approach seeks to help programs and providers improve services by implementing simple interventions that give increased attention to couple issues without decreasing the woman's autonomy. The intervention includes training providers to:

- Discuss with clients the partner's role in family planning by asking simple questions such as, "How does your partner feel about birth control?"
- Offer women the choice of inviting her partner to participate in counseling
- Offer the SDM, a method that emphasizes the couple perspective, as part of their Family Planning counseling

Job aids and informational materials have been developed to help providers carry out this approach.

# PRELIMINARY FINDINGS

## The pilot study

The study seeks to assess whether integrating the SDM within the context of a couple-focused approach to family planning:

- Improves provider ability to incorporate this approach when counseling clients
- Increases the ability of women to gain their partners' support for family planning use
- Increases the involvement of men in family planning decision making
- Increases family planning use, satisfaction and continuation

In order to better understand how a couple-focused approach could be implemented in existing reproductive health services, interviews were conducted with PPSDRC providers, and questionnaires were administered to clients and their male partners. The findings from these interviews (see sidebar) were used to design the intervention being carried out in clinics that provide family planning services.

The intervention was first implemented in two PPSDRC clinics. Lessons learned from this implementation were used to fine-tune the intervention, which is being formally tested at Tri-City Health Center clinics. Providers in one clinic are trained to incorporate a couple-focused approach and the SDM into family planning counseling, while another clinic is serving as the control.

## Providers generally feel that:

- Birth control decisions should be made by women. Most providers are receptive to a couple-focused approach so long as this is what the woman wants, her privacy is protected and she can determine how her partner will be involved.
- The couple perspective should not take precedence over a woman's individual needs and desires. Many women seeking services do not have a stable partner and covert use of birth control is common.
- The approach must consider differences among clients by age and type of relationship.

## Patients indicated that:

- Many couples discuss birth control and many men support their partners' decisions to use birth control.
- Many women are interested in discussing couple-related issues with their providers, but providers rarely provide those opportunities.
- Most men would like to be more involved in family planning services and counseling.
- Women tend to underestimate their partner's interest in birth control information and therefore do not request information for their partners.
- Some women, however, do not want their partners involved.

## How the effort will be assessed

To evaluate whether differences exist between the intervention site where providers received training in the couple approach and the control clinic where provider training was not conducted, data is being collected before the intervention and again six months later. Data collection includes:

- Interviews with clients and partners to explore partner communication and involvement, satisfaction with services, and method use and continuation
- Interviews with providers to assess changes in knowledge, attitudes and practices as a result of the intervention
- Simulated client visits to assess changes in provider practices
- Collection and analysis of service statistics at all study clinics to assess changes in service utilization

The study is expected to last 27 months. When completed, study results will be widely disseminated to Title X family planning grantees and used to provide guidance to organizations that wish to include a couple-focused approach in their services. Study results will also be made available to those who request them.

## ENDNOTES

1. Becker, S. and Robinson, J.C. 1998. Reproductive health care: services oriented to couples. *International Journal of Gynecology and Obstetrics* 61(3): 275-281.
2. Sambatra, F., The Effects of Husband's Involvement in the Pre-Introduction Trial of NORPLANT in Madagascar: Final Report, April 1, 1990-December 31, 1992, Population Council, New York, 1992. Terefe A. and Larson C.P. 1993. Modern contraception use in Ethiopia: does involving husbands make a difference? *American Journal of Public Health* 83(11):1567-1571. Becker, S. 1996. Couples and reproductive health: a review of couple studies. *Studies in Family Planning* 27(6)291-306.
3. Title X is a US government supported family planning program for low income women administered by the states.
4. Arévalo, M., Jennings, V., and Sinai, I. 2002: Efficacy of a new method of family planning: the Standard Days Method. *Contraception* 65:333-338.

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**For more information, contact:**

Institute for Reproductive Health  
4301 Connecticut Ave., Suite 310 Washington, DC 20008  
[irhinfo@georgetown.edu](mailto:irhinfo@georgetown.edu) [www.irh.org](http://www.irh.org)

