



An Ethnographic Study of Integrated Service Delivery: Assessing Contraceptive Uptake in Lilongwe's HIV Clinics, 2003

Mariama Diop¹

¹ Institut Pasteur de Dakar

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Correspondence: mdiop@aol.com

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Author notes

Mariama Diop is affiliated with Institut Pasteur de Dakar and focuses on Medicine research in Africa.

Abstract

In sub-Saharan Africa, unmet contraceptive need among women living with HIV remains a public health concern. Historically, family planning and HIV services were delivered separately, which created access barriers. Integrating these services is a strategic response to this challenge. This ethnographic study aimed to assess the impact of integrating family planning services into HIV clinics on contraceptive prevalence rates among female clients in Lilongwe. A core objective was to understand the lived experiences and contextual factors influencing contraceptive uptake following integration. An ethnographic approach was employed, featuring prolonged field engagement at selected HIV clinics in Lilongwe. Data collection comprised participant observation, in-depth interviews with clients and healthcare providers, and a review of clinic records to analyse service utilisation patterns. The integration of services was associated with a substantial increase in contraceptive prevalence among clinic attendees. Qualitative data revealed a dominant theme of enhanced convenience and reduced stigma, which clients identified as key facilitators. A significant barrier was persistent stock-outs of preferred contraceptive methods. Service integration positively influenced contraceptive uptake in this HIV care context by improving accessibility and mitigating stigma. The model's effectiveness, however, was contingent upon a reliable supply of commodities. Programmes should prioritise the integration of family planning into HIV clinical services, underpinned by strengthened contraceptive supply chains. Further training for providers on offering a comprehensive range of methods within integrated settings is also recommended. Integration, family planning, HIV, contraception, ethnographic, Malawi, service delivery This study provides an in-depth, contextual understanding of how integrated service delivery functions in practice and its effect on contraceptive behaviour, offering evidence for policymakers designing similar programmes.

Keywords: *Medical anthropology, Sub-Saharan Africa, Service integration, Contraceptive uptake, HIV/AIDS clinics, Ethnographic methods, Family planning*

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