INTRODUCING NEW TECHNOLOGIES AT THE COUNTRY LEVEL : PROMOTING APPROVAL ACCESS AND ACCEPTANCE

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A freedom song

Atieno washes dishes,
Atieno plucks the chicken,
Atieno gets up early,
Beds her sacks down in the kitchen,
Atieno eight years old,
Atieno yo.

Since she is my sister's child
Atieno needs no pay,
While she works my wife can sit
Sewing every sunny day:
With her earnings I support
Atieno yo.

Atieno's sly and jealous,
Bad example to the kids
Since she minds them, like a schoolgirl
Wants their dresses, shoes and beads
Atieno ten years old.
Atieno yo.

Now my wife has gone to study
Atieno is less free.
Don't I keep her, school my own ones,
Pay the party, union fee,
All for progress: aren't you grateful
Atieno yo?

Visitors need much attention,
All the more when I work night.
The girl spends too long at the market,
Who will teach her what is right?
Atieno is raising fourteen,
Atieno yo.

Atieno had a baby
So we know that she is bad.
Fifty fifty it may live
And repeat the life she had
Ending in post-partum bleeding,
Atieno yo.

Atieno's soon replaced.
Meat and sugar more than all
She ate in such a narrow life
Were lavished on her funeral.
Atieno's gone to glory,
Atieno yo.

Marjorie Oludhe Macgoye

Background

- Every year~ 80 million unintended pregnancies
- In developing world ~35 million women have unmet need
- Approximately 10 million HIV positive in SSA have unmet need
- FP prevents unintended pregnancies, often high risk pregnancies and reduces number of abortions, saving women's lives

Challenges ….

- Commodities
  - Erratic supply
- Policy
  - Poor public-private partnership
  - Poor collaboration among partners
  - Week referral systems
- Staff
  - High turn-over
  - Inadequate skills
  - Poor attitude
- Infrastructure
  - Inadequate

Why integrate FP-HIV SERVICES?

- Increase access of better health services
- Promote dual protection
- Reduce cost of healthcare services
- Decrease stigma and discrimination
- Prevent transmission and spread of HIV

Family AIDS Care and Education Services

The study of HIV and FP integration in rural Kenya

- **Study rationale**: To determine how to best meet the family planning needs of HIV-infected women in Kenya.

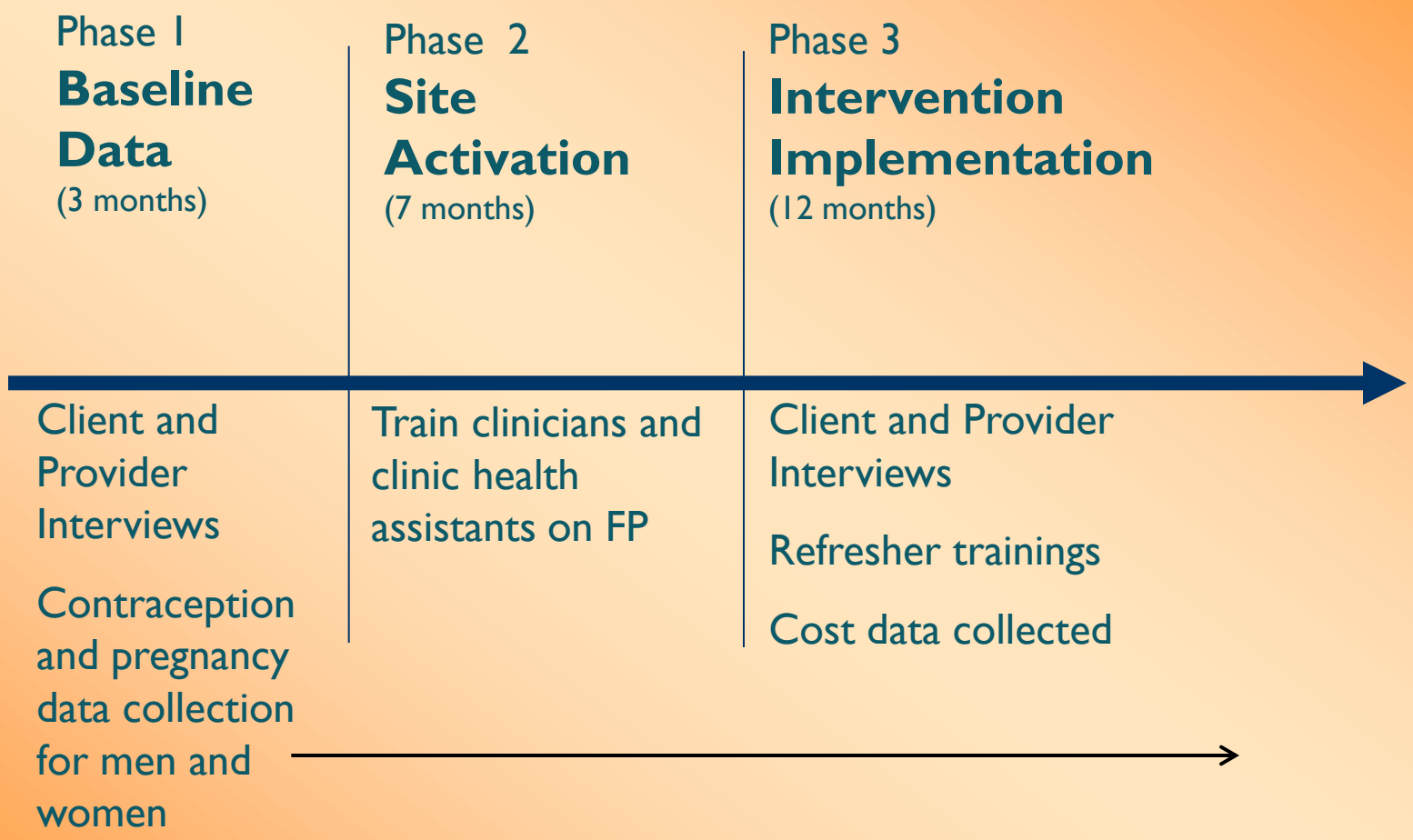
- **Study design:** a cluster-randomized trial comparing the effects of integrating family planning services into HIV care and treatment programs in Nyanza Province, Kenya, with the standard referral for family planning services outside of HIV care and treatment programs.

- **Study objective:** The study was specifically looking at contraceptive uptake, contraceptive continuation, and unintended pregnancy rates.

Methods

- FP-HIV integration approach that emphasized on four pillars:
  - Patient education
  - Provider training and counseling
  - Expanded method options provision
  - Systems strengthening
- HIV clinics were randomized into:
  - Integrated facilities (IF)-patients offered FP services within the HIV clinic
  - Non integrated facilities (NI)-patients interested in FP were referred to a separate FP/MCH clinic
- All facilities, IF and NI health talks on FP were conducted in the waiting bay during the twelve months of the study

FP Study Timeline



Separate Clinics within the Health Facility

Control Clinics N=6 **intervention clinics 12**

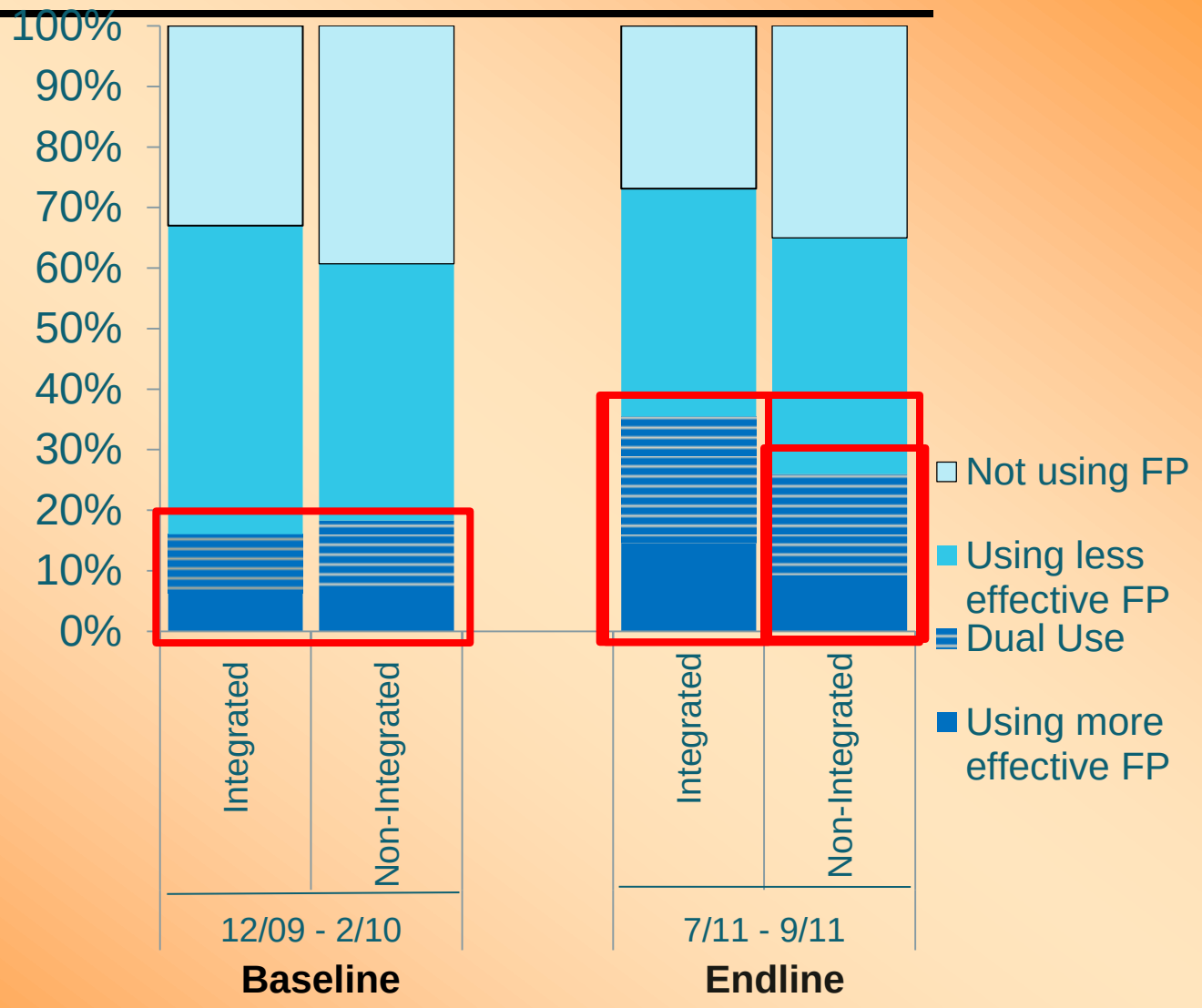
PSC = HIV Clinic

MCH / Family Planning Clinic

Methods

- Abstracted data on demographics, contraceptive use and pregnancy from electronic medical records of women age 18-45
- Compared contraceptive use between the baseline period (Dec 2009-Feb 2010) and final 3 months of follow-up (Jul 2011-Sep 2011) between study arms
- FP modeled dichotomously, with use of more effective FP compared to less effective and no FP
- Baseline and endline quantitative and qualitative interviews with male and female clients on knowledge, attitudes and perceptions of FP and FP-HIV integration

Results – Contraceptive Use



Results – Change in FP use

Outcome	Adjusted odds ratio	95% CI
Use of more effective FP	**1.81**	**1.24 – 2.63**
Condom use	0.64	0.35 – 1.19

Male attitudes towards FP

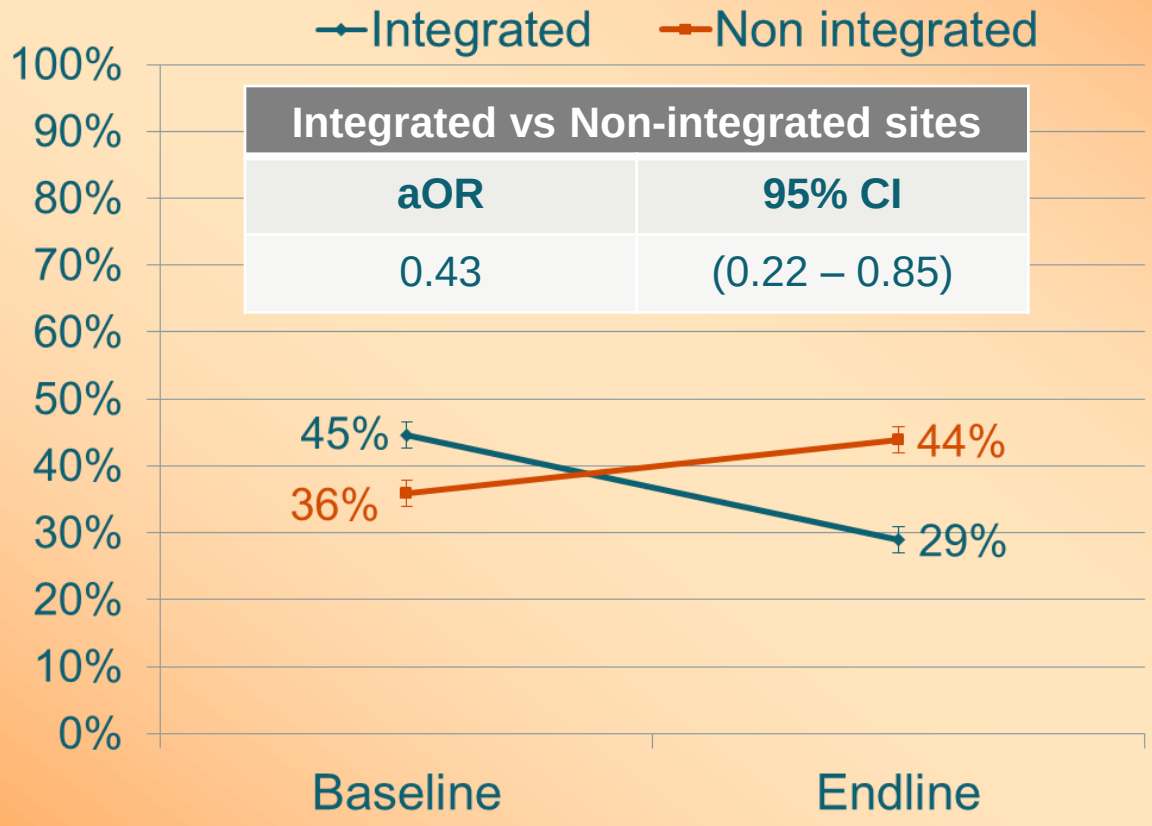
Men were asked if they agreed or disagreed with the following statements:

Contraception is women's business and a man should not have to worry about it.

Women who use contraception may become promiscuous.

Results – Male Attitudes
FP is woman's business

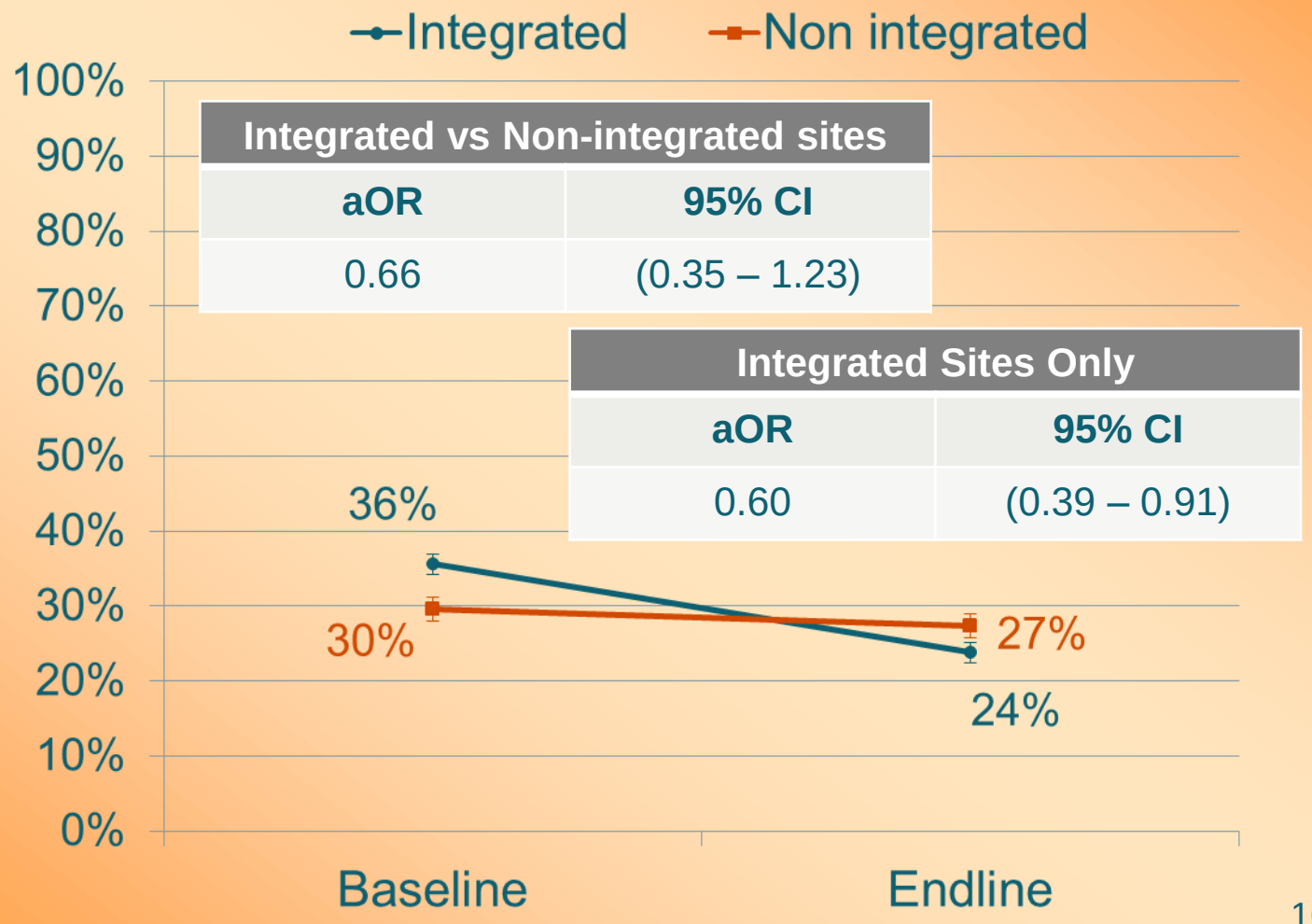
(N=929)



Integrated vs Non-integrated sites	
aOR	**95% CI**
0.43	(0.22 – 0.85)

Results – Male Attitudes
FP use associated with promiscuity

(N=929)

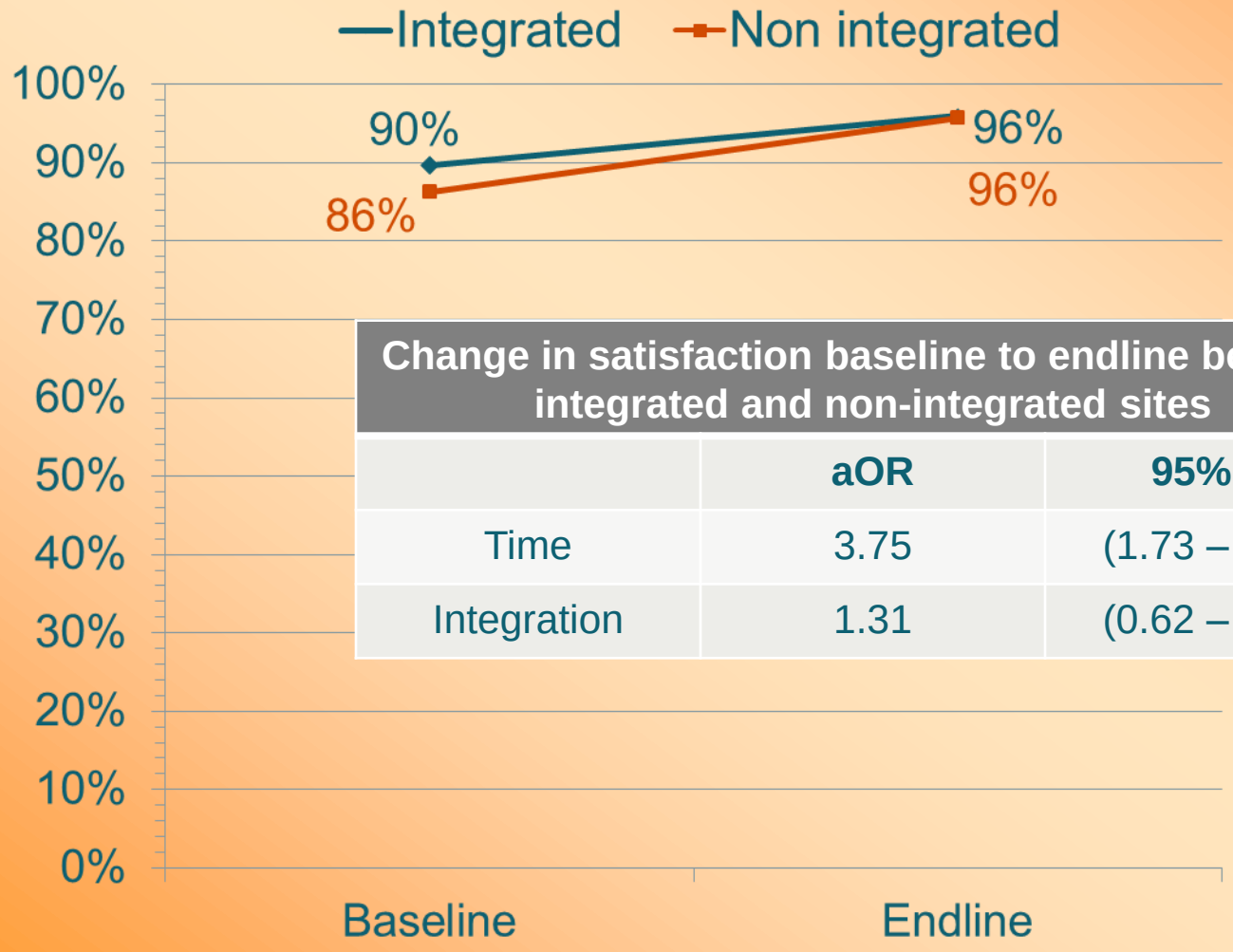


Integrated vs Non-integrated sites	
aOR	**95% CI**
0.66	(0.35 – 1.23)

Integrated Sites Only	
aOR	**95% CI**
0.60	(0.39 – 0.91)

Results – Satisfaction among women

Reported being very satisfied with method (N=1485)



Change in satisfaction baseline to endline between integrated and non-integrated sites		
	aOR	**95% CI**
Time	3.75	(1.73 – 8.14)
Integration	1.31	(0.62 – 2.77)

Results – Regression results for positive attributes of FP site

Positive attribute reported	Fully integrated sites (n=213)	Non-integrated sites (n=86)	aOR	95% CI
Able to get other services at the same place	50%	14%	7.07	(3.43, 14.58)
Personnel treated them well	27%	7%	4.88	(1.94, 12.27)
Close to home	30%	47%	0.45	(0.26, 0.80)

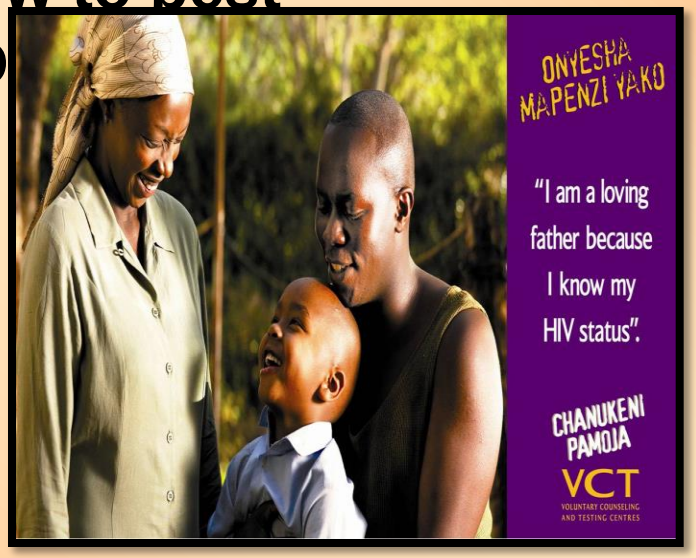
Adjusted for: age, education, relationship status, reported health status, and desired fertility delay

Conclusions

- Integration of FP services into HIV care and treatment in this setting
  - Increased use of more effective FP methods
  - Did not have a significant reduction in condom use
  - No reduction in dual method use
- Satisfaction with FP services improved and did not differ by integration status
- Women obtaining FP services at the HIV clinic were more likely to report they liked being able to obtain other services and that there were treated well by staff; they were less likely to report services were close to home
- Integration was associated with a decrease in negative attitudes among men toward FP

Conclusion

- The use of FP is inherently related to correct knowledge, favorable attitudes towards contraception, and access to an expanded contraceptive method mix.
- Integration of FP into HIV services information, quality services and timely access to an expanded method mix of safe, effective modern contraception.
- Efforts still needed to determine how to best gain acceptance and promote IUCD such settings.



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