Changes in contraceptive use among female ART clients following efforts to integrate family planning into ART services in Cross River State, Nigeria

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Background 1: Nigeria

- A population of **167 million**
- Total Fertility Rate **5.7**
- Contraceptive Prevalence **15.0%**
- Unmet need for contraception **20%**
- HIV Prevalence **4.1%**
Before

- FP and HIV services traditionally offered separately
- Referrals: not systematic, not formalised, mostly verbal
After

- **Screening:** FP Clients for HIV; HIV clients for FP needs
- **Service provision:** Effective linking of services through cross-referrals between HIV (CT, PMTCT, ART) and FP services
Benefits of integration

The integration of family planning (FP) and HIV services is important in countries that have high fertility rates and a high HIV burden.

FP/HIV integration has many advantages:

- It maximizes the possibility of preventing unwanted pregnancies and HIV-positive births;
- It provides an opportunity for the initiation of a contraceptive method;
- It offers an occasion to provide adherence and follow-up counseling;
- It reduces the potential for stigma and embarrassment;
- It allows for appropriate counseling as fertility desires change.
Study objective

- The objective of the study was to evaluate the effect of a referral model of FP-HIV integration on a client’s behavior.
The study was conducted at five GHAIN-supported health facilities in five local government areas (LGAs) of Cross Rivers State between March 2008 and June 2009.

Facilities that offered ART services in the selected LGAs were assigned to either the basic or the enhanced integration model using a partial random assignment method.

We compared changes in modern contraceptive use among female HIV clients at sites that provided an enhanced integration package to sites that provided only a basic integration package.
Methodology 2

- **The basic package of FP-HIV integration activities included:**
  - advocacy meetings with key stakeholders,
  - training of ART providers on basic FP/reproductive health (RH) messages,
  - the introduction of monitoring-and-evaluation (M&E) tools,
  - a system of referring clients to FP services to acquire modern methods other than condoms.

- **The enhanced package included all activities in the basic package, plus**
  - Training of FP providers on the HIV/RH integrated training module
  - Sensitization workshops,
  - Supportive supervision,
  - M&E training on tools and referral services,
  - Community mobilization
Methodology 3

- We used a two-group, pre- and post-test cohort design.

- The cohort was interviewed at baseline and a year later using structured questionnaires during client exit interviews.

- The primary-outcome measure was the self-reported use of a modern contraceptive method.
Methodology 4

• All analyses were conducted and independently verified using SAS 9.2.

• Change in the proportion of ART clients who used modern contraception at baseline and at follow-up between the “basic group” and the “enhanced group” was compared.

• The data was adjusted for the following:
  ➢ age,
  ➢ parity status at baseline,
  ➢ desire for children in the next two years,
  ➢ whether the client was living with a partner,
  ➢ whether the partner approved of contraceptive use.
Key findings- baseline

- 335 women were interviewed at baseline;
- 269 of these were re-interviewed between 12 and 14 months later (80% retention rate).
- Mean age of the cohort was 30 years; about half were married and reported use of a family planning method in the past,
- one-third (32% to 37%) had an unmet need for family planning.
- Women who had never used a contraceptive method, or were not currently using a contraceptive method reported the following reasons:
  - Fear of method side effects (62%),
  - Having a partner who disapproved of family planning methods (47%),
  - Having a desire to be pregnant (39%).
- Baseline contraceptive use was higher in the enhanced group (22.5%) than it was in the basic group (5.9%).
Key findings - follow up

- Use of modern contraceptives increased to 34.8% (enhanced group) compared to 17.6% (basic group) = crude increases of 12.3% (p=0.001) in the enhanced group and 11.7% (p=0.021) in the basic group.

- The adjusted increase (after adjusting for pre-specified covariates) in the enhanced group was 10.4%, corresponding to a significant increase (two-sided p = 0.006) and an estimated increase of 11.7% in the basic group (p = 0.037).

- The estimated difference in change between the enhanced and basic groups was -1.3%, with a two-sided p-value of 0.844.

- Hence we are unable to conclude that the enhanced intervention had a differential effect on reported use of modern contraception methods among ART clients, relative to the basic intervention.
Knowledge contribution

- We achieved only a modest uptake of modern contraceptive methods other than condoms.

- Efforts to integrate FP into ART services in countries like Nigeria, where large families and low contraceptive use are the norm, will be more challenging than integration efforts in countries with higher rates of use.

- HIV-positive women face the same barriers to method use as women in the general population.

- In these settings, expanded access to modern methods in a community might yield higher rates of contraceptive uptake and should be evaluated.
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THANK YOU