Integrating Contraception and HIV Prevention in Two Youth-Friendly Services in Mozambique

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Presenter: Jorge Matine
SRH and HIV Context in Mozambique

- Contraceptive prevalence rate: 14% among 15-19 year olds and 17% among 20-24 year olds.

- 41% of 18 year olds are either mothers or are pregnant.

- National HIV and AIDS prevalence is 16%; Gaza and Maputo Provinces stands at 27% and 26% respectively.

- 10-24 year olds account for 60% of new HIV infections

- Half of the nearly 1.5 million people living with HIV and AIDS (PLWHA) are between 15-29 years old.

- Mozambique only achieved 9% (2005), ART coverage and just 29.8% (2007) of HIV-positive women received ARTs to prevent mother-to-child transmission.

DHS, 2003; Lancet 2010; WHO 2011
**Goal**

- Increase access to and use of quality, integrated public health, youth-friendly FP/SRH services.
- Address the FP/SRH needs of youth, emphasis on HIV+ youth.
- Contribute to reduction of HIV infection, reinfection, and unintended pregnancies.

**Challenges**

- RH and HIV & AIDS prevention services offered separately.
- Clients required to visit a different provider for each of their health concerns.
- Comprehensive care for youth clients only offered in youth-friendly service (YFS) sites.

**TIDES I Approach**

- SRH Messages
- Community-based outreach services
- YFS Sites & Providers
- Youth Organizations

**Framework for FP/HIV Integration**
Project Tides I

- Funded by Tides Foundation from Oct 2008–Sep 2009
- Maputo City (1 pilot + 8 additional sites) and Xai-Xai (1 pilot + 4 additional sites)

- Objectives:
  - Develop strategies for enhancing integration of FP services, healthy timing and spacing of pregnancy (HTSP) messages, and commodities into ongoing HIV information and services for youth.
  - Create demand for and access to FP, contraception and SRH information and services (especially dual method use) among youth at the community level.
  - Offer access to integrated FP/SRH services at 2 Mozambican public health TAP pilot sites.

- Needs assessment
Needs Assessment

Conducted over a two-month period and used three complementary methods and triangulated the results:

- In-depth interviews with three sero-discordant couples
- Rapid exit survey of 68 clients of the 2 YFS pilot sites
- Four focus groups with sero-positive young people and couples
Needs Assessment: Key Findings

• Young people expressed the societal pressures they feel to begin childbearing at a young age and have many children:
  
  “I would like to have an abortion… but my mother said that my sister already has children and I should have this baby”, HIV-positive woman, Xai-Xai.

• Identified barriers to service utilization, such as stock outs of condoms and oral contraceptives and myths and misconceptions around contraception, particularly long acting methods:
  
  “Some of us believe that IUDs can lead to infertility”, peer educator.
Needs Assessment: Key Findings

• Dual protection is understood by many, young people face challenges in utilizing condoms:

  “We talked about dual protection. However, boyfriends usually forget the condom when they know that their partners are using other methods to prevent unwanted pregnancies”, peer educator.

• Being a mother gives a woman an identity and value and this is especially true for young women, even when they are HIV positive:

  “This situation does not change our plans, actually I am pregnant right now”, interviewee.
Project Intervention

Service delivery emphasized comprehensive and accurate counseling

Community component, which focused on reducing stigma around HIV and contraception services
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<thead>
<tr>
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<th>SRH Messages</th>
<th>Results:</th>
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<tbody>
<tr>
<td>Community-based</td>
<td>• Dual protection and HTSP messages provided by peer educators and YFS</td>
<td>• Over 16,000 youths accepted a condom and another method of contraceptive method</td>
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<tr>
<td>Outreach Services</td>
<td>providers.</td>
<td>• 47,000 referrals were made by the peer educators to the YFS sites.</td>
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<td>• 32,750 FP/SRH IEC materials on integrated service were distributed by peers educators.</td>
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<td>• Peer educators reached 96,000 people through their activities and 4,500 home visits were carried out.</td>
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<td>YFS Sites and Providers</td>
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<td>Youth Organizations</td>
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## Summary: Activities that Addressed Barriers Identified in Needs Assessment

<table>
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<th>Lack of power and autonomy</th>
<th>• Heath providers trained in integration of contraception/FP in the services of HIV including myths and barriers related to long-term methods</th>
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<tr>
<td>Stigma</td>
<td>• Community support groups for PLWHA • Training of PLWHA peer educators on FP counseling and methods</td>
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<td>Myths</td>
<td>• Training of peer educators, community leaders and home visits to provide quality information • Community conversations; training of leaders; home visits</td>
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<td>Lack of access to services</td>
<td>• Community based distribution of condom and oral contraceptives through peer educators • Introduction of community referral cards to YFS</td>
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### Summary: Activities that Addressed Health Facility Barriers

| Sites with integrated FP/SRH and HIV/AIDS services | • Conversations with flipbook; male involvement  
  • Discussion about contraception and FP with young couples |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------|
| Comprehensive services for FP/HIV            | • Integrate FP and contraception counseling into all VCT services  
  • Develop peer educator-led activities promoting FP at the YFS sites |
| Myths                                        | • Training of health providers to provide quality information |
| Flow of services                              | • Health providers trained in adolescent sexual and reproductive health  
  • Introduction of flow chart to orient service and referral between service and health facility |
Mixed method needs assessments are critical to project planning and development.

The needs assessment in Maputo and Xai-Xai illustrated the barriers young people, particularly young PLWHA, face in seeking services and their worries and needs around SRH.

The implementation of the project addressed community and service barriers within an integrated approach, with an emphasis on meeting the needs of young PLWHA.
Thank you!