Do integrated services perform better than stand-alone sites in promoting FP among people living with HIV?

A comparative case study from Swaziland

Church, K; Fakudze, P; Kikuvi, J; Sikhosana, N; Simelane, D; Wringe, A; Mayhew, S; for the INTEGRA research team

International FP Conference,
Dakar 29 Nov – 2 Dec 2011

Kathryn Church
London School of Hygiene & Tropical Medicine
Background: integration of HIV & sexual and reproductive health (SRH) services

- Recent calls to deliver a more holistic package of care to people living with HIV (PLWH), to overcome a verticalised approach
- Rationale: access to services, cost savings, client satisfaction, reduction in HIV-related stigma, PMTCT (through FP)
- While there is growing body of evidence on SRH needs in PLWH, current evidence on impact of integration is weak:
  - Few studies compare integrated with stand-alone models of care
  - Measuring the ‘extent’ of current service integration is challenging
  - Many studies fail to isolate the impact of service reorganisation from other concurrent activities
To investigate whether integrating HIV care and SRH services is an effective model of health care for HIV patients through a comparative analysis of integrated and stand-alone HIV service delivery models in Swaziland.
Research objectives

1. To investigate the FP practices and needs of PLWH attending HIV care services at the four clinics
2. To investigate whether integrated care is associated with uptake of SRH services and unmet needs for FP
3. To explore the contextual factors influencing the delivery of integrated services within HCTx settings
Mixed methods research

- HIV client exit survey: cross-sectional (N=611)
  - Men and women aged 18 and over, attending for pre-ART or ART services
  - Clients identified using systematic random sampling (SRS)
  - Data entry through PDA software (SurveyPlus), imported into STATA 11.0
  - Chi², analysis of variance and multivariable logistic regression modelling
- In-depth interviews (IDIs) with 16 providers
- IDIs with 22 clients (m&f) at ART initiation with follow-up interviews at 2 and 6 months
  - Interviews in SiSwati, transcribed and translated
  - Thematic analysis using Nvivo 8.0 and charting of key themes by case
Participant response rate: 84.7%
Results

1. SRH needs of clients
2. Service response to SRH needs
3. Context of integration
Results: Description of clinic population

- ≥ 40 yrs
- 30-39 yrs
- 25-29 yrs
- < 25 yrs

Males (N=129) vs Females (N=482)
Description of clinic population – client type

N=611
p<0.001
Results: unmet need for FP

Unmet need = 32%
(in DHS among all HIV+ women aged =29%)
Results: Current contraceptive use (women)

N=394
p= 0.035
Condom use consistency by type of FP user

- 45% of respondents classified as consistent condom users

Consistent use in those using condoms for pregnancy prevention vs other reasons

<table>
<thead>
<tr>
<th>Uses for pregnancy prevention (N=263)</th>
<th>Uses for other reasons (N=223)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistent user</td>
<td>Inconsistent user</td>
</tr>
<tr>
<td>77.95%</td>
<td>22.05%</td>
</tr>
<tr>
<td>39.01%</td>
<td>60.99%</td>
</tr>
</tbody>
</table>

p<0.001
Results

1. SRH needs of clients
2. Service response to SRH needs
3. Context of integration
Results: SRH Services accessed since positive HIV test

- Counseling on condom use: 86%
- PMTCT (women who had pregnancy): 83%
- STI svc (if ≥1 STI symptom): 67%
- FP advice (women only): 58%
- Advice on getting pregnant: 57%
- Sexual health screening: 56%
- Provision of condoms: 56%
- FP method (women only): 34%
- Pap smear (women only): 14%
- Advice on sexual health: 13%

N=603 clients (women=476)
N=2345 services
Results: SRH service use (multivariable*)

Odds Ratio (95%CI)

Service
- FP counselling (for women)
- Condom provision
- Counselling on pregnancy (for women)

Outcome:
- Unmet needs for family planning

Clinic Model

A: Most integrated
B: Most stand-alone
Results

1. SRH needs of clients
2. Service response to SRH needs
3. Context of integration
Results: Context of service integration

Clinic & policy factors

Physical infrastructure, supplies, client load etc.

Relations between clients and providers

Client factors & provider factors

How integrated does care become?
Key contextual influences

- Providers and in turn clients ACROSS ALL SITES influenced by a heavy programmatic focus on condom promotion among PLWH.

  I: what advice did they give you about family planning [...]?

  R: There wasn’t any, they just told me not to have sex without a condom because the people that I have sex with, if they don’t have HIV, I’ll spread it to them and also when I’m taking pills I can reinfect anybody [Female client, stand-alone site]

- FP counselling is focused at the time of ART initiation when clients may not be receptive to counselling messages:

  even if you tell [clients] they have to start thinking about [FP], it’s basically the last of their problems most of the time. They only realize later on ...so you keep insisting that they go for [FP], but to them it’s an extra mile, they are really concerned about getting back to normal, living their lives, so I think that’s where we lose most of the contact [Provider, stand-alone clinic]
Key contextual influences

- ART providers are **overwhelmed with ART**....and may rely on internal referral processes for SRH to other rooms/”units”:

  “it’s not the only thing that you’re supposed to ask and you’re supposed to do, so you may overlook the family planning issue” [Provider, integrated site]

  -- but internal referral doesn’t always work!

- Even partial integration may lead to **de-skilling** of providers and loss of confidence in abilities to deliver other services

- While providers perceive client benefits to integration, they **perceive few personal benefits**, and do not consider efficiency gains

- Care remains **routinised and task-oriented**, i.e. centred on delivery of routine tasks – exploring other client needs remains limited:
R: I don’t know what [vaccinations] my baby’s getting and when...
I: Oh [...] they don’t explain to you what your baby is getting and what it’s for?
R: They give you the card with all the information, where each injection is given [...]. Other than that, no they don’t say anything. If you’re a mum for the first time, you’re in trouble
I: (Laughing) so how come you don’t ask them to explain the shots?
R: It’s usually fast... and they usually say they are taking the baby to be weighed, but then they take the baby and do everything, so there is no time to ask a lot of questions
I: What about while they are doing it... you don’t ask questions?
R: Whoo! There’s not much you can talk about in there... they will just tell you “lift his armpit”, “turn him around” “rub him” “pick him up” and then it’s over and they have to attend to the next person

[Female client, integrated clinic]
Conclusions and research implications

• HIV clinics are doing a good job in promoting condoms among PLWH, but are condoms enough or always the right response? Dual method use may also needs to be encouraged**
• FP counselling at ART initiation is not sufficient
• ‘ART providers’ need training to deliver basic contraceptives in their ‘ART rooms’; if this is not feasible, then routine referrals to a very NEAR-BY room should be available
• Integration needs to be supported by managers to ensure all staff are motivated and capacitated to deliver required services
• Limitations: Cross-sectional observational design, small no. clinics
Acknowledgements

• Partners in Swaziland: the Ministry of Health, the Family Life Association of Swaziland, CSO
• Research team in Swaziland
• Clinic staff and managers at FLAS, KSII, RFM & LaMvelase
• Funders: ESRC/MRC & Bill & Melinda Gates Foundation (INTEGRA Project)
• INTEGRA partners: IPPF, Population Council
• Supervisors at LSHTM: Susannah Mayhew & Alison Wringe

THANK YOU!

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Gaps in knowledge and practice among postpartum women living with HIV in Swaziland

Charlotte Warren Rachel Shongwe, Nelisiwe Sikhosana, Joshua Kikuvi and Erick Oweya on behalf of INTEGRA Research Team

International FP Conference Senegal 2011
11.30-13.00 1/12/11
Background

• Postpartum family planning (FP) programs enable women to achieve their fertility intentions
• However postpartum unmet need for FP is high
• Evidence suggests that women living with HIV continue to have unmet need for FP
• This data focuses on interviews with postpartum women living with HIV
• Cohorts are part of the larger study to measure use of integrated HIV/postnatal service and selected reproductive behaviours
Methods

- Cohorts of postpartum women (0 - 10 weeks) were recruited (N= 1114) from 10 health facilities after receiving postnatal services.
- More than a third of the cohort (36%) were women living with HIV (n=402).
- Responses were analyzed among women 0 - 4 weeks postpartum and those five weeks or more since childbirth.
- Key outcomes compared using Chi Square test of association among postpartum women by HIV status.
## Cohort age comparison by HIV status

<table>
<thead>
<tr>
<th>Age</th>
<th>HIV+ n=401</th>
<th>HIV– n=708</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>15–18yrs</td>
<td>3.5%</td>
<td>16.7%</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>18–25yrs</td>
<td>40.9%</td>
<td>50.1%</td>
<td>0.003</td>
</tr>
<tr>
<td>25–35yrs</td>
<td>50.4%</td>
<td>27.1%</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>35–45yrs</td>
<td>5.2%</td>
<td>5.9%</td>
<td>0.631</td>
</tr>
</tbody>
</table>
Marital status of all postpartum women interviewed by HIV status

- Single
- In relationship**
- Living with partner*
- Married monogamous*
- Married polygamous*

HIV− (n=708)  |  HIV+ (n=401)
FP methods used when client became pregnant and was not ready to be pregnant

- More HIV+ clients (50.4%) became pregnant when using a method compared to HIV negative clients (40.7%) \[p=0.01\]
- Only 13% had the correct knowledge regarding the fertile period

- **Male condom**
  - HIV- (n=204)
  - HIV+ (n=136)

- **Injectables**
  - HIV- (n=204)
  - HIV+ (n=136)

- **Hormonal pills**
  - HIV- (n=204)
  - HIV+ (n=136)

- **Female condom**
  - HIV- (n=204)
  - HIV+ (n=136)

- **Other methods**
  - HIV- (n=204)
  - HIV+ (n=136)
Fertility desires among postpartum women living with HIV

Want another child

Index pregnancy wanted

HIV + (n=401)  HIV−
Postpartum women living with HIV (0-10 weeks) do receive FP in postpartum period

- 21.9% of all postpartum WLHIV received FP method on the day interviewed (compared to 16.5% of HIV negative women)
- 21% had received method on a previous visit.
- For women who were 5 weeks or more postpartum 26% received FP method on the day of interview and 36% were already using a method.
Postpartum counselling received

- Received counseling on sexual activity
- Received counseling on fertility
- Received counseling on FP
- Received FP on previous visit
- Received FP on day

HIV- (n=703)
HIV+ (n=399)
FP methods received by postpartum women on the day of the interview

<table>
<thead>
<tr>
<th>FP method received:</th>
<th>HIV+ n=130</th>
<th>HIV- n=84</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injectables</td>
<td>66.7%</td>
<td>60.8%</td>
<td>0.414</td>
</tr>
<tr>
<td>Hormonal pills</td>
<td>16.7%</td>
<td>28.4%</td>
<td>0.067</td>
</tr>
<tr>
<td>Male condoms only</td>
<td>2.5%</td>
<td>8.1%</td>
<td>0.117</td>
</tr>
<tr>
<td>Female condoms only</td>
<td>6.1%</td>
<td>5.4%</td>
<td>0.847</td>
</tr>
<tr>
<td>All other methods</td>
<td>0.0%</td>
<td>2.1%</td>
<td>0.503</td>
</tr>
</tbody>
</table>
Use of condoms among those who received counseling on STI/RTI during ANC visits

<table>
<thead>
<tr>
<th><strong>Use condom every time they have sex</strong></th>
<th>HIV+ (n=326)</th>
<th>HIV- (n=531)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use condom every time they have sex**</td>
<td>25.3%</td>
<td>12.7%</td>
</tr>
<tr>
<td>Would like to use but sometimes they don’t**</td>
<td>42.8%</td>
<td>45.9%</td>
</tr>
<tr>
<td>Uses condoms every now and then**</td>
<td>8.5%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Never use condoms**</td>
<td>14%</td>
<td>26%</td>
</tr>
</tbody>
</table>

(**p<0.001**)
Conclusions

• These findings suggest that fertility intentions of HIV positive women are low
• There was limited knowledge of fertile period
• Incorrect /inconsistent use of FP methods prior to the pregnancy which might explain why two thirds say their most recent pregnancy was unplanned.
• More than half of women 5-10 weeks postpartum were using a contraceptive method
Fertility intentions & family planning practices among HIV+ women in Kenya

Richard Mutemwa, Manuela Colombini, Jackie Kivunaga, Isolde Birdthistle & Susannah Mayhew
- on behalf of the Integra Team -

International Conference on Family Planning, Nov 29th – Dec 2nd, 2011, Dakar, SENEGAL
Study goal

- Part of ongoing qualitative work in Integra

- This study explored the experiences of HIV positive family planning clients to understand implications of a positive HIV diagnosis for family planning practices and fertility intentions

- Particular focus was on how a positive HIV diagnosis for a woman affects her sexuality, fertility desires and hence, FP behaviour
Study Group & Methods

- HIV+ women attending FP services in Central Province, Kenya
- Purposive sample of 26 women from a larger cohort of mixed HIV-status women attending integrated and non-integrated HIV/FP services at 12 health facilities in the province
- Selection criteria: from Integra FP cohort database, using cohort participant ID numbers in a drawn list of HIV+ women, purposive on basis of spread of respondents across facilities
- Indepth interviews used for data collection, using a semi-structured tool
- 26 IDIs conducted in Kenya in June/July 2010
### Profile of interviewed women

<table>
<thead>
<tr>
<th>Demographic factor</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
</tr>
<tr>
<td>≤24</td>
<td>2</td>
</tr>
<tr>
<td>25–29</td>
<td>6</td>
</tr>
<tr>
<td>30–34</td>
<td>6</td>
</tr>
<tr>
<td>35–39</td>
<td>5</td>
</tr>
<tr>
<td>≥40</td>
<td>7</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>8</td>
</tr>
<tr>
<td>Married</td>
<td>14</td>
</tr>
<tr>
<td>Divorced</td>
<td>4</td>
</tr>
<tr>
<td><strong>Parity</strong></td>
<td></td>
</tr>
<tr>
<td>No children</td>
<td>1</td>
</tr>
<tr>
<td>1–2 children</td>
<td>14</td>
</tr>
<tr>
<td>3–5 children</td>
<td>9</td>
</tr>
<tr>
<td>≥6 children</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Demographic factor</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education</strong></td>
<td></td>
</tr>
<tr>
<td>Below primary</td>
<td>7</td>
</tr>
<tr>
<td>Primary</td>
<td>16</td>
</tr>
<tr>
<td>Secondary</td>
<td>3</td>
</tr>
<tr>
<td><strong>Occupation</strong></td>
<td></td>
</tr>
<tr>
<td>Unemployed</td>
<td>5</td>
</tr>
<tr>
<td>Self–employed</td>
<td>15</td>
</tr>
<tr>
<td>Employed</td>
<td>6</td>
</tr>
<tr>
<td><strong>Used FP method in last 12 months</strong></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>25</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
</tr>
</tbody>
</table>
Findings reported on

- Effect of HIV+ test result on sexuality
- Effect of HIV+ test result on fertility desires
- Effect of HIV+ test result on FP behaviour
Effect of HIV+ on sexuality

• Women reported three main types of sexuality responses following the HIV+ diagnosis:
  – loss of sexual desire
    “Since the time I suspected that I was infected with the virus, [my urge of engaging in sex] it has been reduced”
    “Eeh the moods [about making love] have gone down because I don’t want even to remember the disease I don’t want to hear those stories”
  – reduced number of partners or abstinence
    “When I was tested and told I have the virus, I felt it was better to stop having sex…”
    “That issue of having sex… before you get married you may have many sex partners but since I knew about my status I only have one partner”
  – no change in sexuality (minority)
Effect of HIV+ on Fertility desires

• Two main responses:
  – cessation of child bearing because of stigma
    ○ Majority of women, particularly those who were older women with children or those who had already achieved fertility desires by time of HIV test
    ○ Stigma: self, community, provider
  – no effect on intention to have children
    ○ Only 4 women; had better knowledge of PMTCT and were mostly younger women or those that had not achieved their ‘ideal’ fertility goal by time of HIV test
HIV+ Fertility desires (2)

• Influences on cessation - self assessment:
  
  • **Guilt** of possibly having HIV+ child who will be a ‘patient’ for life
    
    “I am afraid that I may infect the child”
  
  • Possibility of failing to look after children properly due to own ill-health/death
    
    “Because I am infected with the virus... I see that my life is short to bring up many children”
  
  • Fear that pregnancy hastens deterioration of body
    
    “if you get pregnant while with HIV, you should know that your body will weaken. You will go on deteriorating.”
HIV+ Fertility desires (3)

• Influences on cessation: providers & community
  – Provider influence
“*We are told that we people who are infected with HIV to try to prevent from getting pregnant anyhow because it will bring issues...it will weaken the body*”
  – Community stigma
“They say, ‘she is pregnant, let’s see if she will breastfeed’ [if they suspect that] one is infected with HIV... so if you became pregnant that’s when they say ‘lets see now’ [i.e. if she doesn’t breastfeed then she’s HIV+]”
Childbearing not stigmatised

“It has no problem because like now you haven’t got a child and you need another child there are ways that you will come and follow and the doctor will explain to you, you will be able to carry the pregnancy, you will be able to give birth, and prevent infecting the baby with the virus”

“I see its good because you can be infected by this disease while you are a girl and you don’t have a child....I see it’s good to give birth because a person is a seed and should leave a seed and also to get married”
Effect of HIV+ on FP behaviour

• Increased use of modern FP: to prevent pregnancy (because of changes in fertility desires)

• Increased use of condoms: mostly to prevent reinfection; most report partners’ support

‘You are told not to go and re-infect others … You don’t infect one another more … You are supposed to use condoms’

• Increased use of dual protection (largely because of provider counselling)

‘We are using condoms and I still use that pill, because condoms prevents germs to enter into me and to him, but this pill for family-planning prevents that condom if it bursts I will get pregnant.’
Mixed messaging of condoms

• Differences in promotion of condoms for (re)infection-prevention vs. protection from pregnancy:
  – After + diagnosis: ‘I was told it’s a must now to use a condom’
  – To avoid pregnancy: ‘they don’t encourage condoms very much as sometimes they can tear and cause pregnancy’
Conclusions

HIV+ diagnosis leads to:

- Decreased risk behaviour
- Decreased fertility desires
  - through stigma and lack of information
- Increased dual protection and use of both condoms and modern FP
  - Mixed messaging of condoms

Next steps: Quantification of findings from cohort data; exploration of impact of integration on changing behaviour
Thank You!
Patterns of family planning use among women living with HIV in Kenya: What are the gaps?

Timothy Abuya and Charity Ndewiga on behalf of INTEGRA Research Team

International Conference on Family Planning,
Nov 29th – Dec 2nd, 2011, Dakar, SENEGAL
Background

• Increasing access to sexual and reproductive health (SRH) services to women living with HIV (WLHIV) supports them to achieve fertility goals

• Current SRH services revolve around controlling fertility and ignore HIV-positive women’s needs for services such as safe and healthy sexuality and desire for children

• We describe patterns of family planning (FP) methods used by WLHIV

• The key question we are exploring is:
  ✓ Are there any existing gaps in FP service provision for WLHIV?
Methods

• Data based on cohort of women recruited and interviewed after receiving FP services (n=1959) and followed up six months later

• Cohort study is part of the larger evaluation aimed at generating evidence on the benefits of integrating HIV and FP services in reducing unintended pregnancies and improving reproductive behavior

• Findings are based on analysis of 251 women who disclosed that they were HIV positive from 1959 women recruited representing HIV prevalence of 12.8%

• Analysis conducted using Cross tabulations with Chi Square tests
Previous pregnancies and FP used among women living with HIV

- Previous pregnancy
  - Undesired
  - Pregnant
- Using FP when got
- Hormonal pills
- Injectables
- Male condoms
- Fertility based method
- EC

Intervention (n=107)
Comparison (n=144)

Integra
Strengthening the evidence base for integrating HIV and SRH services
## Why women got pregnant while on a method

<table>
<thead>
<tr>
<th></th>
<th>Intervention (n=14)</th>
<th>Comparison (n=34)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Method failure</td>
<td>21.4%</td>
<td>32.3%</td>
<td>0.234</td>
</tr>
<tr>
<td>Non-compliance</td>
<td>78.5%</td>
<td>50.0%</td>
<td></td>
</tr>
<tr>
<td>Uncooperative partner</td>
<td>0.0%</td>
<td>5.9%</td>
<td></td>
</tr>
<tr>
<td>Other reasons</td>
<td>0.0%</td>
<td>11.8%</td>
<td></td>
</tr>
</tbody>
</table>
## Fertility desires among women living with HIV

<table>
<thead>
<tr>
<th></th>
<th>Recruitment</th>
<th>Follow up</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intervention (n=107)</td>
<td>Comparison (n=144)</td>
</tr>
<tr>
<td>Average No. of children alive (SD)</td>
<td>2.2(1.1)</td>
<td>2.7 (1.3)</td>
</tr>
<tr>
<td>Want another child</td>
<td>22.4%</td>
<td>15.3%</td>
</tr>
<tr>
<td>Desire concurs with partner</td>
<td>48.6%</td>
<td>56.3%</td>
</tr>
<tr>
<td>Prefers to have their next child after two years</td>
<td>6.5%</td>
<td>6.2%</td>
</tr>
</tbody>
</table>
## Patterns of family planning use among women living with HIV

<table>
<thead>
<tr>
<th></th>
<th>Recruitment</th>
<th>Follow up</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intervention (n=107)</td>
<td>Comparison (n=144)</td>
</tr>
<tr>
<td>Used FP method in the last 12 or 7 Months</td>
<td>98.1%</td>
<td>98.3%</td>
</tr>
<tr>
<td>Discuss choice of methods with provider</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Clients receiving FP during current/recent visit</td>
<td>87.8%</td>
<td>43.1%**</td>
</tr>
</tbody>
</table>
FP methods received during current/recent visit

<table>
<thead>
<tr>
<th></th>
<th>Recruitment</th>
<th>Follow up</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intervention (n=107)</td>
<td>Comparison (n=144)</td>
</tr>
<tr>
<td>Hormonal pills</td>
<td>8.4%</td>
<td>12.9%</td>
</tr>
<tr>
<td>Injectables</td>
<td>31.8%</td>
<td>30.7%</td>
</tr>
<tr>
<td>Male condoms</td>
<td>41.2%</td>
<td>56.5%</td>
</tr>
<tr>
<td>Female condoms</td>
<td>0.9</td>
<td>3.2</td>
</tr>
<tr>
<td>IUCD</td>
<td>0.9</td>
<td>0.0%</td>
</tr>
<tr>
<td>Implants</td>
<td>5.6%</td>
<td>1.6%</td>
</tr>
</tbody>
</table>
FP methods received among women who do not want another child

<table>
<thead>
<tr>
<th></th>
<th>Recruitment</th>
<th>Follow up</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intervention (n=82)</td>
<td>Comparison (n=52)</td>
</tr>
<tr>
<td>Hormonal pills</td>
<td>7.3%</td>
<td>11.5%</td>
</tr>
<tr>
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<td>Male condoms</td>
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<td>Female condoms</td>
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<td>Implants</td>
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Use of condoms among during last sexual encounter among women living with HIV

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Follow up</th>
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<tbody>
<tr>
<td>Recruitment</td>
<td>85.1</td>
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<tr>
<td>Follow up</td>
<td>82.2</td>
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</table>
Are there any gaps observed?

- Information on appropriate use of methods as indicated by non-compliance as major reason behind being pregnant while on a method
  - Emphasis on key messages on use in integrated service points

- Gap in provider’s ability to discuss choice of methods with client especially among WLHIV which is critical for using appropriate methods for desired fertility intentions

- Among those who do want more children, very few received Long acting methods
Conclusions

• Understanding fertility desires of WLHIV is key to meeting their FP needs
  ✓ Discussing choice of methods that concurs with fertility desires at different service points
  ✓ Providing information on appropriate use of methods
  ✓ Encourage those who do not desire other children to use long acting methods

• Use of dual methods among WLHIV is rarely practiced as most of them received either male or female condoms