

Integrating Family Planning into HIV Care and Treatment Services in Kenya

Family Planning

HIV/AIDS

Key Points

- Use of modern methods of contraception (including condoms and other methods) increased significantly among female HIV care and treatment clients following a Ministry of Health initiative to integrate family planning and HIV care and treatment services in Kenya.
- Providers in the HIV care and treatment facilities were highly supportive of integrated family planning services, but relatively few providers received the intervention training.
- Men are influential in their partners' decision making about contraception, but opportunities to promote family planning to male HIV care and treatment clients are being missed.

Incorporating family planning (FP) into HIV care and treatment services is a promising model for integrating FP and HIV services, but evidence of successful integration has been lacking. This study provides evidence that an integrated FP and HIV care and treatment intervention can increase contraceptive use among female clients who are receiving HIV care and treatment services at Comprehensive Care Centres (CCCs) in Kenya.

Intervention Design

The intervention was designed and implemented by the Kenya Ministry of Health (MOH). Conducted in partnership with the APHIA II project in Coast and Rift Valley Provinces, it was implemented in all CCC facilities in those provinces. This intervention and operations research was funded by the U.S. Agency for International Development. The intervention consisted of the following activities:

- Sensitization meetings with officers and facility supervisors to explain the coming intervention and ask for support in their home facilities
- Training providers to offer FP services to CCC clients
- Provision of FP counseling job aids to CCC providers, including FHI's toolkit, *Family Planning for HIV-Positive Women and Couples*
- Supportive supervision visits by FHI, MOH, and APHIA II staff to assess progress and to address obstacles to integration

Individual facilities developed plans for integration unique to each facility, such as which commodities to offer, how to obtain them, and whether and how referrals would be provided.

Research Design and Methods

The main objective of the operations research was to determine whether the use of modern methods of contraception increased among female CCC clients after an FP/CCC integration intervention. A secondary objective was to determine how providers' and male clients' FP knowledge, attitudes, and practices changed during the intervention.

A group of female clients was interviewed both pre- and post-intervention. Separate groups of male clients and CCC providers were interviewed at the two time points. Interviewees were drawn from 16 facilities that represented a random sample stratified on the basis of province and facility size. To obtain a quasi-random sample of clients in each facility, every other eligible client was interviewed upon exiting the CCC. All providers who were present on interview days and agreed to participate were interviewed. Pre-intervention interviews were conducted in September 2008, and post-intervention interviews were conducted in July 2009.

Of the 238 women interviewed at baseline, 160 were successfully re-interviewed at follow-up. Of the male clients, 114 participated at baseline and 158 participated at follow-up. Fewer than 8 percent of the follow-up sample had been interviewed at baseline. Of the providers, 55 were interviewed at baseline, compared with 51 at follow-up. Of the latter, 45 percent interviewed at follow-up had also been interviewed at baseline, but their records could not be linked in the dataset, so analyses assume the providers are independent.

Results

Female and male clients. At baseline, the average female participant was 32 years old

with three children. The majority had a partner (77 percent) and had been sexually active in the last six months (69 percent); fewer than a third wanted another child in the future. Male clients were similar to female clients except that they were older (39 years) and somewhat more likely (41 percent) to want another child in the future.

Overall, the frequency of modern method use among female clients increased from 36 percent to 52 percent between baseline and follow-up. Condom use increased by 8 percent (to 21 percent). The use of modern methods other than condoms also increased by 8 percent (to 31 percent); this includes a 3 percent increase in dual method use (use of condoms plus another modern method). These increases were all statistically significant, and increases were significantly larger in Coast Province (which had a lower contraceptive prevalence at baseline) than in Rift Valley.

Client reports of the proportion receiving FP services in the CCC are largely consistent across time points. Between 60 percent and 70 percent of men and women at both time points reported that a CCC provider had mentioned pregnancy prevention as an advantage of condoms. About 55 percent of women and 45 percent of men at both time points reported being asked about FP use by a CCC provider. Thirty percent of women and between 15 percent and 20 percent of men at each time point reported that a CCC provider had discussed contraceptive methods other than condoms.

Both men and women felt that couple communication about reproductive health was important. Approximately 42 percent of female clients agreed that their partner's opinion on FP affected their contraceptive use, and the majority of men reported that they would be angry if their partner used contraception without their knowledge. But communication, at least regarding HIV status, was challenging for clients, with 44 percent of women at baseline and 33 percent at follow-up indicating that they did not know their partner's HIV status, and 20 percent to 25 percent of men at both time points reporting that they did not know their partner's status.

CCC providers. Overall, CCC providers reported positive attitudes toward FP prior to the intervention. About 95 percent of providers at both baseline and follow-up said that providing FP in CCCs was very important, and about the same proportion reported that the provision of FP would have a positive effect on the quality of CCC services.

Only 14 percent of providers interviewed at follow-up had attended the FP training supported by this intervention. Therefore, it is not surprising that provider FP knowledge did not significantly differ pre- and post-intervention. Despite the lack of change in knowledge scores, provider practice did change, according to self-report. Providers were significantly more likely to report the provision of non-condom modern methods post-intervention (38 percent to 59 percent), while the percentage reporting the provision of condoms stayed relatively constant (85 percent to 87 percent).

Finally, it appears that there may have been institutional changes in the study facilities. The percentage of providers reporting that their facility had a written protocol or guideline for providing FP as part of CCC increased from 20 percent to 33 percent.

Recommendations

Contraceptive use increased significantly among a group of HIV-positive, female CCC clients in Kenya. But, the large number of CCCs in the implementation areas and the complex and heterogeneous nature of the intervention make it difficult to determine exactly which component of the intervention produced the successful effect. We recommend further investigations to:

- Conduct detailed process and impact evaluations to identify which intervention components produce the greatest increase in contraceptive use
- Assess how much male clients increase their support of FP use by their female partners
- Determine whether the intervention would be effective in other provinces
- Investigate whether the client population maintains its increased method use over time



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