

Integrating Family Planning Services into HIV Care in Zambia: Baseline Results

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Background

- On average, women living with HIV (WLHIV) in sub-Saharan Africa desire fewer children than HIV-negative women and a majority of their pregnancies (62-93%) are unintended.
- In Zambia, the total fertility rate is estimated to be 4.7%, while family planning uptake among married women is 50% (2018 DHS).
- ICAP, in collaboration with CDC and the Zambian Ministry of Health, are implementing an enhanced model of family planning (FP) and HIV (FP/HIV) service integration at six HIV clinics supported by CIDRZ in Lusaka district (Figure 2).
- Aim of intervention: To increase the uptake of effective contraception (defined as oral contraceptive pills, injectables, implants, intrauterine devices (IUD), vasectomy and tubal ligation) among WLHIV not desiring pregnancy. Intervention includes three main components:
 - Improve documentation of FP service delivery within the HIV care setting
 - Integration of FP method provision within the HIV care setting
 - Facilitated referral approach for contraceptive methods not available within the HIV clinic and community-based refill distribution
- This initial analysis presents demographic and FP uptake data, among women attending these clinics *prior* to implementation of this enhanced model.
- Demographics and provider perspectives on FP/HIV integration data for Health Care Providers and Lay Counselors at the 6 participating health facilities are also presented.

Methods

Client: WLHIV

- Interviews were conducted with WLHIV, aged 16-49 attending HIV care services at one of the 6 participating health facilities. Medical information was also abstracted for each participant from SmartCare (Zambia's electronic medical record system).
- Descriptive analysis was conducted to identify client characteristics. Bivariate analysis using Wilcoxon signed-rank test was performed to assess mean rank differences. A multivariable logistic regression model, using GLIMMIX procedure to account for cluster by site, was used to identify factors associated with an unmet FP need.
- Women were classified as having an unmet FP need if they reported not wanting to get pregnant in the next two years and did not report current use of an effective contraceptive method.

Provider: Health Care Providers (HCP) and Lay Counselors (LC)

- Interviews were conducted with health care providers (HCP) and lay counselors (LC) from the six participating health facilities, who were 18 years of age or older and had worked at the facility for at least 6 months
- Descriptive analysis was conducted to determine provider demographics and perspectives on FP/HIV integration

Results

WLHIV

- From May-July 2018, 754 WLHIV were screened for eligibility and 629 (83%) were enrolled (Figure 1).
 - Of the women screened for eligibility, 125 were not eligible due to not being sexually active (n=89), age (n=29; 24 below 16 and 5 above 49), or new to clinic (n=7).

Client: WLHIV

- The majority of women were:
 - Married (71%)
 - Had 3 or more children (62%)
 - At least 35 years or older (54%)
 - On antiretroviral therapy for a median of 4.6 years (interquartile range=2.2, 8) (Table 1).
- Overall, approximately one-third (30%) of women reported currently using an effective modern contraceptive method:
 - Injectables (14%)
 - Pills (10%)
 - Implants (5%)
 - Intrauterine devices (IUDs) (1%)

Figure 1: Client Flowchart

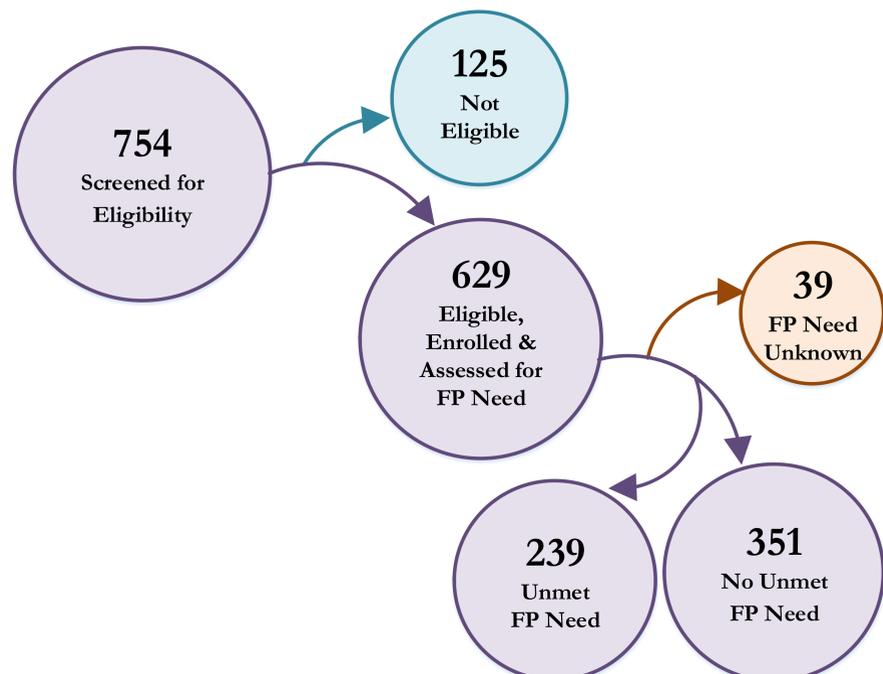
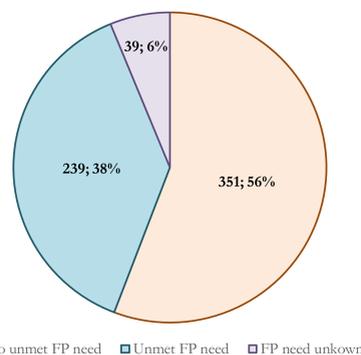


Figure 2: Map of Zambia



Figure 3: Contraceptive Need among WLHIV Attending HIV Clinical Services in Zambia (N=629)



Results continued

- Half of the participants reported condom use as a FP method, while only 8% reported dual method use (condoms plus another effective method).
- 239 (38%) of women reported an unmet FP need, 351 (56%) had no unmet FP need and 39 (6%) had an unknown FP need (Figure 3).
- Factors associated with an unmet need for FP included being younger (15-19 years of age) or older than 40 years of age, being divorced, separated or widowed and having 3 or more children (Table 2).

Table 2. Factors Associated with an Unmet Family Planning Need among WLHIV Attending HIV Clinical Services in Zambia (N=590*)

Variable	Unmet FP Need N=239	No Unmet Need N=351	Adjusted Odds Ratio ¹ (p-value)
Age Category, n (%)			
15-19 years	7 (58)	5 (42)	3.8 (0.12)
20-24 years	11 (30)	26 (70)	0.43 (0.09)
25-29 years	17 (26)	49 (74)	0.31 (0.001)
30-34 years	46 (29)	112 (71)	0.32 (<0.0001)
35-39 years	48 (37)	82 (63)	0.42 (0.0006)
40-49 years	110 (59)	77 (41)	Reference
Marital Status, n (%)			
Cohabiting	1 (25)	3 (75)	0.40 (0.45)
Single, Never Married	20 (36)	35 (64)	1.2 (0.73)
Divorced or Widowed	60 (57)	46 (43)	2.0 (0.006)
Married Polygamous	5 (33)	10 (67)	0.61 (0.40)
Married Monogamous	153 (37)	257 (63)	Reference
Parity, n (%)			
1-2 children	61 (33)	122 (67)	3.3 (0.07)
3-5 children	132 (44)	166 (56)	4.9 (0.02)
>5 children	34 (49)	36 (51)	4.8 (0.03)
No children	11 (29)	27 (71)	Reference
Time Since HIV Diagnosis (in years), Median, (IQR)	5.2 (2.8 – 8.8)	4.9 (2.1 – 8.0)	0.99 (0.73)

*Excluded 39 women who FP need could not be assessed
¹Model was adjusted for age, marital status, parity, and time since diagnosis

Provider – HCPs and LCs

- 181 providers were enrolled and interviewed about their perspectives on HIV/FP integration.
- Providers were mostly women (71%) and on average 39 years of age (Table 3)
- Cadres included: LC (48%), registered nurses (14%), enrolled nurses (9%), clinical officers (8%) and peer educators (6%)
- Only 34% of HCPs and LCs reported ever receiving either training or mentorship on FP (see Table 4).
- Despite this lack of training, 75% of providers reported offering FP services as part of their normal job duties, and the majority felt comfortable providing both FP (93%) and safer pregnancy (97%) services to WLHIV

Conclusion

- Our findings suggest a high unmet FP need among WLHIV in HIV care, particularly among younger (<20 years) and older women (40-49 years).
- Dual method use was low, placing WLHIV at risk for acquiring other sexually transmitted infections that could compromise their health and contribute to ongoing HIV transmission.
- While providers feel comfortable providing FP services, many reported that they had never received training or mentorship
- These findings highlight the need to improve integration of FP/HIV services to improve WLHIV's access to effective contraception.

Table 1: Characteristics of WLHIV Attending HIV Clinical Services in Zambia (N=629)

Variable	N (%)
Age group (years)	
Median (IQR)	35 (30-41)
15-19	14 (2%)
20-24	39 (6%)
25-29	75 (12%)
30-34	164 (26%)
35-39	140 (22%)
40-49	197 (31%)
Parity	
Median (IQR)	3 (2-4)
0	44 (7%)
1-2	199 (32%)
3-5	313 (50%)
>5	73 (12%)
Head of household	
Self	96 (15%)
Husband/ Partner	440 (70%)
Other	93 (15%)
Highest level of school completed	
None/ did not attend school	48 (8%)
Some primary	112 (18%)
Primary	266 (42%)
Secondary	173 (28%)
Technical	30 (5%)
Marital status	
Married monogamous	427 (68%)
Married polygamous	18 (3%)
Cohabiting/ living with partner	4 (1%)
Single, never married	60 (10%)
Divorced/ Separated/ Widowed	120 (19%)
Time on ART (in years)	
Median (IQR)	4.6 (2.2-8)
Time from HIV diagnosis (in years)	
Median (IQR)	5 (2-8)

Table 3. Characteristics of HCPs and LCs Providing HIV Clinical Services in Zambia (N=181)

Variable	Frequency N (%)
Gender	
Male	53 (29%)
Female	128 (71%)
Age (years)	
Median (IQR)	39 (29, 46)
Provider Type	
Medical Doctor	1 (0.5%)
Clinical Officer	14 (8%)
Registered Midwife	1 (0.5%)
Registered Nurse	25 (14%)
Enrolled Nurse	17 (9%)
Lay Counselor	87 (48%)
Peer Educator	11 (6%)
Community Based Distributor	3 (2%)
Other	22 (12%)

Table 4. HCPs and LCs experiences and perspectives on HIV/FP Integration in Zambia (N=181)

Variable	Frequency N (%)
Ever received training or mentorship on FP	
Yes	61 (34%)
No	120 (66%)
Performed services as part of job duties	
Yes	135 (75%)
No	43 (24%)
Don't Know	3 (1%)
Feel comfortable providing FP services	
Agree	168 (93%)
Disagree	12 (6%)
No Opinion	1 (1%)
Feel comfortable providing safer pregnancy	
Agree	176 (97%)
Disagree	5 (3%)