

# Without Strong Integration of Family Planning into PMTCT Services Clients Remain with a High Unmet Need

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16<sup>th</sup> November 2009

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# Background

- Rwandan government recognises importance of FP as priority for economic development
- Initiated FP-HIV integration in 2007
- How can we improve/expand integrated services?
- Multi-country study
- Assessment of 3 models



# Background (2)

- Prevention of unintended pregnancies and adequate birth spacing cost-effective and essential component of comprehensive approach to PMTCT
- Traditionally focused on Pillar 3 and (to a lesser extent) Pillar 4
- Pillar 2 neglected



# Rwandan Context

- > 440 health facilities providing FP services and ANC consultations
- >40% managed by RC church
- High cultural value placed on large number of children
- Generalised HIV epidemic



# Main Questions

- Goals
  - Provide information to improve integrated services
  - Optimise potential for scale-up
- Objectives
  - Determine need for FP among PMTCT clients after birth
  - Determine readiness of ANC and PNC providers to offer FP
  - Examine FP service provision



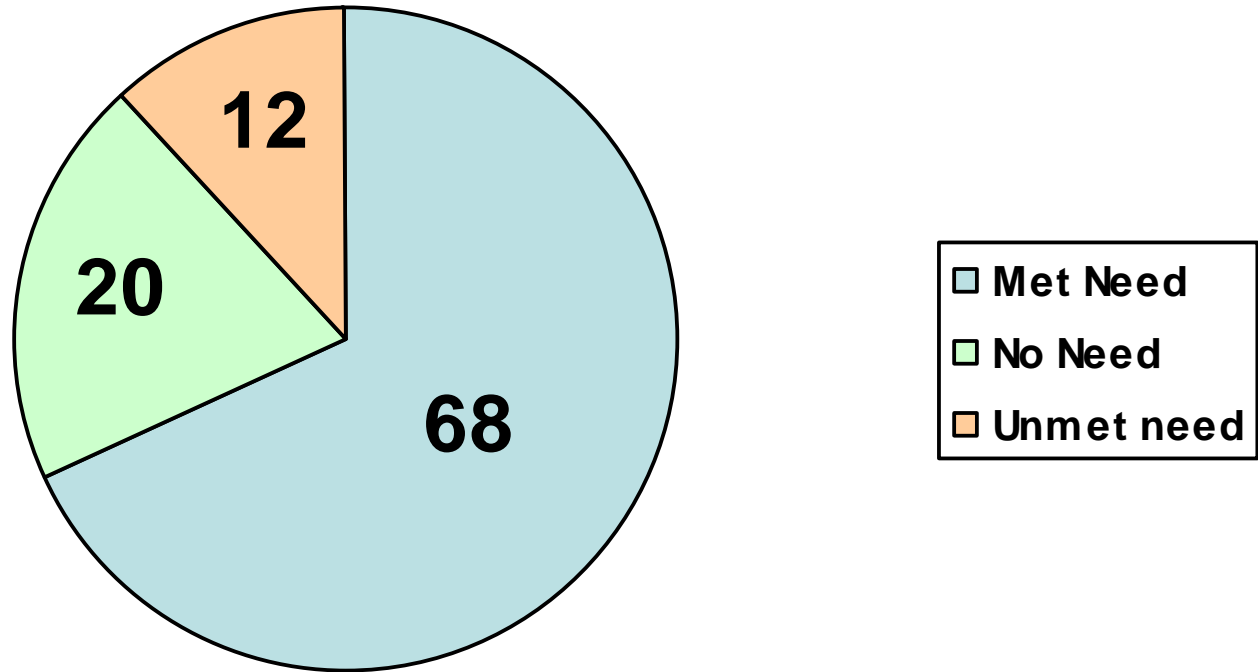
# Methodology

- 30 health facilities
- 15 administrative districts
- Preference
  - high flow of ANC clients
  - large number of HIV-positive women enrolled in PMTCT
- Managers, providers, HIV-positive female clients seeking services, and male partners invited for interview



# Results

## Need for Family Planning Among HIV+ Women in Post-Natal Care (N=120)



# Results (2)

- Of FP users, 43% said they were using male condoms
- Inconsistent use
- No need 20%
  - Husband away/deceased
  - Pregnancy-related
  - Against religion



# Results (3)

- Most ANC clients expressed a desire not to have children in the future
- Preferred methods
  - Sterilisation 49%
  - Implant 35%
- Among PNC women using FP
  - LAPM 5%
- Mistimed/unwanted pregnancies



# Results (4)

- Providers' perception
  - Most (80%) reported raise topic of FP and refer those that express a need to the FP service
- Clients' perception
  - Few reported that provider discussed with them their desire for children (30% ANC, 15% PNC); referred them for FP services (5% ANC, 12% PNC); or gave them an FP method (7% ANC, 12% PNC)
- Provider attitudes
  - Oppose HIV-ve woman being sterilised if she has no living children (88%)
  - In favour of HIV+ve woman undergoing tubal ligation (91%)



# Knowledge Contribution

- Inconsistent condom use puts women at risk of unintended pregnancy
- Those reporting no need may not be protected
- Results in high unmet need for ‘effective’ FP
- Consistent with this, many women in both ANC and PNC reported mistimed or unwanted pregnancies



# Knowledge Contribution (2)

- Client intentions
- Low LAPM use
- ?Communication issues
- Provider attitudes
- ?Tension between prioritising pregnancy prevention and HIV+ women's reproductive rights



# Take-away messages ...

- Essential that all women in PMTCT are counselled on their Family Planning intentions in ANC and PNC consultations
- Those who want contraception should receive their desired method



# Take-away messages (2)...

- Those who would like to conceive should receive a clinical plan to ensure optimal health of the mother and baby
- Better integration of FP counselling and provision into PMCT services will protect HIV-positive women from unwanted pregnancy



# Acknowledgements

## ■ MOH

- Dr. Agnes BINAGWAHO, Permanent Secretary
- Dr. Anicet NZABONIMPA

## ■ CNLS

- Dr. Anita ASIIMWE, Executive Secretary
- Jacques GAKUNGU
- Elisaphan HAKIZIMANA

## ■ TRAC-*Plus*

- Dr Jules MUGABO
- Dr. Placidie MUGWANEZA
- Elevantie MUNYANA



Thank you!  
Merci beaucoup!  
Murakoze cyane!

