

Demand for family planning among women VCT clients in Northeast Ethiopia : The Need for Integration

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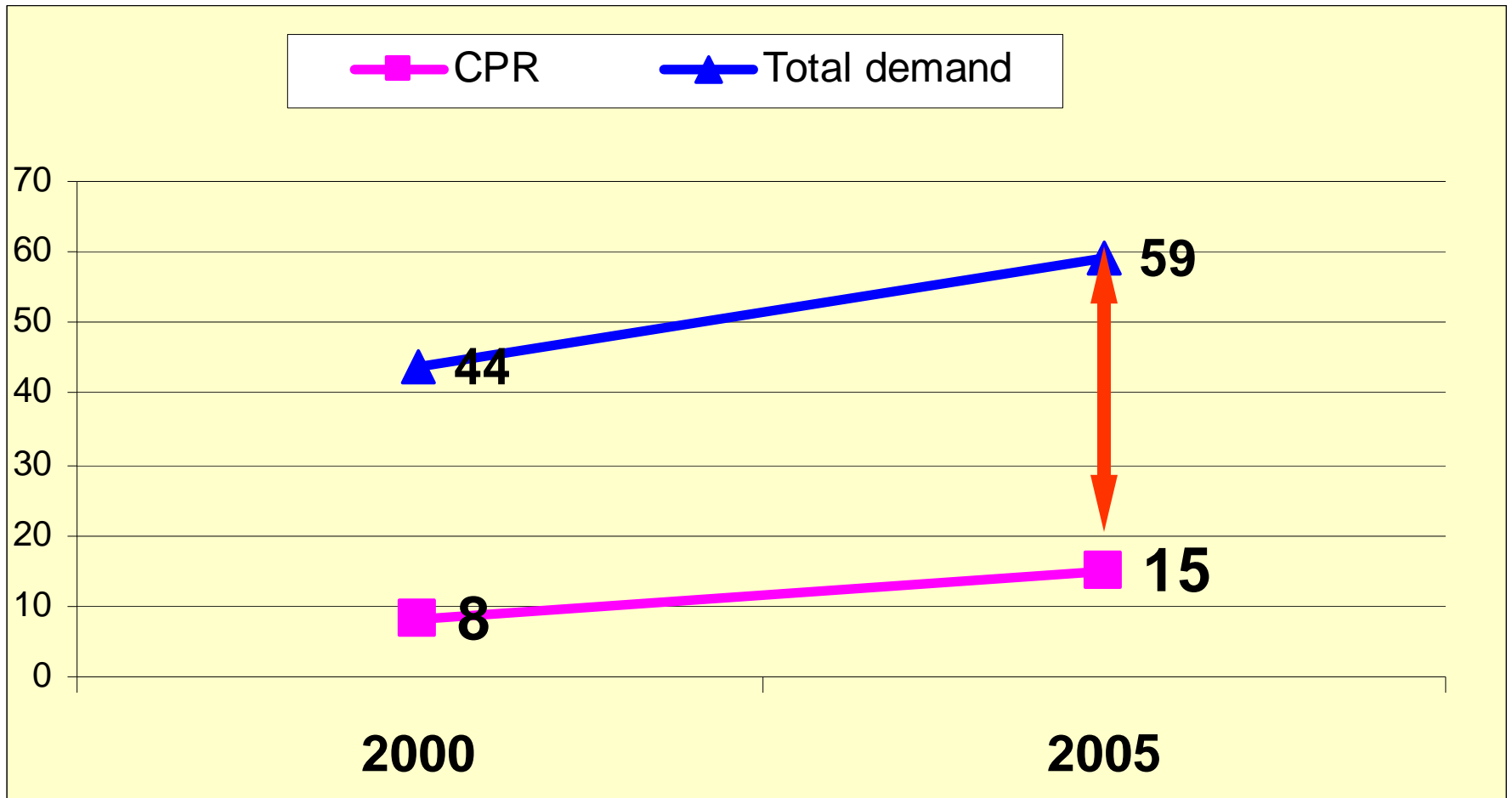
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Background

Huge Gap: CPR Vs Total demand for FP in Ethiopia

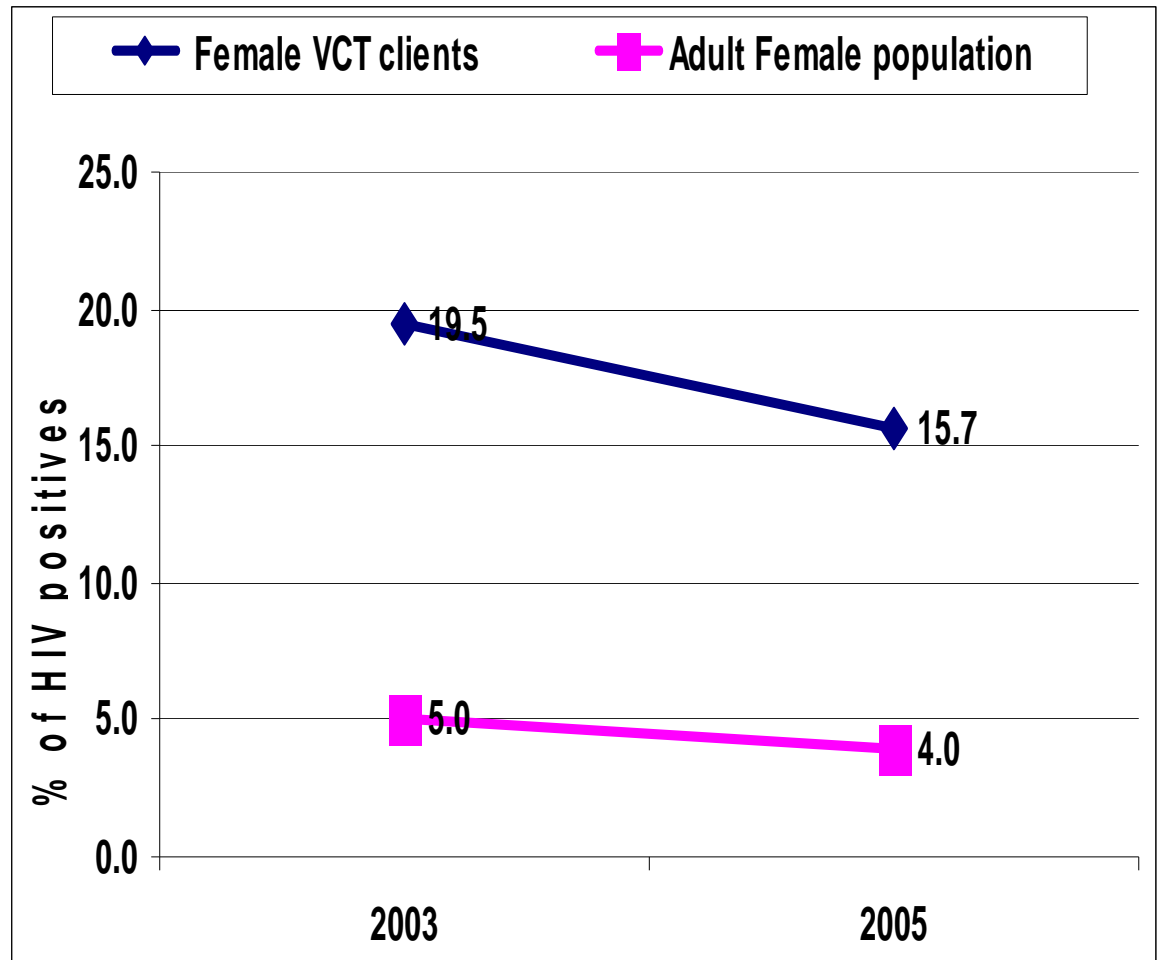
(EDHS- 2000 & 2005)



Background...

VCT clients are usually:

- Youth
- Sexually active
- Disproportionately affected by HIV/AIDS



Source: MOH- AIDS in Ethiopia, 2004 and
- Health and Health related Indicators' 2005

Research Questions

- **What is the demand for FP among women VCT clients?**
- **To what extent the VCT centres are responding to FP needs of their clients?**
- **What are potential facilitators and obstacles that might affect integration of FP services with VCT services ?**

Methods & Materials

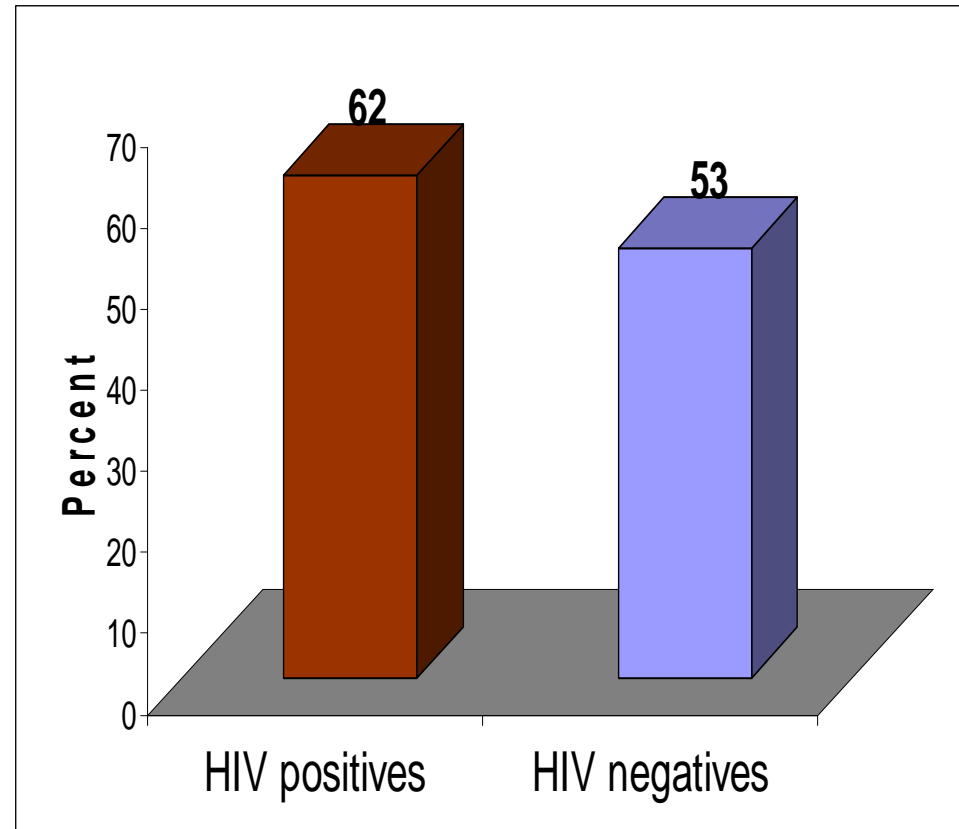
- Facility-based cross-sectional study
- Dessie town (population of 200,000) 400 KMs Northeast of Addis
- Public, private and NGO clinics involved
- 422 women (15-49yrs) VCT clients participated
- Systematic random sampling
- Data- both quantitative and qualitative
- Data analyzed using SPSS version 11
- Informed consent was taken from participants

Findings

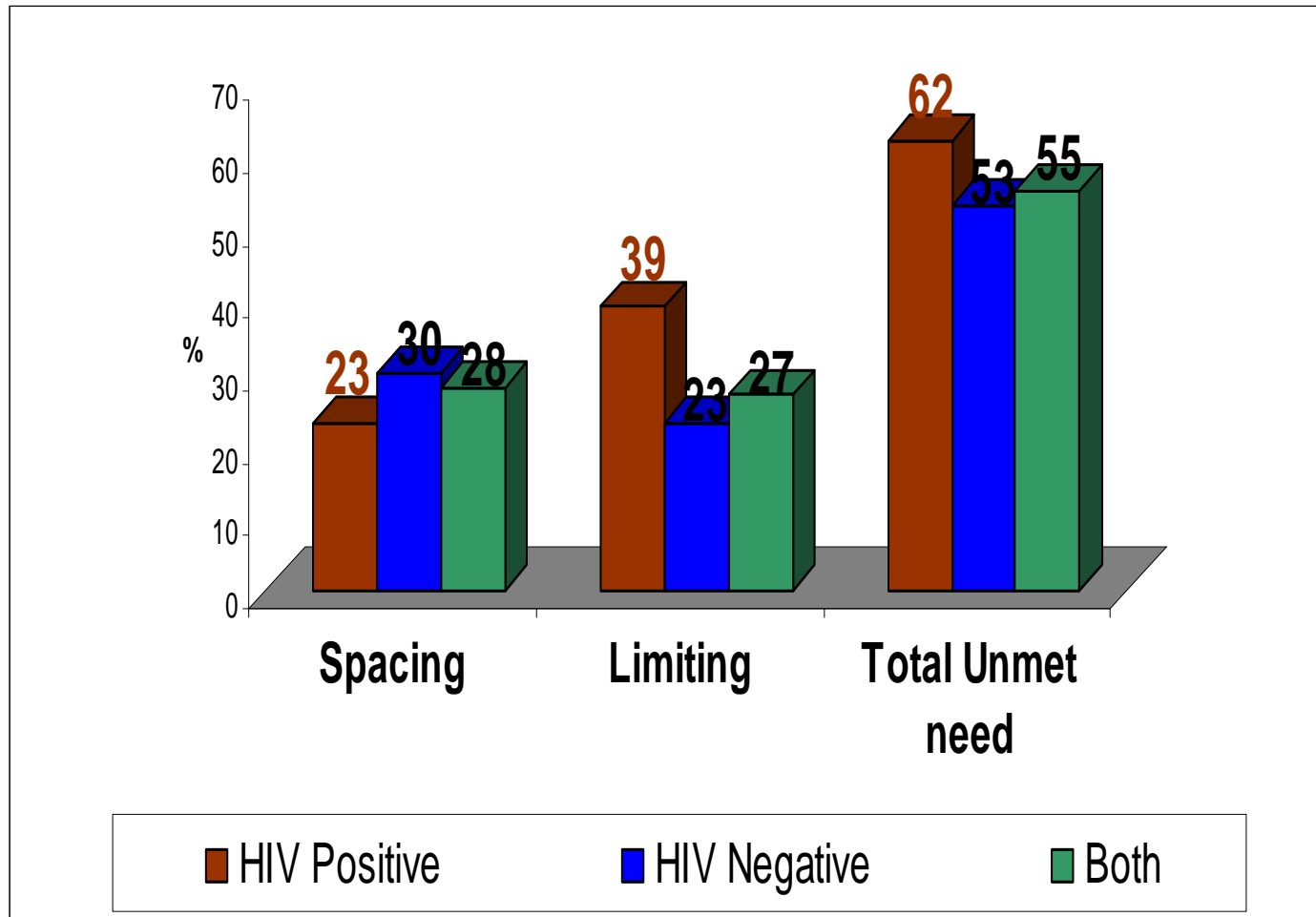
- **75% of the clients were between 15-24 years**
- **16% of participants were HIV positive**
- **Youth were more likely to have high unmet need for FP than those who were beyond 24 years**
- **Total demand for family planning among sexually active women VCT clients was 86 %**

Findings...

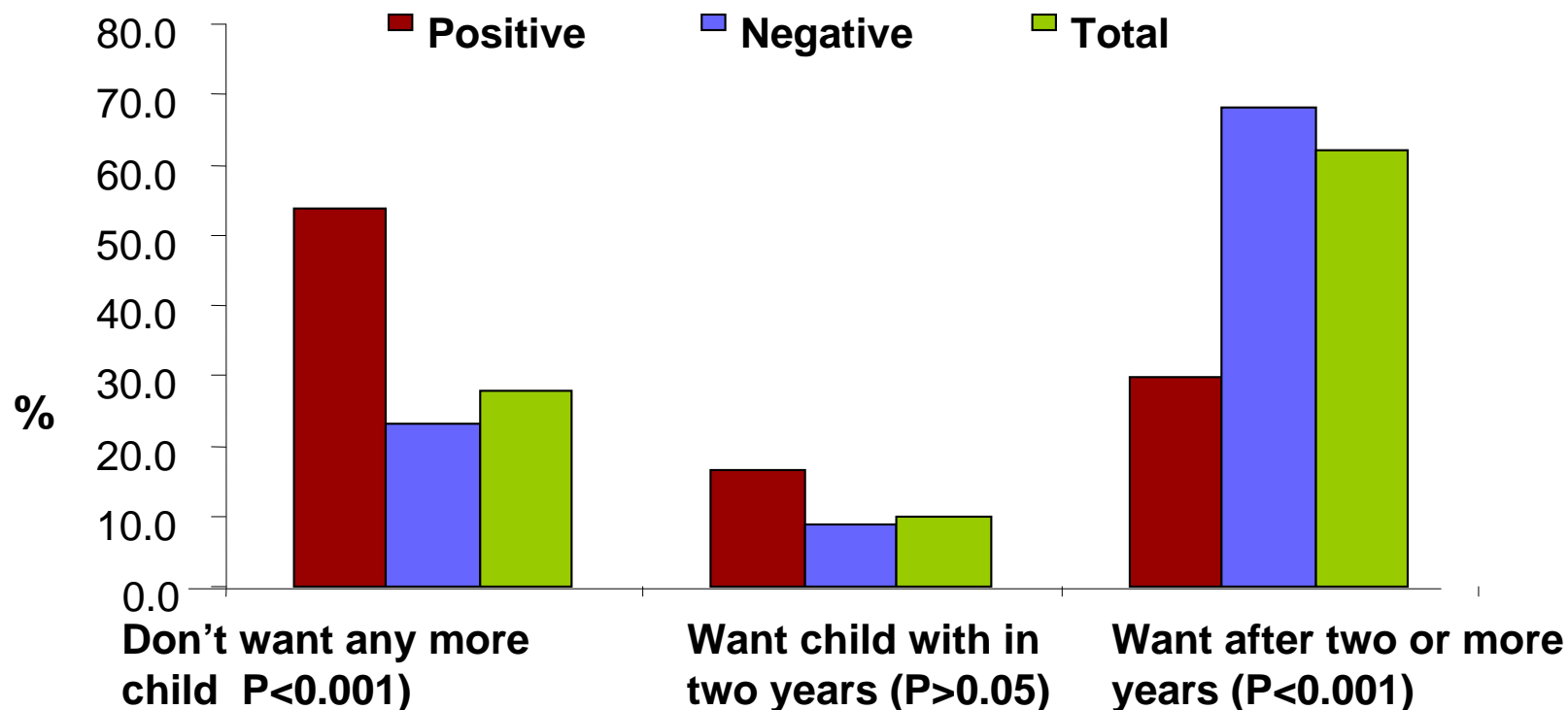
- Both HIV positive and HIV negative VCT clients have high unmet need for FP
- Unmet need was not affected by sero-status



HIV positive VCT clients have high unmet FP need for limiting than HIV negatives

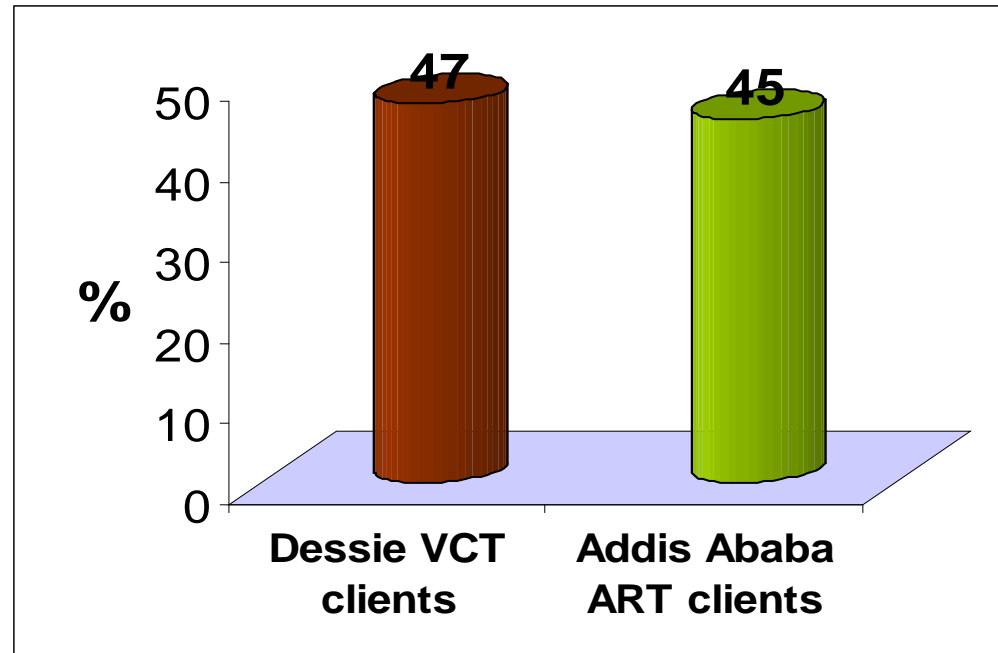


Fertility intentions of VCT clients by HIV status



HIV positive VCT clients were more likely intended to avoid child bearing for the future (for the next 2 years or beyond) than HIV negatives.

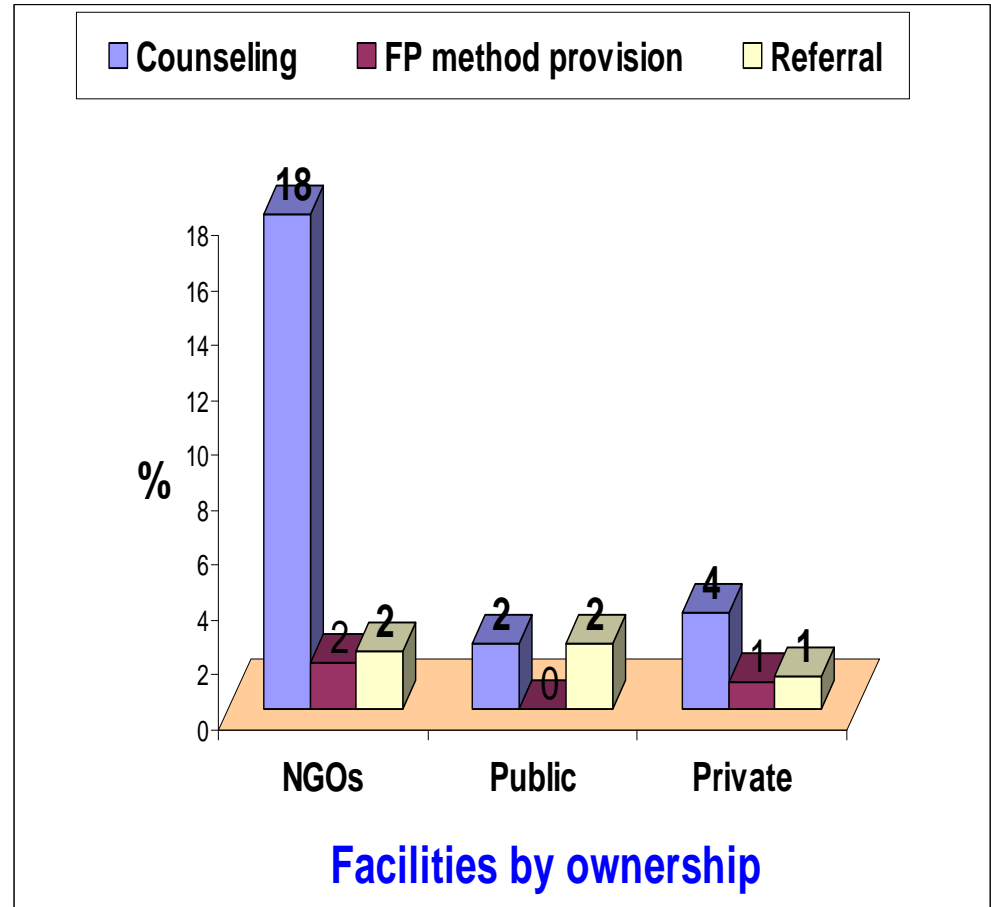
Future Intentions to have a child among HIV positive women



However, considerable proportion of HIV positive women intended to have a child in the future : **Implications for vertical transmission of HIV**

How facilities responded to their clients' FP need?

- Facilities owned by NGOs are better in informing VCT clients on FP than those owned by Public and Private
- FP service provision to VCT clients was poor in all facilities



Opportunities and challenges for integration

- 99% of clients approved offering FP services at the VCT settings
- High unmet need and unsatisfied demand
- Youth VCT clients are unreachable by 'conventional' FP clinics
- Providers support integrated services

- It may increase staff work burden
- Needs logistics and services re-arrangements

- No explicit strategy and guideline on how to integrate of FP and VCT services

Conclusions

- **high level of Unmet need and missed opportunity to prevent unintended pregnancies and vertical transmission of HIV**
- **Provision of family planning services at VCT settings approved by both clients & providers.**
- **Integration of FP in VCT is not explicit at policy level**

Recommendations

- 1. The VCT centers should be adequately responsive to the high level of family planning needs of their clients**
- 2. Attention should be given on the monitoring of the risk reduction counseling at VCT centers**
- 3. Strong advocacy to policy makers and program managers on FP-VCT integration at every level.**

Acknowledgements

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I Thank You All !!