

Integra Initiative

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## Demand for family planning among postpartum women attending integrated HIV and postnatal services in Swaziland

Charlotte Warren,  
Timothy Abuya,  
Ian Askew,  
Integra Initiative



# Data Collection in Swaziland and Kenya

## 1. Facility assessments in clinics

- Facility inventory
- Review of service statistics and client flow analysis
- Structured observations of consultations with linked exit
- In-depth interviews with clients
- In-depth interviews with providers
- Economics study (Periodic activity review, activity costing analysis, econometric analysis)



interviews



## 2. Cohort studies with revisit FP and 6-week PPC clients

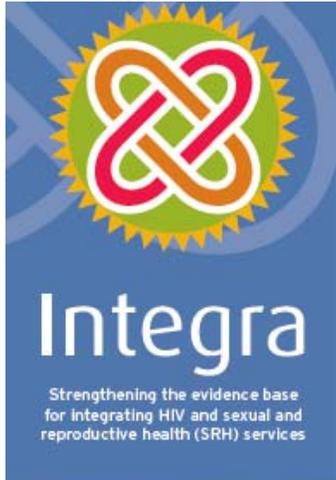
- Cohorts recruited in intervention and control clinics
- Oversample for HIV+ women
- Exit survey after FP or 6-week PPC consultation
- Follow up at 6, 18 and 30 months



## 3. Community research

- Community surveys on service use (men and women aged 15-49)
- Qualitative work with users and non-users (IDIs and FGDs)



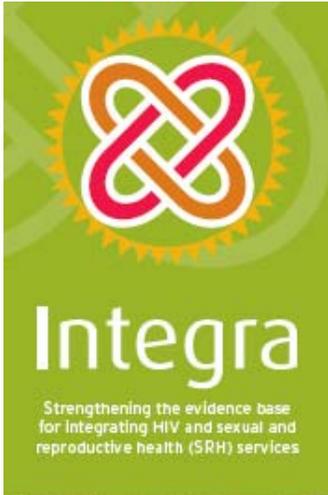


# Methods

- Cross sectional survey prospective cohort study design assigned into intervention and comparison groups
- Cohorts of women who were 0-10 weeks postpartum were recruited from
  - 10 Public Health Units in Swaziland
  - 15 Health facilities in Kenya
  - Cohorts of women attending family planning were recruited from 12 FP clinics
- Women identified using consecutive sampling (SRS)
- Analyses were performed on data collected at baseline, 6 months and 15 months
- Community survey

# Methodology

- Descriptive statistics were used to describe the characteristics of the sample. Multivariate logit models were used to assess the effect of the PNC/HIV integration model on uptake of PITC and FP services
- Data entry through PDA software, imported into STATA
- Chi<sup>2</sup>, multivariable random effects logistic regression
  - *A priori* effect modification by study designation to estimate effect of integration intervention
  - *A priori* effect modification to look at effect of time



## Background Swaziland

- HIV prevalence rate among general population 26%
- HIV prevalence rate among pregnant women is 42%
- Antenatal attendance is 97%
- Facility deliveries 74%
- Postnatal attendance 25%

Ref: Swaziland DHS 2007

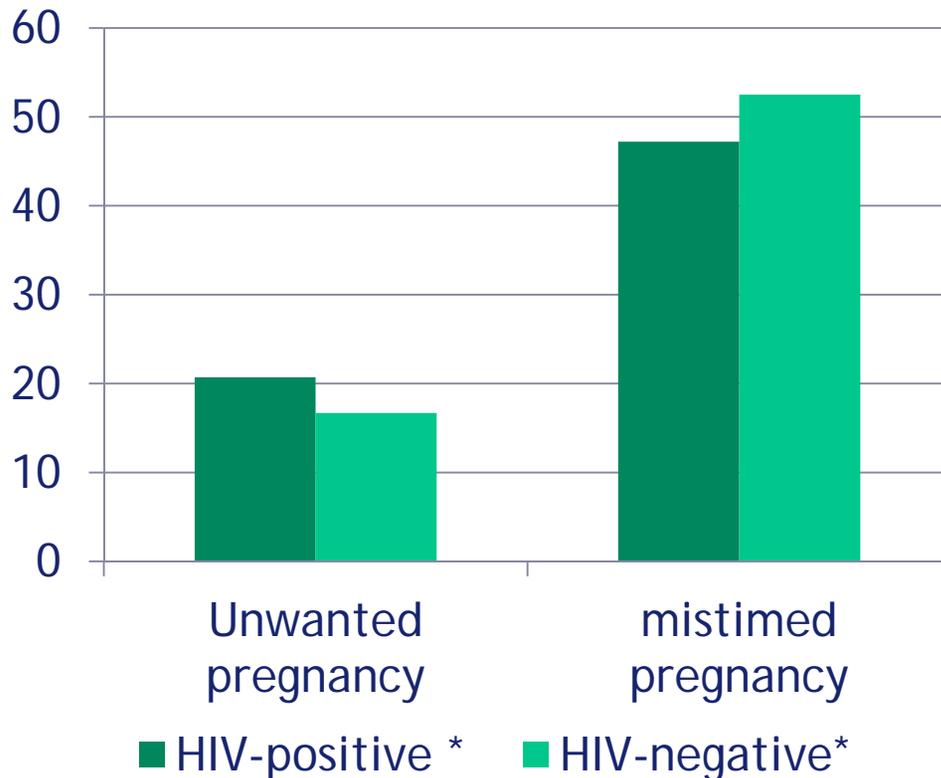


## Characteristics: HIV-positive postpartum women were older by 2 years [p<0.001]

Age	HIV-Positive	HIV-Negative
18-25 years	45.3%	65.3%
26-30 years	33.4%	18.8%
31-35 years	15.8%	8.5%
36-45 years	5.4%	7.5%
Mean age	26 years	24 years

# Results: Over 2/3 postpartum women said most recent pregnancy was unintended

## Unintended pregnancies for most recent pregnancy



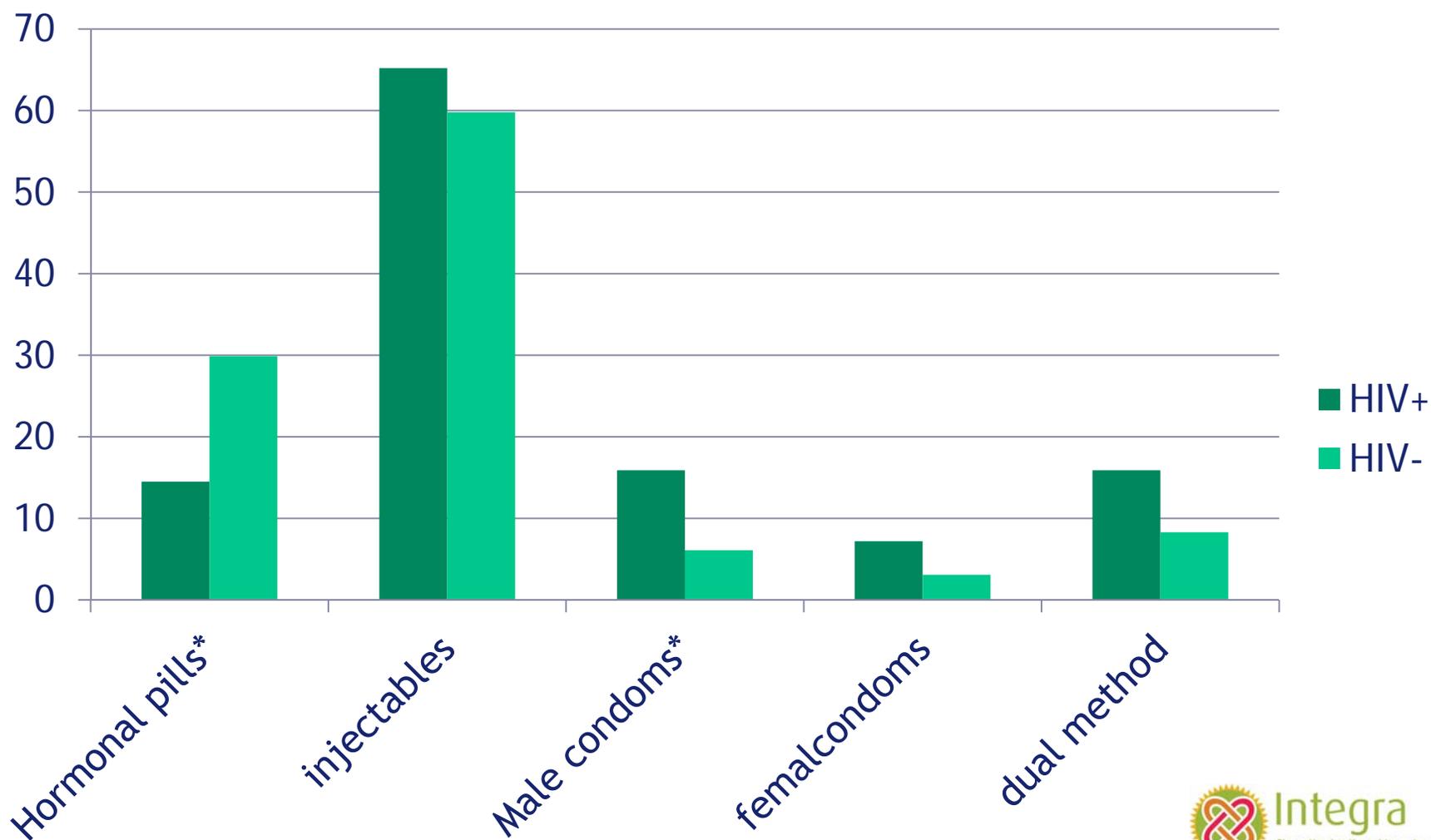
Higher parity among HIV-positive than HIV-negative women  
2.9 vs. 2.4 pregnancies

Many women do not want another child\*\*  
■ 91.8% HIV positive vs.  
■ 78% HIV negative

## FP methods used when women became pregnant and did not want pregnancy

	HIV+ N-46	HIV- N-32	Total N-78	P value
Hormonal pills	11.1	25.5	18.5	0.048
Injectables	31.2	27.7	30.4	0.753
Male condoms	66.7	38.3	52.2	0.020
IUCD	0	2.1	1.1	0.304
Withdrawal methods	0	4.3	2.2	0.144
Female condoms	2.5	0	2.2	0.162

# FP methods received during current visit



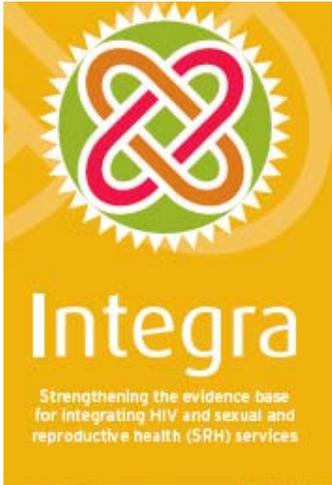
# Do postpartum women have an unmet need for family planning?

- Majority of women said they were breastfeeding (p<0.001)
  - 87.8% HIV-positive women
  - 90.9% HIV-negative women
- More than 1/3 postpartum women had started family planning
  - 37.8% HIV-positive women
  - 36.4% HIV-negative women
- One fifth resumed sexual activity
  - 20.2% HIV-positive women
  - 18.8% HIV-negative women

## Conclusions:

- Demand for family planning is high among postpartum women in Swaziland
- High unintended pregnancies for most recent pregnancy
- Most women did not want any more children
- Limited choice of FP methods available
- Postpartum women were using the same methods they had used previously when they had an unintended pregnancy

32.5% of postpartum women had either previously started or received FP by end of visit



## Recommendations

- Build capacity of health workers to provide implants and other long-acting methods to postpartum women to meet a large and immediate unmet need for both spacing and limiting and reduce the likelihood of future unintended pregnancies.



Thank you