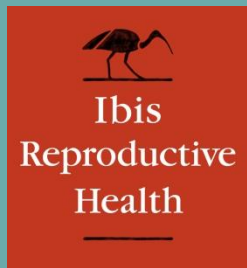


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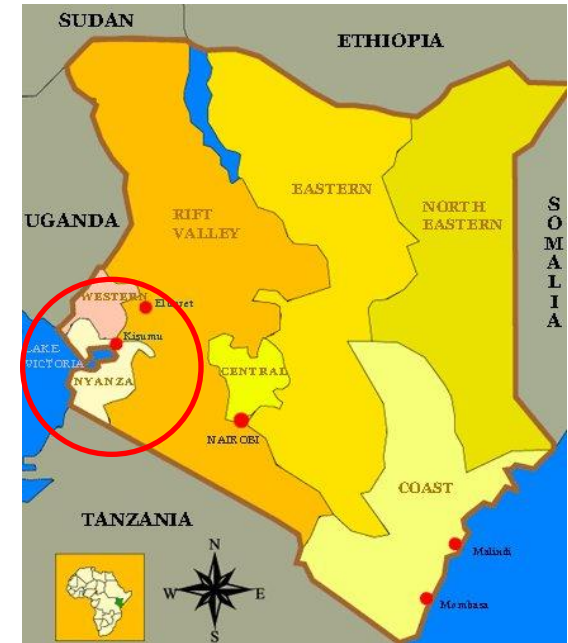
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Integration of Family Planning Services into HIV Care Clinics: Results from a Cluster Randomized Controlled Trial in Nyanza, Kenya

Background

- High HIV prevalence
- Large unmet need for contraception among HIV-infected women
- Prevention of unintended pregnancy has implications for:
 - Perinatal HIV transmission: FP is one of WHO's four pillars of prevention of perinatal transmission
 - Maternal/neonatal morbidity and mortality



Background

- Lack of rigorous evidence about impact of integrating family planning into HIV care on contraception use
- Two recent cohort studies (Nigeria and Kenya)
- No association found between integrated services and more effective contraceptive use (permanent, hormonal, intrauterine methods) or pregnancy incidence
 - Increased condom use associated with integration in Kenya study



FP/HIV Care Integration Trial

- **Goal:**
 - To increase contraceptive prevalence among HIV-infected patients by integrating FP into HIV care in Nyanza, Kenya.
 - To provide evidence about the effect of integrated services in order to guide policy and service implementation



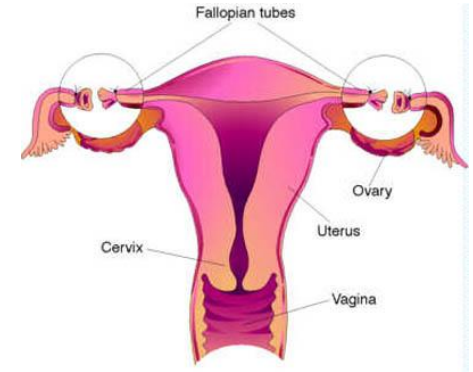
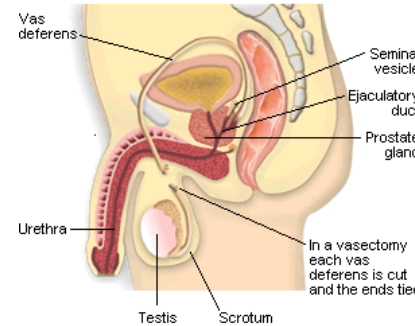
Cluster Randomized Trial

Intervention	Full integration of family planning services into HIV clinics, compared to referral for FP services
Outcomes	1) Prevalence of more effective FP 2) Pregnancy rate
Study sites	18 public health facilities in 4 districts randomized in a 2:1 ratio, stratified by size of HIV clinic
Health facilities	District hospitals, health centers, and dispensaries



More Effective FP

- Permanent
 - Tubal Ligation
 - Vasectomy
- Hormonal
 - Oral
 - Injectable
 - Implants
- Intrauterine methods



FP Study Timeline

Phase 1
**Baseline
Data**
(3 months)

Phase 2
**Site
Activation**
(7 months)

Phase 3
**Intervention
Implementation**
(12 months)

Client and
Provider
Interviews

Train clinicians and
clinic health
assistants on FP

Client and Provider
Interviews

Contraception
and pregnancy
data collection
for men and
women

Refresher trainings
Cost data collected



Separate Clinics within the Health Facility



PSC = HIV Clinic



MCH / Family Planning Clinic

Control Clinics N=6



PSC = HIV Clinic



MCH / Family Planning Clinic

Intervention Clinics N=12



PSC = HIV Clinic



MCH / Family Planning Clinic

All Sites N=18

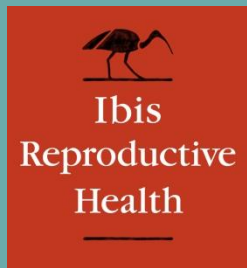


PSC = HIV Clinic

MCH / Family Planning Clinic



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Effect of integrating family planning services into HIV care and treatment on contraceptive use and pregnancy among women in Nyanza, Kenya

Daniel Grossman, Sara J. Newmann, Maricianah Onono, Cinthia Blat, Elizabeth A. Bukusi, Starley Shade, Rachel L. Steinfeld, Craig R. Cohen

Methods

- Abstracted data on demographics, contraceptive use and pregnancy from electronic medical records of women age 18-45
- Compared contraceptive use between the baseline period (Dec 2009-Feb 2010) and final 3 months of follow-up (Jul 2011-Sep 2011) between study arms
- FP modeled dichotomously, with use of more effective FP compared to less effective and no FP



Methods

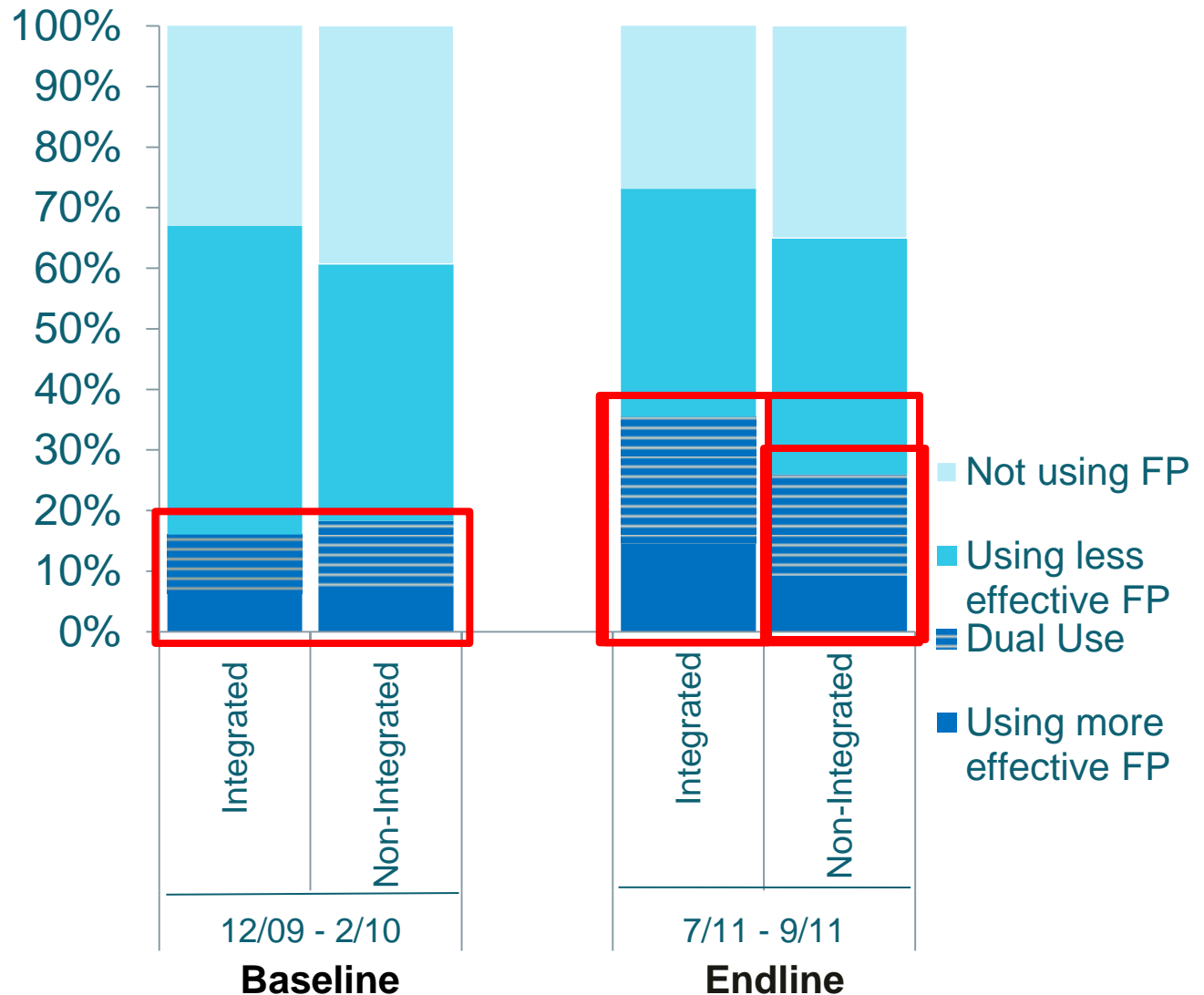
- Primary outcome: use of more effective contraception
- Secondary outcome: condom use
 - Both adjusted for clustering
 - Both adjusted for baseline measurement
- Secondary outcome: incident pregnancy rates during the follow-up year
 - Adjusted for clustering

Results – Baseline Demographics

	Integrated sites N=1,801	Non-integrated sites N=2,005
Age (median)	31 years old	30 years old
Education		
Primary or less	87%	81%
Secondary	12%	17%
College	1%	2%
Marital status		
Married	61%	59%
Single	10%	9%
Widowed	29%	31%
On ARVs	53%	50%



Results – Contraceptive Use

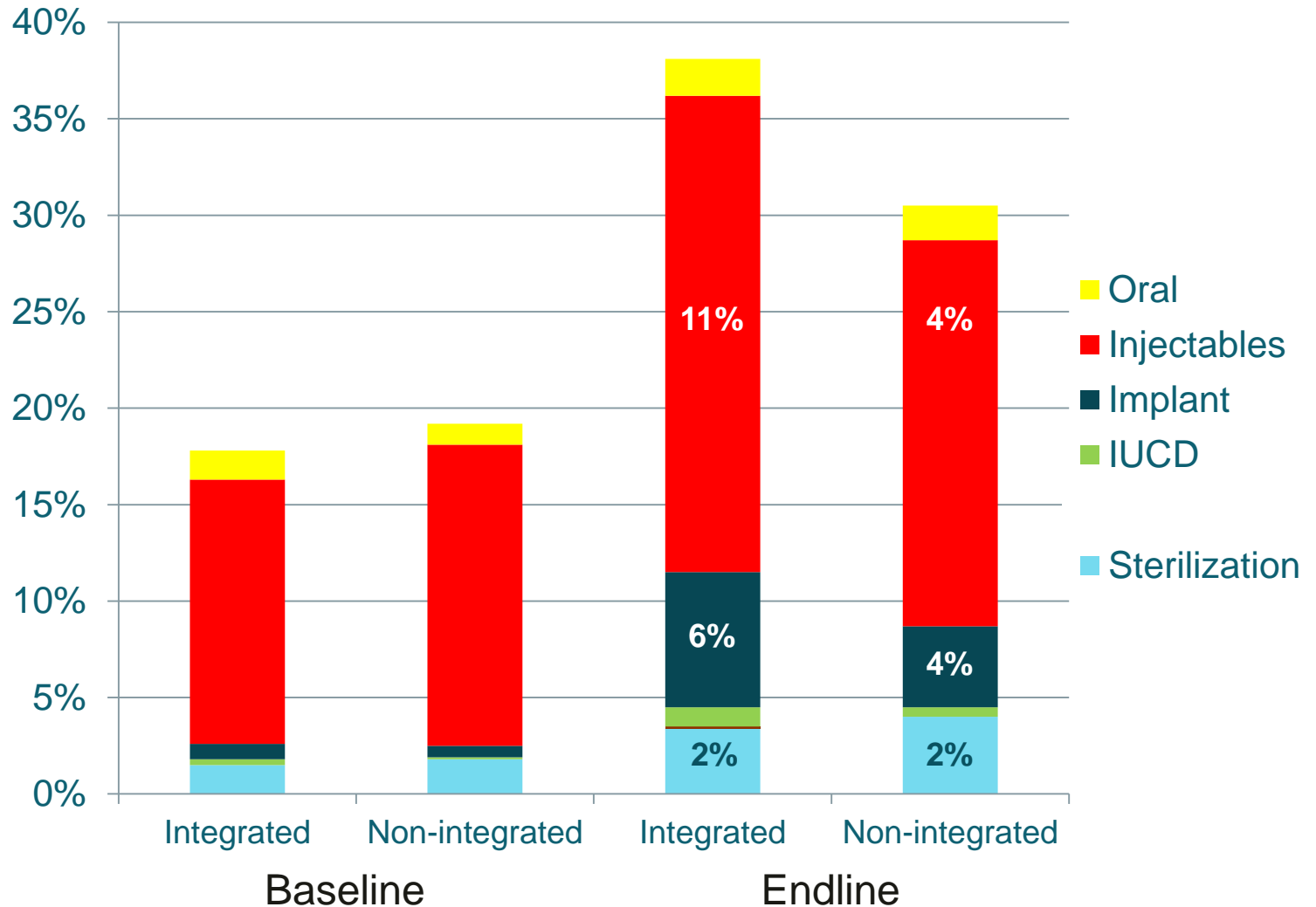


Results – Change in FP use

Outcome	Adjusted odds ratio	95% CI
Use of more effective FP	1.55	1.13 – 2.11
Condom use	0.82	0.65 – 1.05
Dual method use	1.25	0.80 – 1.95



Results – More effective contraceptive use (% of women)



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Results – Incident pregnancy during follow-up year

	Integrated sites	Non-integrated sites	GEE aOR	95% CI
Incident pregnancies	1.41*	1.95*	0.95	0.70 – 1.30

*per 100 woman-visits to clinic



Conclusions

- **Integration of FP services into HIV care and treatment in this setting**
 - Increased use of more effective FP methods
 - No significant change in
 - Condom use
 - Dual method use
 - No significant change in pregnancy incidence
- **Highlights importance of study methodology**



Policy implications

- **Study findings support integration of FP services into HIV care and treatment**
- **All effective FP methods can be successfully provided at the HIV clinic**
- **Dual method use promotion is a critical component of integration**
- **Additional research is needed to identify strategies to increase IUCD uptake in this setting**

