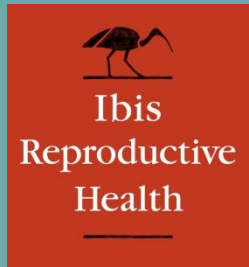




University of California
San Francisco



Department of Obstetrics,
Gynecology & Reproductive
Sciences

School of Medicine

Patient satisfaction with family planning services integrated into HIV care and treatment compared to a referral model in Nyanza, Kenya

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

Background

- **Little information on acceptability of integrated FP and HIV services**
- **Prior to integration in these clinics, 71% of HIV-infected women not using more effective FP said they were likely to do so if available at the HIV clinic**
- **Integration might result in longer wait times or increased demand on providers that could negatively affect acceptability**



Methods – Survey

- Survey sample and methods previously described
- Women who reported using a FP method were asked:
 - Where method obtained
 - Public sector HIV clinic/PSC
 - Public sector MCH/FP clinic
 - Other public sector sites
 - Private sector sites
 - How satisfied are you with your family planning method?
 - How satisfied are you with the place where you currently obtain your family planning method ?
 - What are the things that you **like** about where you get your family planning method?
 - What are the things that you **dislike** about where you get your family planning method?



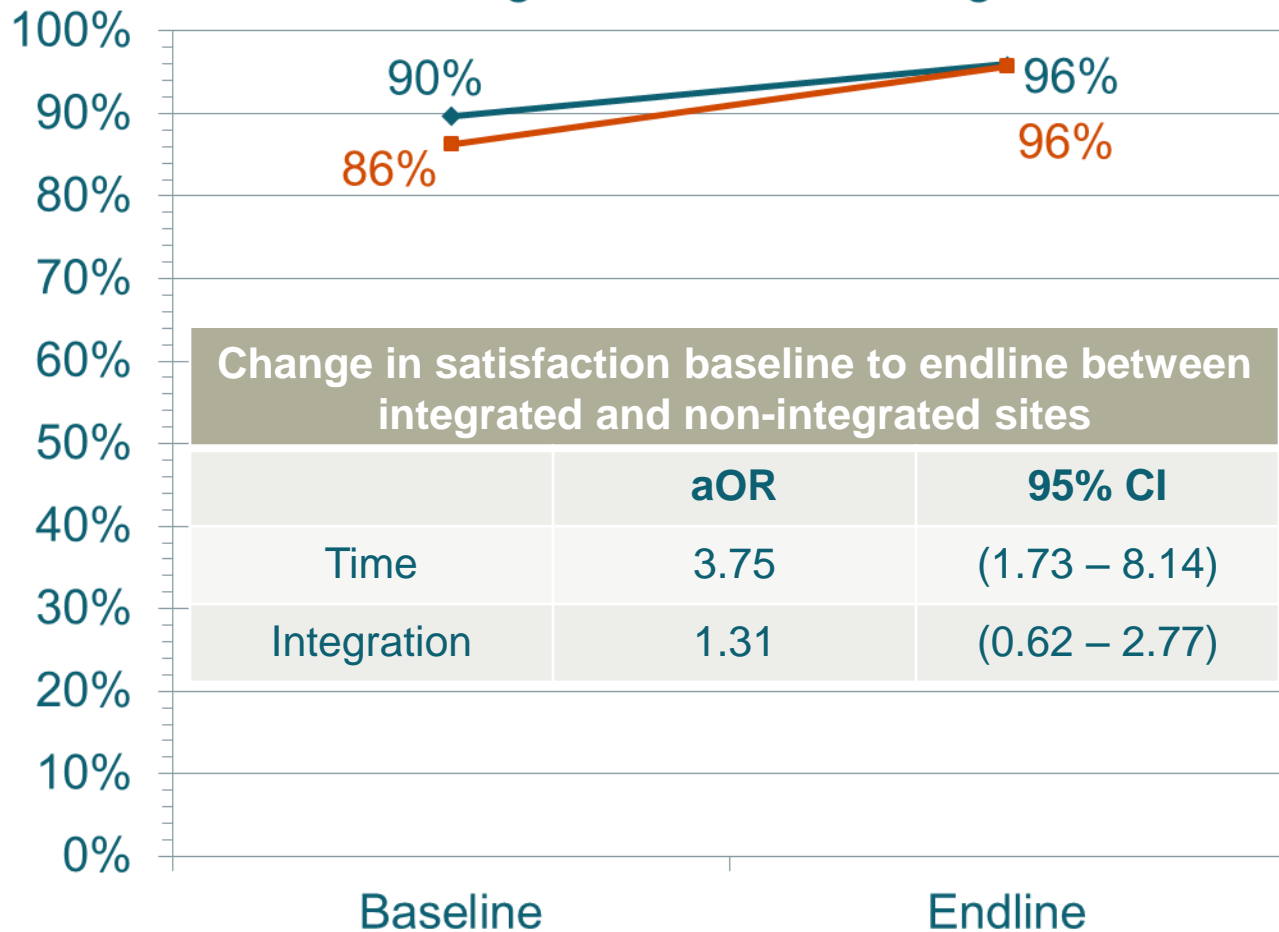
Methods – Analysis

- **Generalized estimating equations (GEE) were used to estimate proportions and detect differences in satisfaction before and after the intervention while controlling for clustering within sites and adjusting for baseline measurement**
- **For the positive and negative attributes of site where FP obtained, we compared:**
 - FP users who received services at the HIV clinic at integrated sites to
 - FP users at non-integrated sites who obtained FP at the MCH/FP clinic or other non-HIV clinic
- **GEE models for site attributes adjusted for age, education, relationship status, health status and desired fertility delay**

Results – Satisfaction among women

Reported being very satisfied with method (N=1485)

— Integrated —■ Non integrated



Change in satisfaction baseline to endline between integrated and non-integrated sites

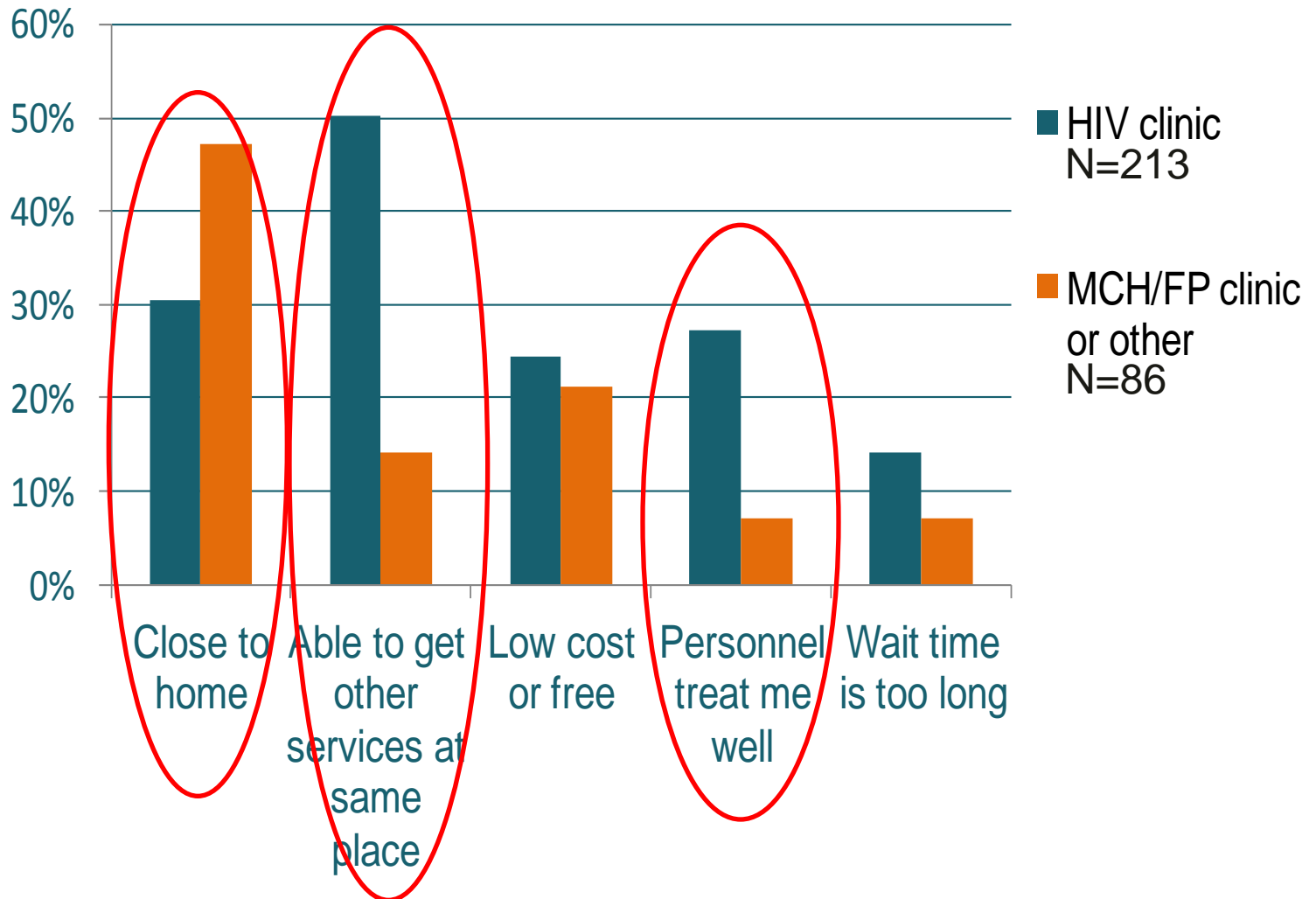
	aOR	95% CI
Time	3.75	(1.73 – 8.14)
Integration	1.31	(0.62 – 2.77)



Results – Site where current FP method last obtained among women

Site where FP last obtained	Integrated sites		Non-Integrated sites	
	n = 261	%	n = 120	%
HIV/PSC Clinic	213	82	32	27
MCH/FP Clinic	28	11	77	65
Other	20	7	9	8

Results – Positive and negative attributes of site where FP obtained



Bixby Center
for Global
Reproductive
Health

Department of Obstetrics,
Gynecology & Reproductive
Sciences

School of Medicine

Results – Regression results for positive attributes of FP site

Positive attribute reported	Fully integrated sites (n=213)	Non-integrated sites (n=86)	aOR	95% CI
Able to get other services at the same place	50%	14%	7.07	(3.43, 14.58)
Personnel treated them well	27%	7%	4.88	(1.94, 12.27)
Close to home	30%	47%	0.45	(0.26, 0.80)

Adjusted for: age, education, relationship status, reported health status, and desired fertility delay

Conclusions

- Following FP service strengthening, satisfaction with FP services improved and did not differ by integration status
- Women obtaining FP services at the HIV clinic were more likely to report they liked being able to obtain other services and that they were treated well by staff; they were less likely to report services were close to home
- In the context of improved effectiveness of the intervention, these findings support the integration of services