

Effect of postnatal care and HIV integration model on uptake of provider-initiated testing and counseling and family planning services among postpartum women in Kenya

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Presentation outline

- Background
- Methods
- Results
- Discussion
- Conclusions

Background

- Addressing the postnatal needs of new mothers is a neglected area of care throughout sub-Saharan Africa.
- Providing effective services to women and their newborns during the postpartum period can substantially reduce maternal and infant morbidity and mortality, thereby contributing to efforts toward achieving MDGs 4 and 5.



Background..cont'd

- Some of the challenges include lack of clearly defined standards, including the content and timing of both postpartum (referring to services pertaining to the mother) and postnatal (services concerning the baby) up to six weeks after birth.
- These gaps limit linkages to other key services for new mothers, including family planning and HIV care services for women living with HIV.
- The objective of this study is to assess the effect of postnatal care (PNC) and HIV integration model on the uptake of provider-initiated HIV testing and counseling (PITC) and family planning (FP) services among women attending postnatal care in public health facilities in Kenya.



Methods

- Data for this analysis were derived from a sample of women who had been assigned into the intervention and comparison groups, and had given birth within the previous 0-10 weeks and were receiving postnatal care were recruited.
- Analyses were performed on data collected at baseline and 15 months after project implementation.
- 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.

Results

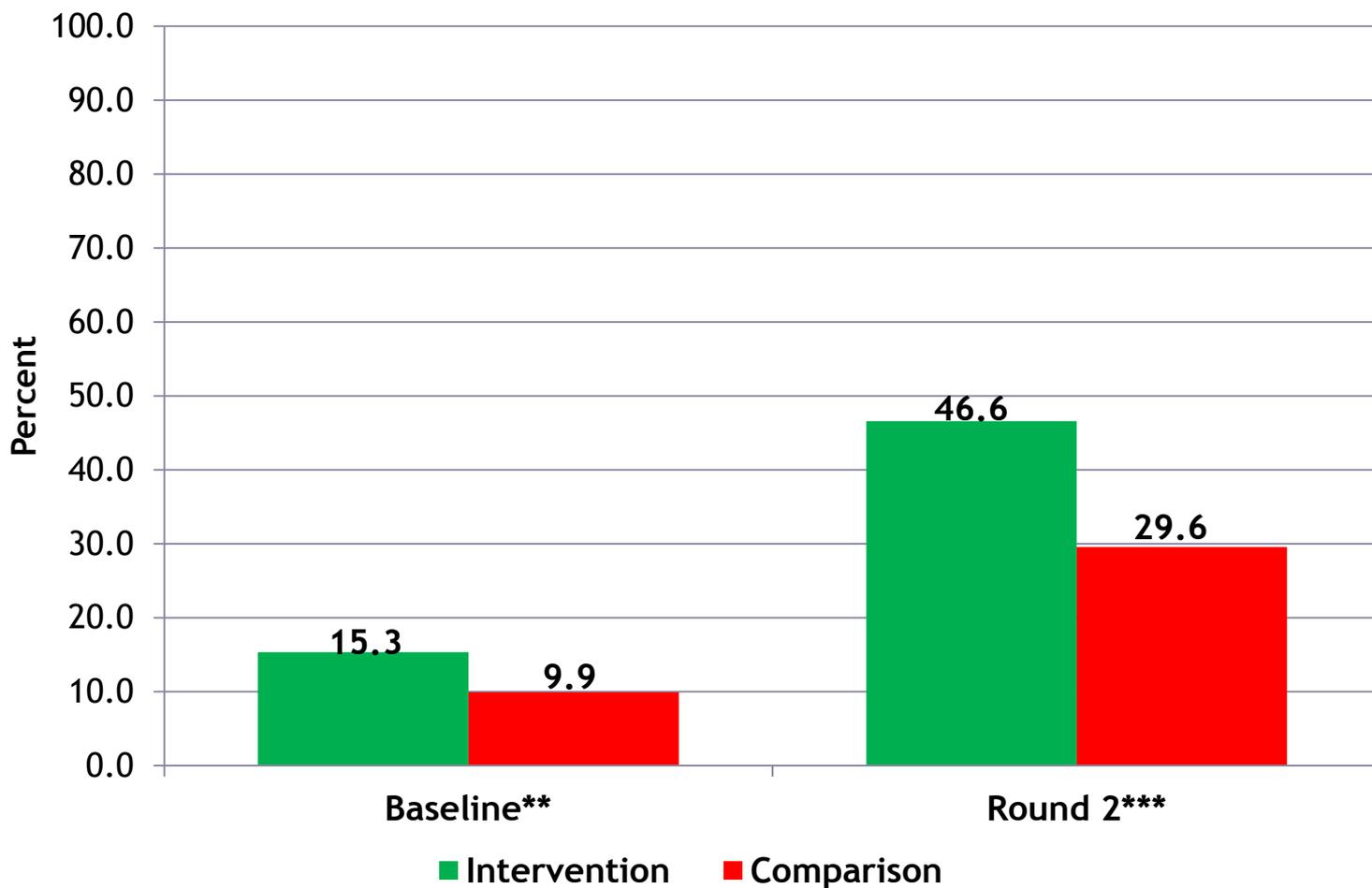


Integra

Strengthening the evidence base for integrating HIV and sexual and reproductive health (SRH) services



Proportion of women offered PITC at current visit



* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Multilevel logit analysis...women offered PITC at current visit

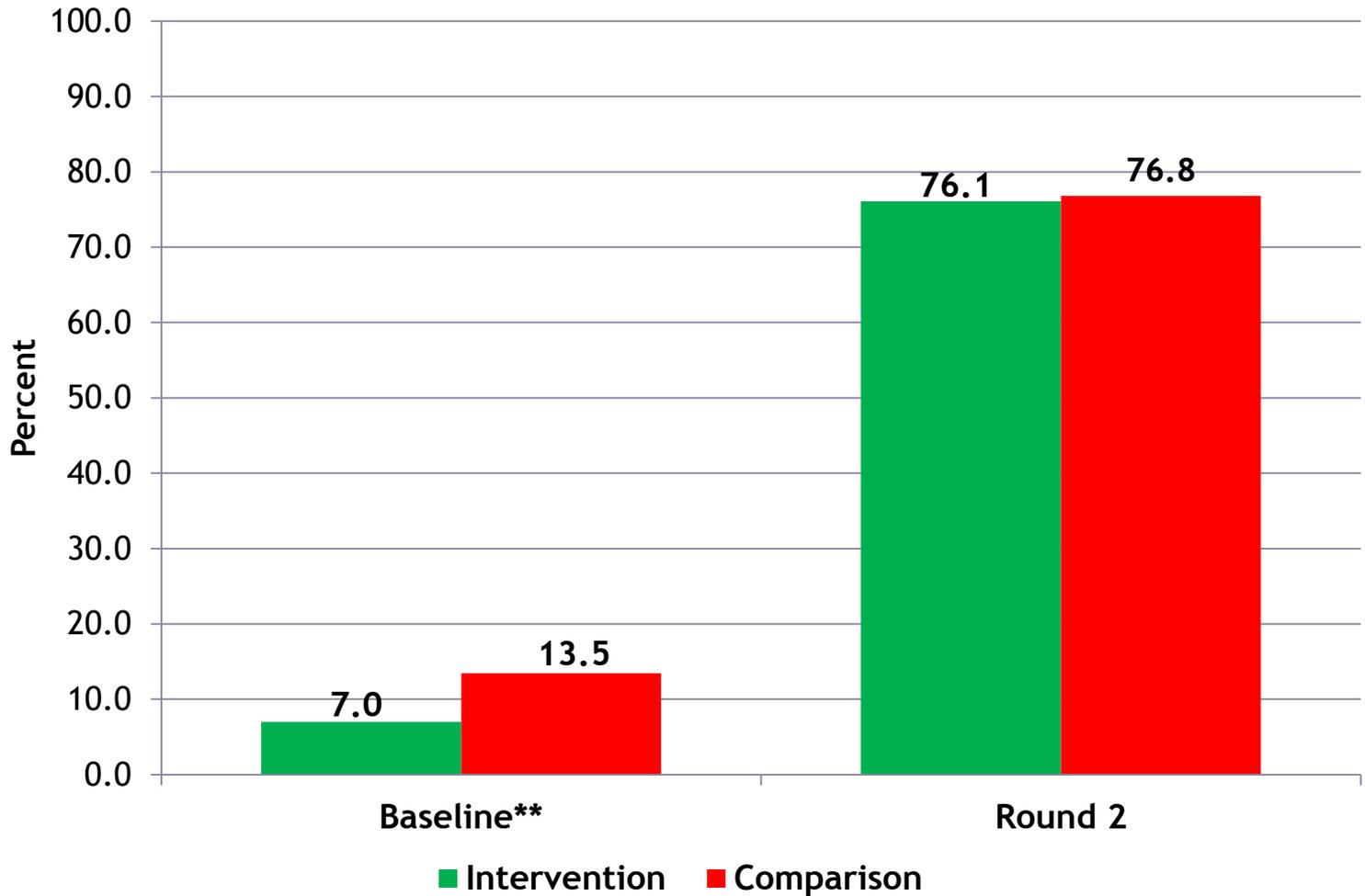
Variable	Intervention		Comparison		Difference-in-differences	
	Baseline	Round 2	Baseline	Round 2	Percentage points	Odds ratios
Women offered PITC at current visit	15.3	46.6	9.9	29.6	11.6	1.4 [0.8-2.3]

- Women who went to health centers/dispensaries were significantly more likely to be offered PITC (OR=2.2; $p < 0.001$) relative to those who went to hospitals
- Having a partner who has been tested for HIV was significantly associated (OR=2.0; $p < 0.001$) with being offered PITC
- Women from poor households were less likely to receive PITC (OR=0.7; $p < 0.05$) compared to those from non-poor households
- Having secondary school education was significantly associated with a lower probability of receiving PITC (OR=0.7; $p < 0.01$) relative to having primary education or no education
- Age was also a significant predictor of being offered PITC



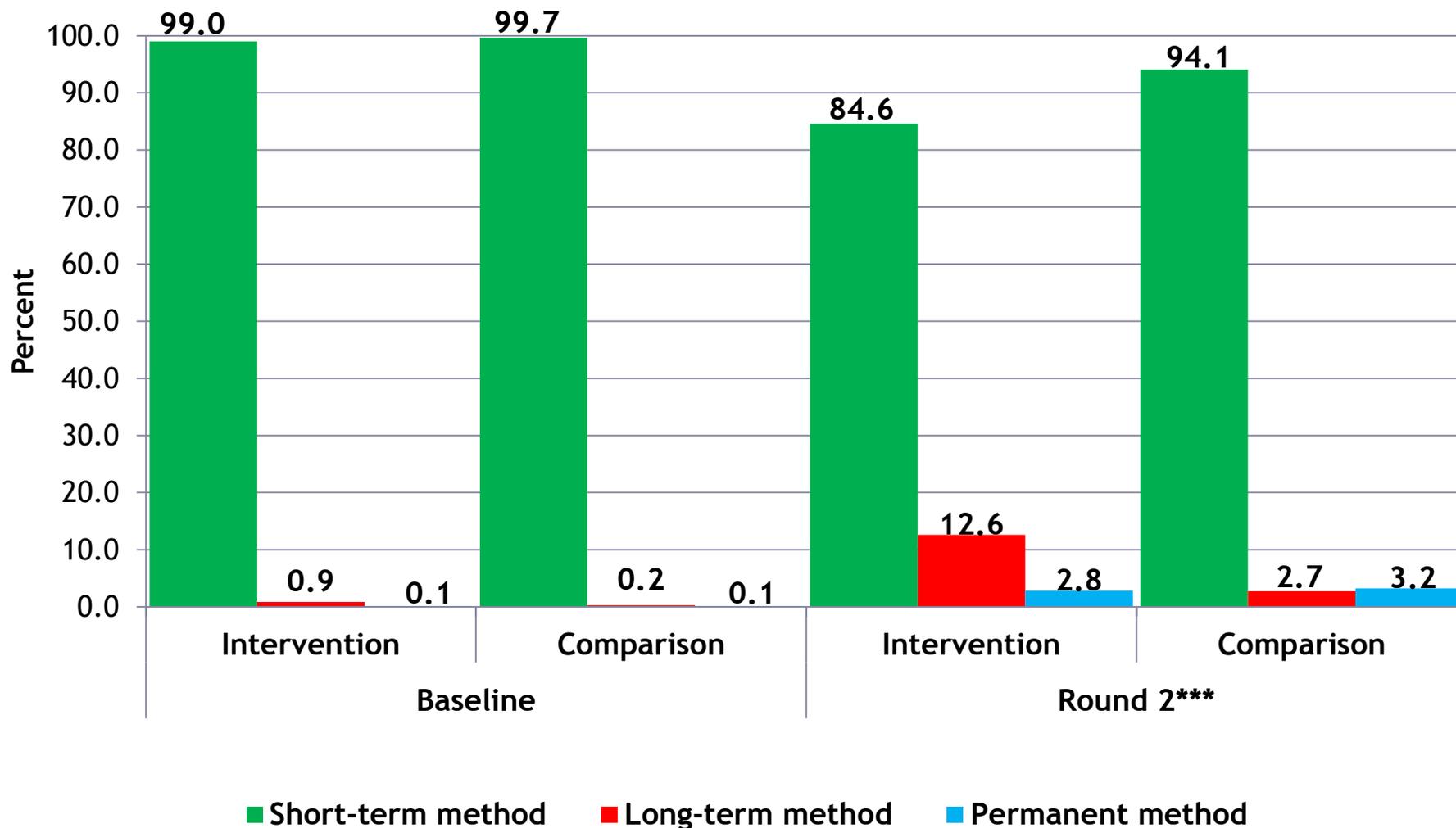


Proportion of women who received/used a FP method at current visit



* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Type of FP method received/used at current visit



*p<0.05; **p<0.01; ***p<0.001

Multilevel logit *analysis...women who received/used a FP method at current visit*

Variable	Intervention		Comparison		Difference-in-differences	
	Baseline	Round 2	Baseline	Round 2	Percentage points	Odds ratios
Women who received/used a FP method at current visit	7.0	76.1	13.5	76.8	5.7	1.9 [0.4-8.3]

- Women who went to health centers/dispensaries were significantly less likely to receive/use a FP method (OR=0.4; $p < 0.001$) compared to women who went to hospitals
- Being single was associated with less probability (OR=0.4; $p < 0.01$) of receiving/using a FP method compared to being married

Discussion

- The proportion of women who were offered PITC and received/used FP methods increased significantly in the intervention sites
- There was a significant increase in the proportion of women in the intervention sites who received long-term and permanent FP methods
- Results from the multilevel logit model, however, show that the magnitude of change observed in the intervention sites was not statistically different from that in the comparison sites
- Type of facility (health centers/dispensaries), partner tested for HIV and age (35+ years) were associated with increased uptake of PITC; however, being poor and having secondary education lowered the probability of receiving PITC
- Women visiting lower level facilities (health centers/dispensaries) for postnatal care and single mothers were less likely to receive/use FP methods



Conclusions

- The findings suggest that an integrated approach in the delivery of postnatal services is beneficial in increasing the uptake of HCT and FP services among postpartum women.
- However, there are important gaps in the uptake of PITC and FP among different demographic sub-groups (e.g., poor women, single mothers) and type of facility. This has important implications in addressing SRH/HIV needs of these groups, including prevention of unintended pregnancies.



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Thank you