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Strengthening the evidence base
for integrating HIV and SRH services

Are integrated services meeting reproductive and HIV needs in Kenya & Swaziland? Evidence from community surveys

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Aims of this analysis -

- to determine the level of need for Family Planning and HIV services at the population level and how these were met by existing services;
- to assess latent demand for integrated services among service users; and
- to identify missed opportunities for service promotion and delivery.

Methods -

Household surveys (population level):

- Three-stage clustered survey
- One respondent per household selected to take part, aged 18-49
- Conducted in 2009 in Nyahururu and Thika in the Central Province in Kenya and in Manzini, Swaziland



NEED for FP and HIV services among all respondents

Family Planning services

- sexually active*, fecund men and women who either do not want children in the next year OR would be unhappy if found out they were pregnant tomorrow
- Need for FP services was considered met if respondents reported doing or using something to prevent pregnancy with all their sexual partners; or if they reported condom use at last sex with all partners.

** Reports having at least one sexual partner in past 12 months*

HIV services

- sexually active* men and women who either have more than one sexual partner OR
- have never been tested for HIV
- Need for HIV services was considered met if condom use at last sex was reported for all sexual partners; and respondent reported ever having had a HIV test.

LATENT demand for FP and HIV services among SRH service users

Latent demand for services were assessed by asking respondents what other services they wanted to receive at their most recent SRH* clinical visit.

**SRH services include: family planning, maternal health, HIV (testing or treatment), STI services and male circumcision.*



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Results

I. All respondents



Demographic profile of respondents

	Kenya (n=1752)		Swaziland (n=779)	
	Women (n=1044)	Men (n=708)	Women (n=387)	Men (n=392)
Age groups:				
18-24	419 (40.1)	309 (43.6)	172 (44.4)	197 (50.3)
25-29	268 (25.7)	161 (22.7)	99 (25.6)	98 (25.0)
30-34	196 (18.8)	133 (18.8)	56 (14.5)	56 (14.3)
≥35	161 (15.4)	105 (14.8)	60 (15.5)	41 (10.5)
Marital status:				
Single	129 (12.7)	157 (22.5)	35 (9.4)	76 (19.4)
Non-cohabiting partner	123 (12.1)	237 (34.0)	172 (46.0)	238 (60.9)
Married/Cohabiting partner	689 (67.8)	281 (40.3)	163 (43.6)	73 (18.7)
Divorced/Separated/Widowed	75 (7.4)	23 (3.3)	4 (1.1)	4 (1.0)
Education (highest level attended):				
None/primary	511 (50.3)	256 (36.7)	61 (16.3)	75 (19.2)
Secondary	372 (36.7)	322 (46.2)	277 (74.1)	272 (69.6)
Tertiary	132 (13.0)	119 (17.1)	36 (9.6)	44 (11.3)



Level of need for FP & HIV services

Need for FP services –

Among sexually active, fecund respondents:

- 67% (n=467) of men and 71% (n=714) of women in Kenya; and
- 70% (n=270) of men and 80% (n=296) of women in Swaziland had a need for FP services

Need for HIV services –

Among sexually active female and male respondents:

- 54% (n=377) of men and 22% (n=218) of women in Kenya; and
- and 63% (n=243) of men and 21% (n=77) of women in Swaziland had a need for HIV services



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How were service needs met by existing services?



Service use among those with a need for FP services, n (%)

Kenya
(n=1044 women; 708 men)

Women: 714 (70.8)

Men: 467 (67.3)

Swaziland
(n=387 women; 392 men)

Women: 296 (80.4)

Men: 270 (69.8)

Needs unmet

Women: 143 (20.1)*

Men: 100 (21.5)*

Non-user

Women: 51 (7.1)
Men: 67 (14.3)

Used SRH services but no FP services received

Women: 70 (9.8)
Men: 20 (4.3)

Missed Opportunity

Needs met

Women: 569 (79.9)*

Men: 365 (78.5)*

FP service used

Women: 423 (59.2)
Men: 160 (34.3)

Client driven

Used SRH services and received FP services

Women: 5 (0.7)
Men: 1 (0.2)

Provider driven

Needs unmet

Women: 60 (20.4)*

Men: 41 (15.2)*

Non-user

Women: 21 (7.1)
Men: 29 (10.7)

Used SRH services but no FP services received

Women: 34 (11.5)
Men: 11 (4.1)

Missed Opportunity

Needs met

Women: 234 (79.6)*

Men: 228 (84.8)*

FP service used

Women: 124 (41.9)
Men: 41 (15.2)

Client driven

Used SRH services and received FP services

Women: 1 (0.3)
Men: 1 (0.4)

Provider driven

*These numbers include those who did not use any SRH services, those who used FP services and those who used non-FP specific SRH services. Here we confined the results only to those relevant to integration.



Service use among those with a need for HIV services, n (%)

Kenya

Women: 218 (21.6)

Men: 377 (54.4)

Swaziland

Women: 77 (20.9)

Men: 243 (62.8)

Needs unmet

Women: 217 (99.5)

Men: 357 (94.7)

Non-user

Women: 135 (61.9)
Men: 254 (67.4)

Used SRH services but no HIV services received

Women: 68 (31.2)
Men: 80 (21.2)

Missed Opportunity

Needs met

Women: 1 (0.5)

Men: 20 (5.3)

HIV service used

Women: 0
Men: 13 (3.4)

Client driven

Used SRH services and received HIV services

Women: 0
Men: 0

None were provider driven

Needs unmet

Women: 75 (97.4)

Men: 222 (91.7)

Non-user

Women: 53 (68.8)
Men: 180 (74.1)

Used SRH services but no HIV services received

Women: 16 (20.8)
Men: 20 (8.2)

Missed Opportunity

Needs met

Women: 2 (2.6)

Men: 20 (8.3)

HIV service used

Women: 0
Men: 16 (6.6)

Client driven

Used SRH services and received HIV services

Women: 0
Men: 0

None were provider driven



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Results

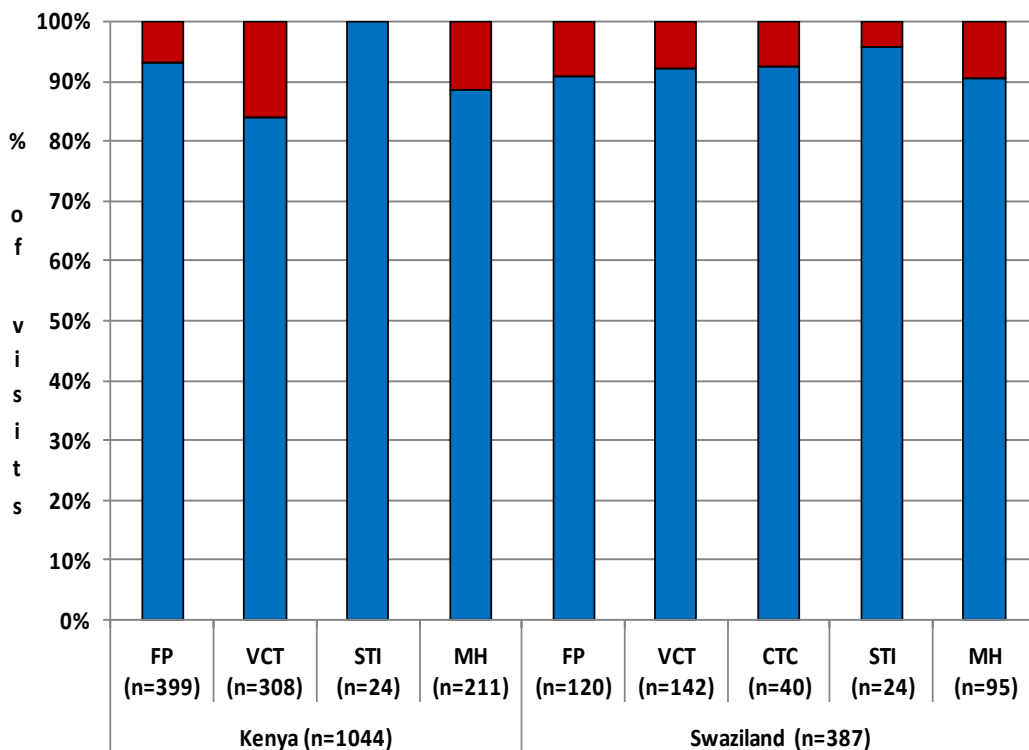
II. SRH service users

What was the LATENT demand for integrated services among service users?

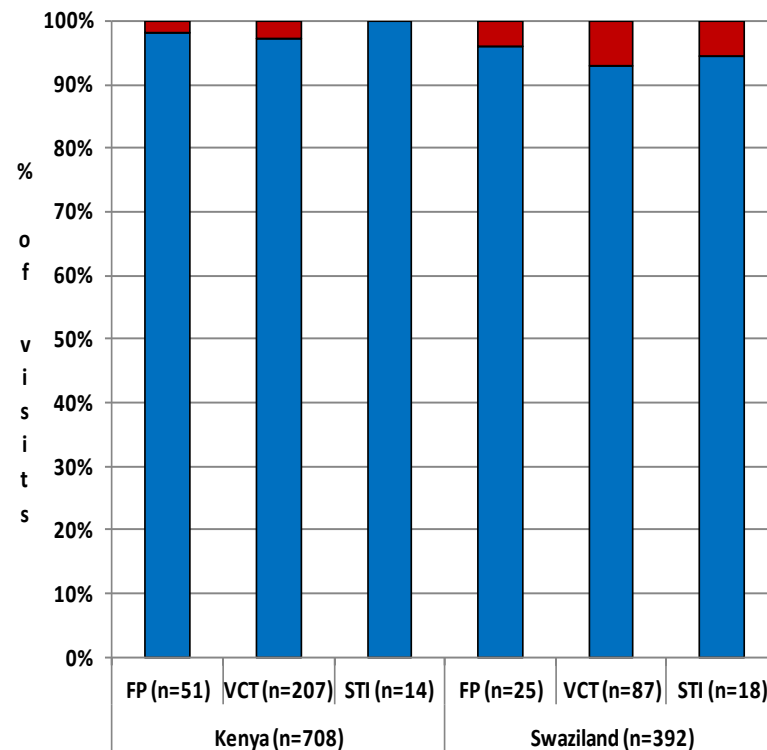


Latent demand for integrated services during most recent clinical SRH visit, by sex, country and type of SRH service

Women



Men



Demanded 1 service



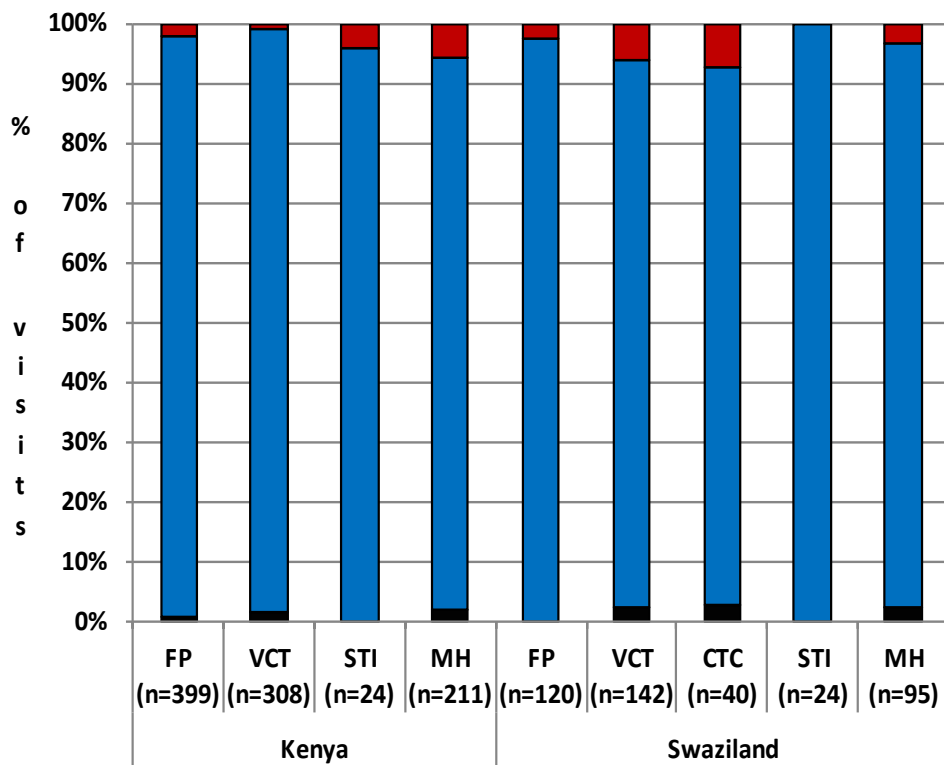
Demanded >1 service

Note: the following services were excluded due to very few respondents reported having used them: CTC (women in Kenya (n=8) & men in both countries (Kenya n=3; Swaziland n=8)); MC in both countries (n=6 in Swaziland and n=0 in Kenya)

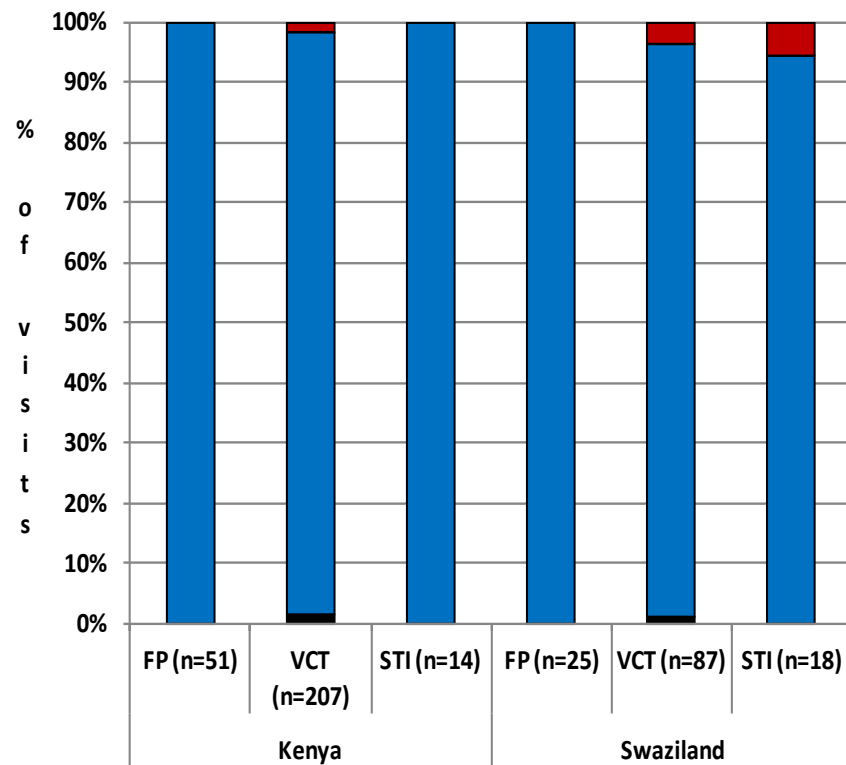


Balance of demand and receipt of services during most recent clinical SRH visit, by sex, country and type of SRH service

Women



Men



Receipt < Demand

Receipt = Demand

Receipt > Demand



Conclusions

- Need for FP services is high in both countries although this was largely met. Need for HIV services is high among men in but much lower among women.
- Low levels of service utilisation among those with a need for HIV services.
- High levels of missed opportunities for providers to address clients' other SRH needs when they use services.
- Extremely low latent demand for (and receipt of) integrated services among service users across all services.
- Most service users received the number of services they demanded while a minority received more services than demanded.
- Strategies to improve SRH service uptake at the population level should be explored.
- Reasons behind the low latent demand and receipt of services should be further explored.



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Thank you

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Background -

- The integration of HIV and sexual reproductive health services (SRH) aims to improve the delivery of both HIV & SRH services
- Few studies have investigated the level of demand for services at the population level (including non-service users)
- Little is known about clients' demand for integrated services or whether, having accessed to an integrated facility, clients actually use more services.