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AIDSTAR-One

HIV Prevention Knowledge Base: Behavioral Interventions

Contraception for Prevention of Unintended Pregnancies among Women Living with HIV

AIDSTAR-One’s HIV Prevention Knowledge Base series provides policy makers, researchers, program planners and managers with the latest information related to HIV prevention. It includes current syntheses on research findings and successful practices as well as useful tools for program implementation. Topics focus on emerging areas, behavioral, biomedical, and structural interventions as well as combination approaches.

Content:

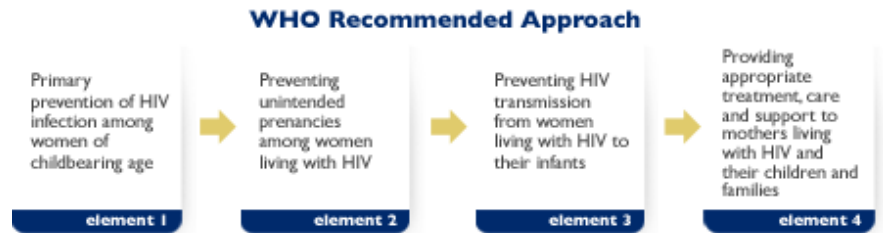
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The World Health Organization (WHO) recommends the implementation of a comprehensive strategic approach for preventing HIV infection among infants and children that includes four elements.¹ This AIDSTAR-One resource article relates to Element Two. Most prevention of mother-to-child transmission (PMTCT) efforts to date have focused on HIV testing to identify pregnant women who are HIV-infected and providing them with antiretroviral prophylaxis (Element Three). The role of contraceptive use in preventing infant HIV infections has received relatively less attention, but is no less important.



The overall health benefits for mothers and babies of avoiding unintended pregnancies are well understood. Prevention of mother-to-child transmission of HIV provides another compelling rationale for the widespread availability of contraception. Research has shown that nearly all contraceptive methods are safe and effective for women living with HIV, including those who are taking a variety of ARV drugs for prophylaxis or treatment. With women of childbearing age accounting for nearly half of all individuals infected with HIV globally, providing contraception to prevent unintended pregnancies in HIV-infected women can have a major impact on reducing HIV-positive births and infant and child deaths from AIDS-related causes. In fact, according to one

¹ “Strategic approaches to the prevention of HIV infection in infants.” Report of a WHO meeting [<http://www.who.int/hiv/pub/mtct/pub35/en/>], Morges, Switzerland, March 20–22, 2002. Geneva, World Health Organization, (2003).

Updated September 28, 2009

estimate, contraceptive use in sub-Saharan Africa may already be averting 22 percent of HIV-positive births, despite the fact that contraception is not widely available in sub-Saharan Africa.²

To more fully reap the benefits of contraception as an HIV prevention strategy, greater integration of family planning (FP) and HIV programs is needed, particularly in generalized epidemic settings where women of childbearing age are disproportionately affected by HIV and AIDS. While many ministries of health and implementing partners are now scaling up integrated FP/HIV services, a number of obstacles continue to impede this process. These include separate funding for these two programs, the vertical organization of health ministries and service facilities, and the lack of evidence of effective integrated service delivery approaches.

² Reynolds H. V., Steiner M. J. & Cates W. Jr. "Contraception's proved potential to fight HIV." *Sex. Transm. Infect.* (2005). Vol. 81 No. 2, pp. 184-5

What We Know: Summaries of Research Articles

Reproductive intentions and outcomes among women on antiretroviral therapy in rural Uganda: a prospective cohort study

PLoS ONE (2009). Vol. 4 No. 1, p. e4149
Homsy, J., et al.

In a cohort of rural Ugandan women receiving ART, sexual activity and incidence of pregnancy significantly increased during follow-up, yet more than 93 percent of the women repeatedly expressed not wanting or not planning to have more children. In addition, more than 86 percent of sexually active women not desiring children were not using any modern contraceptive method other than condoms after two years on ART. In conclusion, women on ART and their partners should be consistently counseled on the effects of ART in restoring fertility, and regularly offered free and comprehensive family planning services as part of their standard package of care.

The year-long effect of HIV-positive test results on pregnancy intentions, contraceptive use, and pregnancy incidence among Malawian women

J. Acquir. Immune Defic. Syndr. (2008). Vol. 47 No. 4, pp. 477–83
Hoffman, I. F., et al.

This study estimated the effect of receiving HIV-positive test results on intentions to have future children and on contraceptive use, and assessed the association between pregnancy intentions and pregnancy incidence among HIV-positive women in Malawi. The study concluded that having knowledge of their HIV-positive status, women were less likely to desire future pregnancies. Pregnancy incidence was lower among women not desiring future children. Integration of voluntary counseling and testing, family planning, and HIV care could prevent mother-to-child HIV transmission.

Contraception to prevent HIV-positive births: current contribution and potential cost savings in PEPFAR countries

Sex. Transm. Inf. (2008). Vol. 84 Suppl. 2, pp. ii49–ii53
Reynolds, H. W., et al.

This study estimated the number of HIV-positive births currently prevented by contraceptive use in the President's Emergency Plan for AIDS Relief (PEPFAR) focus countries. It also estimated the first-year cost savings for each country, if unintended and unwanted HIV-positive births were prevented via contraceptive use, rather than providing antiretroviral prophylaxis for HIV-positive pregnant women. The annual number of unintended HIV-positive births currently averted by contraceptive use ranges from 178 in Guyana to more than 120,000 in South Africa. The minimum annual cost savings to prevent just the unwanted HIV-positive births ranges from \$26,000 in Vietnam to over \$2.2 million in South Africa. Researchers concluded that contraception already has an important effect on reducing the number of infant HIV infections. This contribution could be strengthened by additional efforts to provide contraception to HIV-infected women who do not wish to become pregnant. Moreover, the effect of contraception can be achieved at a cost savings compared with prevention of mother-to-child transmission services.

From effectiveness to impact: contraception as an HIV prevention intervention

Sex. Transm. Inf. (2008). Vol. 84 Suppl. 2, pp. ii54–ii60
Wilcher, R., et al.

Increasing voluntary contraceptive use has been an underused approach for prevention of mother-to-child transmission, despite clear evidence that preventing pregnancies in HIV-infected women, who do not wish to become pregnant, is an effective strategy for reducing HIV-positive births. This paper reviews international-, country-, and service delivery-level opportunities and obstacles to contraceptive programming that will have an impact on the effectiveness of HIV prevention. Despite substantial policy support for the integration of family planning and HIV programs, burgeoning resources for HIV ignore the potential impact of contraception on HIV prevention. Moreover, separate funding for family planning and HIV programs and the resulting vertical organization of health ministries and service facilities undermine coordination between departments and limit providers' ability to address the contraceptive needs of HIV-positive clients. Projects integrating family planning and HIV services are being implemented, allowing for documentation of factors that facilitate or impede integrated service delivery. However, few have been evaluated to demonstrate impact on contraceptive uptake and HIV-positive births averted.

The value of contraception to prevent perinatal HIV transmission

Sexually Transmitted Diseases (2006). Vol. 33 No. 6, pp. 350–6
Reynolds, H. W., et al.

This study highlighted the value of preventing unintended pregnancies among HIV-infected women as a strategy to prevent perinatal HIV transmission. The study assessed the cost-effectiveness of family planning programs with the programmatic focus of averting HIV-positive births. It was found that at the same level of expenditure, increasing contraceptive use among non-users who do not want to get pregnant averted 28.6 percent more HIV-positive births than nevirapine prophylaxis alone for prevention of mother-to-child transmission.

http://www.ias2007.org/PAG/AbstractPlus/AbsDoc_3829_2.pdf

Cost-effectiveness of nevirapine to prevent mother-to-child HIV transmission in eight African countries

AIDS (2004). Vol. 18 No. 12, pp. 1661–71
Sweat, M. D., et al.

Data from eight African countries were used to determine the cost-effectiveness of mother/infant nevirapine prophylaxis for prevention of mother-to-child transmission compared with no antiretroviral prophylaxis. Modeling was used to estimate the reduction in adult HIV prevalence among sexually active adults and the reduction in the annual number of HIV-infected women who become pregnant that would result in an equivalent reduction in HIV-infected infants. The cost per HIV infection averted through the nevirapine-based intervention was \$3,813, with a range from \$1,808 in Botswana to \$9,258 in Cote d'Ivoire. The cost per Disability-Adjusted Life Year (DALY) saved averaged \$127 across the eight countries. Lowering HIV prevalence among women by 1.25 percent or reducing unintended pregnancy among HIV-infected women by 16 percent yielded an equivalent reduction in infant cases. The latter intervention would be most feasible in settings highly affected by HIV and with good family planning services. The analysis

makes clear that only a combined approach will result in significant reductions in HIV transmission to infants from their mothers.

<http://aidsonline.com>

Reports and Briefs

Hiding in Plain Site: The Role of Contraception in Preventing HIV

Guttmacher Policy Review (2008). Vol. 11 No. 1.
Cohen, S. A.

<http://www.guttmacher.org/pubs/gpr/11/1/gpr110102.html>

Sexual & Reproductive Health and HIV Linkages: Evidence Review & Recommendations

WHO, UNFPA, UNAIDS, IPPF, UCSF (2008).

<http://www.unfpa.org/public/publications/pid/1341>

Reproductive Choice for Women and Men Living with HIV: Contraception, Abortion and Fertility

Reproductive Health Matters (2007). Vol. 15 No. 29 Suppl. 1, pp. 46–66
Delvaux, T. and Nostlinger, C.

<http://www.who.int/reproductive-health/hiv/rhmarticles/contraception.pdf>

Integrating Family Planning and HIV/AIDS Services: A Digest of Key Resources

INFO Project, Johns Hopkins Bloomberg School of Public Health (2006). No. 6.

<http://www.infoforhealth.org/infoforeports/integration/integration.pdf>

Priorities for Family Planning and HIV/AIDS Integration

Global Health Technical Briefs, United States Agency for International Development (2005).
Fuchs, N.

<http://www.maqweb.org/techbriefs/tb11integration.shtml>

Integrating Services

Network (2004). Vol. 23 No. 3, p. 8
Family Health International.

<http://www.fhi.org/NR/rdonlyres/ergnqbowddogvunhnpwk3z5nrfftotpjpmzcdbynagwudzkrfapstn6seqqmu6tnaluv5ucevnrj/net234.pdf>

Global consultation on strengthening the linkages between reproductive health and HIV/AIDS: family planning and HIV/AIDS in women and children

World Health Organization (2004).

http://www.who.int/reproductive-health/stis/docs/global_consultationssummary.pdf

Family planning and the prevention of mother-to-child transmission of HIV: technical and programmatic issues

Advance Africa (2003).

Preble, E. A., Huber, D. & Piwoz, E. G.

http://www.advanceafrica.org/publications_and_presentations/Technical_Papers/TP_FP_and_PMTCT.pdf

Putting it into Practice

Country-Level Implementation

Unmet need for contraception among HIV-positive women in Lesotho and implications for mother-to-child transmission

J. Biosoc. Sci. (2009). Vol. 41 No. 2, pp. 269–78
Adair, T.

In Lesotho, the risk of mother-to-child transmission (MTCT) of HIV is substantial; women of childbearing age have a high HIV prevalence rate (26.4 percent), there is little knowledge of HIV status, and there is a total fertility rate of 3.5 births per woman. An effective means of preventing MTCT is to reduce unwanted fertility. This paper examines the unmet need for contraception to limit and space births among HIV-positive women in Lesotho aged 15 to 49 years, using the 2004 Lesotho Demographic and Health Survey. HIV-positive women have their need for contraception unmet in almost one-third of cases, and multivariate analysis reveals this unmet need is most likely among the poor and among those not approving of family planning. A constructive strategy is to improve access to family planning for all women in Lesotho, irrespective of HIV status, and, more specifically, to integrate family planning with MTCT prevention and voluntary counseling and testing services.

Family planning and safer sex practices among HIV-infected women receiving prevention of mother-to-child transmission services at Kitale District Hospital (Kenya)

East Afr. Med. J. (2008). Vol. 85 No. 1, pp. 46–50
Bij, S. C., et al.

The objective of this descriptive cross-sectional study in the maternal and child health and family planning (MCH-FP) clinics in Kitale District Hospital, Western Kenya, was to determine the usage of family planning services and safer sex practices among HIV-infected mothers who had gone through the prevention of mother-to-child transmission process. A total of 146 respondents were recruited for this study. Only 44 percent of the respondents were using some form of family planning. The most popular method of contraception was the hormonal injectable contraceptives. Although 73 percent of respondents were no longer planning to have more babies, only 45 percent of them were using a family planning method. Only 38 percent of respondents reported condom use with their partners for safe sex. Married women and those who had revealed their HIV status to their partners were more likely to use condoms, concluding that male partner involvement is crucial in decisions pertaining to family planning use and safe sex practices.

Integrating family planning into HIV voluntary counseling and testing services in Kenya: Progress to date and lessons learned

Family Health International and the Kenya Ministry of Health (2006).

This report described a process of integrating HIV and AIDS information and services into quality reproductive health services at all levels of health care. This process included assessing feasibility, bringing together stakeholders, developing an integration strategy, and implementing that strategy. The report summarizes successes, challenges, and lessons learned. While operations research demonstrated that

integration of family planning does not diminish the quality of voluntary counseling and testing (VCT) services, there still remain substantial challenges, including: 1) implementation has been weak, although providers generally approved integration and understood its concepts; 2) supportive supervision is required by providers and health facility managers to ensure that they maintain and improve their skills; that facilities are stocked with the supplies needed to provide both family planning and VCT services; and that staff implement integration policies and practices; 3) Kenyan Ministry of Health officials fear that a shortage of staff in health facilities could negatively affect provision of integrated services due to competition with other services considered more critical; 4) focused and sustained advocacy efforts are needed to further increase demand for integrated services among clients; to secure commitment to integration among program managers; and to encourage the continued support from both reproductive health and AIDS services stakeholders; and 5) limited resources and scale-up require substantial donor involvement.

<http://www.fhi.org/NR/rdonlyres/es5cvy4xltapkfligen2lj32zvkc2fpdv4elln6c4viqjbpaaamdhkcsld3n25fij6uhgomyuc/FPVCTintegrationKenyalessons.pdf>

Field experiences integrating family planning into programmes to prevent mother-to-child transmission of HIV

Stud. Fam. Plann. (2005). Vol. 36 No. 3, pp. 235–45
Rutenberg, N. & Baek, C.

This article reviews field experiences with provision of family planning services in prevention of mother-to-child transmission (PMTCT) programs in 10 countries in Africa, Asia, and Latin America. Family planning is a standard component of most antenatal care and maternal-child health programs within which PMTCT programs are offered, yet PMTCT sites often miss opportunities to provide HIV-positive clients with family planning counseling. Demand for family planning among HIV-positive women varies depending on the extent of the communities' openness about HIV/AIDS, fertility norms, and knowledge of PMTCT programs. In Kenya and Zambia, no differences were observed in use of contraceptives between HIV-positive and HIV-negative women in the study communities, but HIV-positive women have more affirmative attitudes about condoms and use them significantly more frequently than do their HIV-negative counterparts. In the Dominican Republic, India, and Thailand, where HIV prevalence is low and sterilization rates are high, HIV-positive women are offered sterilization, which most women accept. This article draws out the policy implications of these findings and recommends that policies be based on respect for women's right to informed reproductive choice in the context of HIV and AIDS.

Tools and Curricula

Rapid Assessment Tool for Sexual & Reproductive Health Linkages: A Generic Guide

IPPF, UNFPA, UNAIDS, WHO, GNP+, ICW, Young Positives (2008).

The objective of this tool is to assess HIV and sexual and reproductive health linkages at the policy, systems, and service delivery levels. It also intends to identify gaps, and to contribute to the development of country-specific action plans to forge and strengthen these linkages.

http://www.who.int/reproductive-health/hiv/linkages_rapid_assmnt_tool.pdf

Assessing Integration Methodology: A handbook for measuring and assessing the integration of family planning and other reproductive health services

Rivero-Fuentes, M. E., Ramarao, S., Estrada, R., et al. (2008).

The Population Council Frontiers in Reproductive Health and USAID.

This handbook serves as a reference guide for organizations and individuals who seek methodological guidance when describing, measuring, or assessing the integration of family planning with other facility-based health services, including those for HIV/AIDS.

<http://www.popcouncil.org/pdfs/frontiers/Manuals/AIM.pdf>

Medical Eligibility Criteria for Contraceptive Use

WHO. Third Edition. (2004).

See also: 2008 update WHO/RHR/08.17.

This guide, intended for policy makers, program managers, and the scientific community, provides evidence-based recommendations on whether an individual can safely use a contraceptive method.

<http://www.who.int/reproductive-health/publications/mec/mec.pdf>

http://www.who.int/reproductive-health/publications/mec/mec_update_2008.pdf

Family Planning Discussion Topics for Voluntary Counseling and Testing: A Reference Guide for FP Counseling of Individuals, Couples, and Special Groups by Trained VCT Counselors

Pathfinder International (2007).

This job aid provides information to help voluntary counseling and testing (VCT) counselors integrate family planning messages into their counseling sessions.

www.pathfind.org/site/DocServer/Final_Pathfinder_FP-VCT_Counseling_Tool_12-07.pdf?docID=11661

Family Planning–Integrated HIV Services: A Framework for Integrating Family Planning and Antiretroviral Therapy Services

EngenderHealth (2007).

This guide was developed to: 1) stimulate critical thinking regarding programmatic gaps related to the reproductive health needs of women and couples living with HIV; 2) examine the HIV assessment, prevention, and referral needs of family planning clients; and 3) assist community and facility-based reproductive health providers and supervisors in tailoring services to reflect the integration needs of the communities they serve.

www.acquireproject.org/fileadmin/user_upload/ACQUIRE/Publications/FP-HIV-Integration_framework_final.pdf

Sexual and Reproductive Health for HIV-positive Women and Adolescent Girls: A Manual for Trainers and Programme Managers

EngenderHealth (2006).

This manual provides information and a structure for a four-day training and a two-day planning workshop that will enable program managers and health workers to provide comprehensive, nonjudgmental, and high-quality Sexual Reproductive Health (SRH) care and support to HIV-positive women and adolescent girls.

<http://www.engenderhealth.org/pubs/hiv-aids-sti/srh-hiv-positive-women-girls.php>

Increasing Access to Contraception for Clients with HIV: A Toolkit.

Family Health International, EngenderHealth.

This toolkit provides in-depth training and performance support materials for trainers, providers, and program managers who want to provide family planning services for their clients with HIV.

<http://www.fhi.org/en/RH/Training/trainmat/ARVmodule.htm>

Reproductive Choices and Family Planning for People Living with HIV - Counseling Tool.

World Health Organization (2006).

This job aid is designed to help health workers counsel people living with HIV on sexual and reproductive health choices and family planning.

Resources for HIV/AIDS and Sexual and Reproductive Health Integration

A selected collection of documents and other materials that reflect field experience and the latest thinking of the health community on the integration of HIV and sexual and reproductive health services.

<http://www.hivandsrh.org/>

Learn More:

Other Resources

AIDSTAR-One PMTCT page

http://www.aidstar-one.com/focus_areas/pmtct