

# Meeting the Reproductive Intentions of PLHIV in Malawi

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# How Do We Do This?

## Make family planning (FP) services accessible to people living with HIV (PLHIV).

- + Malawi has several policy documents that address integration of FP and HIV services
  - *Clinical Management of HIV in Children and Adults* (2014) recommends provider-initiated family planning (PIFP) within antiretroviral therapy (ART) settings
- + A USAID-funded 2015 study assessed how service delivery integration addressed reproductive rights of PLHIV

### In Malawi

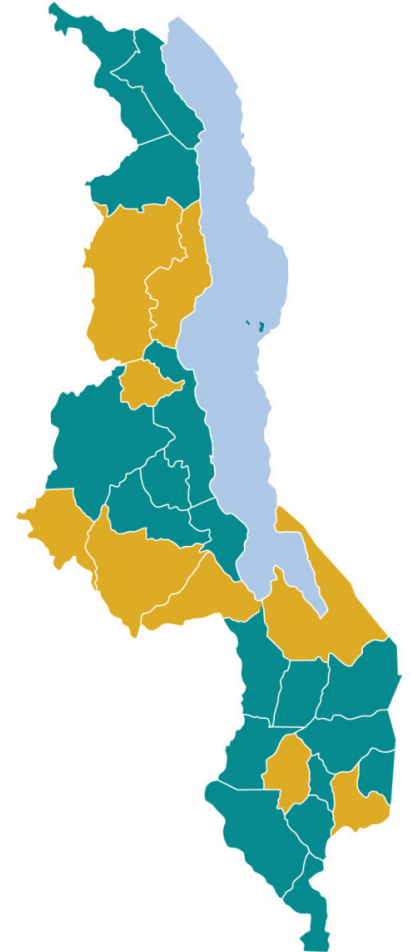
- HIV prevalence among women: 12%
- Unmet need for family planning: 26%

### Regionally

- Unplanned pregnancies among HIV-positive women: 51%–84%

# Methodology

- + Sample included 41 health facilities of varying client volume across nine districts and three regions
  - Government health centers and hospitals
  - Private hospitals/health centers
  - Integrated health centers
- + Mixed-method approach
  - 41 facility audits
  - 122 provider interviews, 41 in-charge interviews
  - 425 client flow analysis and interviews
  - 58 mystery client visits/interviews
  - 3 focus group discussions (FGDs) with HIV-positive clients



# Findings



# High Demand for Family Planning Among Clients

- + 52% of female clients did not want another child
- + 14% wanted to space childbirths; 25% were unsure
- + 60% of all clients currently used some form of family planning
  - Half relied on male condoms
  - One-third used injectables
- + Almost half (48%) of the women weren't told about the side effects of their current method
- + 26% were not told about other methods

## Client profile (n=425)

- 78% female
- 50% completed lower primary education
- 69% married/cohabitating
- 43% had 2–3 children
- 37% had 4+ children
- 43% had travelled more than 60 minutes to get to the facility
- PLHIV: 99% had disclosed, primarily to a spouse or sibling/other family member

# Did They Get Services?

## Exit interviews

- + 18% of clients received multiple services during their visit, including 26% of clients at the UNFPA-supported integrated sites
- + 97% preferred receiving fully integrated services
  - 90% would be willing to wait longer for multiple services
  - Benefits: fewer trips to the facility, reduced travel costs
  - Less than 10% cited reduced stigma and discrimination as a benefit
- + A large majority (78%) stated they were never asked about fertility intentions during any visit (previously) at the ART clinic
- + Only 14% of clients were asked about their fertility intentions and/or offered FP on the day of their visit

## Mystery clients

- + Only 2 of 58 mystery clients were proactively asked by a provider about their fertility intentions and/or offered FP

# Lack of Method Choice

- + Facility audits revealed poor method mix at HIV testing and counseling (HTC) and ART clinics
  - 85% had contraceptives, but mostly condoms
  - Only four HTC clinics had injectables, four had pills, and one had implants
  - Only seven ART sites had a wide range of contraceptives
- + Better method mix available at FP clinics
  - More than half of the FP clinics had injectables, condoms, pills, and implants
  - However, there was low availability of intrauterine devices (IUDs) (24%) and bilateral tubal ligation (9%)

# Commodities Often Out of Stock

- + 44% of in-charges reported FP stock-outs or expired products in the past three months
- + HIV commodity stock-outs or expired products in past three months included
  - HTC kits, 34%
  - ARVs, 24%
  - Opportunistic infection drugs, 15%

## Stock-outs by FP method:

- Injectables, 47%
- Pills, 47%
- Implants, 29%
- Male condoms, 47%
- Female condoms, 29%
- IUDs, 18%
- Emergency contraception, 6%



# Denial of Service and Harsh Treatment

- ✦ Services denied to mystery clients (n=58)
  - ART, n=5
  - Family planning, n=11
- ✦ Eleven mystery clients reported unfriendly, harsh, and/or abusive treatment
  - *When I asked him [the provider] about family planning he shouted at me saying the room was not for family planning: "Had it been that you are looking for family planning you could have gone to the family planning room. Go out, I want to assist other patients please." I ask him about condoms he said I am wasting his time there was no condoms.*
    - Male, 33, health center
  - *I persisted and he left me in the room and went out I stayed for a long time and when I came back I was told that I should go and should I continue persisting I will be beaten.*
    - Female, 24, health center
- ✦ In the FGDs, some participants also reported being shouted at, spoken to rudely, or chastised by providers

# Is Malawi Meeting the FP Needs of PLHIV?



# We're Getting There

- + Clear national provider-initiated family planning (PIFP) policy for ART clients
- + High demand for FP services by ART clients
  - Preference for integrated services

## **However...**

- + Only a handful of providers are implementing PIFP
- + Most HIV-positive clients rely solely on condoms for family planning
- + Absence of provider counseling on FP methods
- + Concern regarding respectful treatment
  - Need for further studies

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