

Utilization of long-term family planning (FP) method among established women living with HIV (WLHIV) in differentiated service delivery model (DSD): Case study of Siaya County, Kenya

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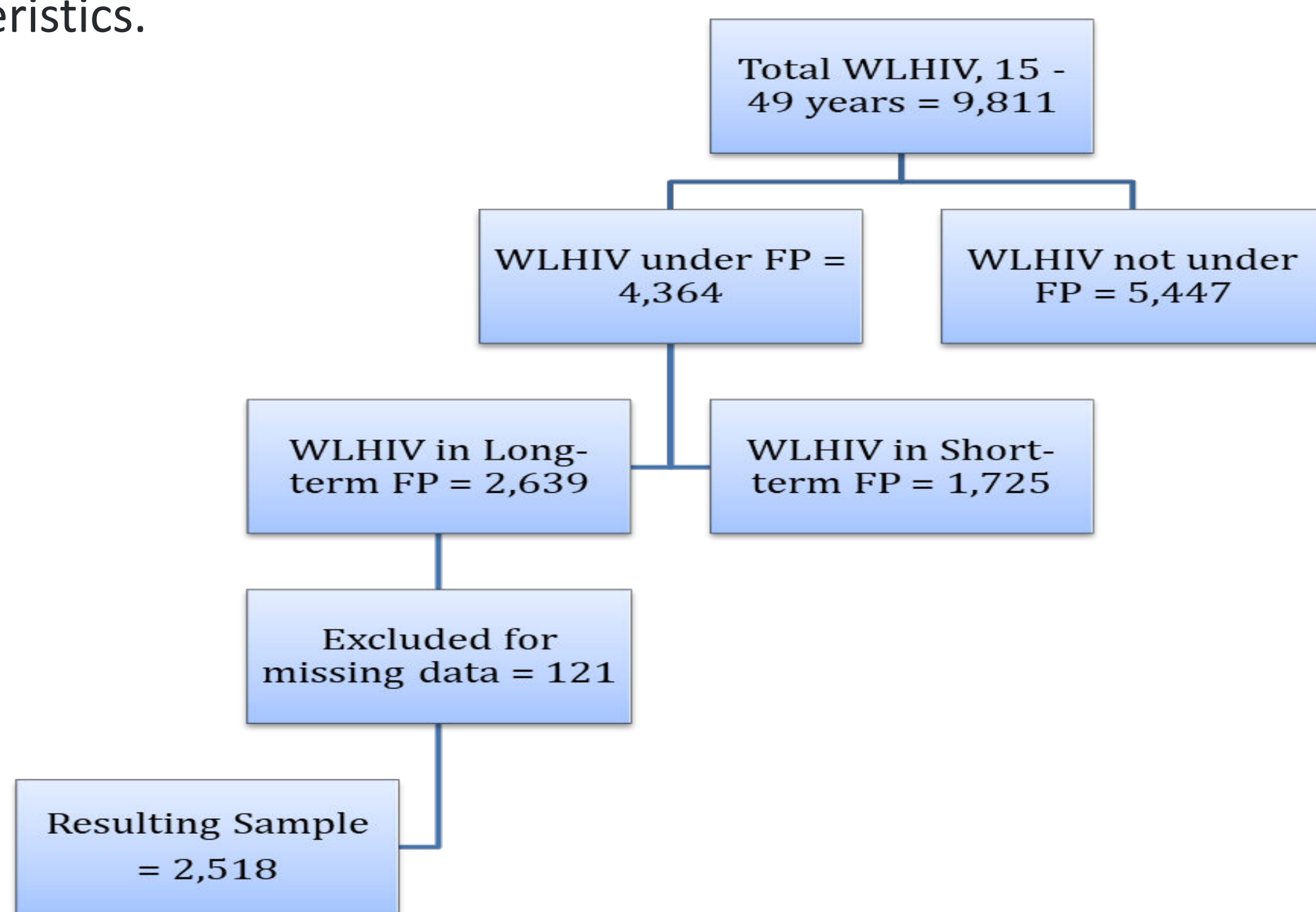


BACKGROUND / INTRODUCTION

- ❖ A crucial step in ending the spread of HIV from mothers to their children is helping HIV-positive women avoid unwanted pregnancies.
- ❖ A high-unmet need for contraception exists among WLHIV in sub-Saharan Africa.
- ❖ Siaya County is among the HIV high burden counties in Kenya.
- ❖ Despite efforts to integrate FP services into care and treatment for WLHIV, as a critical aspect of DSD, little is known about utilization of long-term FP amongst this population.
- ❖ To inform targeted interventions, this poster presents the uptake of long-term FP methods and socio-demographic variations among established WLHIV in a DSD model.

METHODS

- ❖ Data for established WLHIV on DSD age 15-49 was abstracted from the Electronic Medical Records at 49 supported facilities, including socio-demographic characteristics.
- ❖ Classification as established WLHIV on DSD was as per the Kenya HIV Prevention and Treatment Guidelines, 2022.
- ❖ The accuracy and validity of the data were verified against the national data warehouse reports for WLHIV aged 15 to 49 years as of February 2024.
- ❖ Descriptive summaries were used to describe uptake, and logistic regression to evaluate the association between long-term FP method, DSD model and socio-demographic characteristics.



RESULTS

- ❖ 2,518 established WLHIV on DSD on long-term FP were included in the analysis. The median age was 37 years (interquartile range [IQR] 33-41)
- ❖ Overall uptake of long-term FP was 58% (2,518/4,364) among established WLHIV on DSD. Of those on long-term FP, 94% (2,369/2,518) were utilizing Implanon (Fig. 1).
- ❖ Majority of the established WLHIV had completed primary education (58%, 1,452/2,518)
- ❖ Of the DSD models, the majority, 44.2%, (1113/2518) were in Facility ART Distribution Group (odds ratio [OR] 1.387; 95% confidence interval [CI] 1.242- 2.617; p <0.001) (Table 1). Additionally, Community ART Distribution - Peer Led model at 42.8% (1,077/2,518) showed association with the choice of long-term FP method (OR 1.175; 95% CI 1.104 - 1.296; p <0.001).
- ❖ Higher age groups had a positive association with the increased utilization of long-term FP (p-value = 0.009). Of those taking long-term FP, 31% were in the age group of 35-39 (Fig. 2).
- ❖ Majority of established WLHIV on long-term FP were married (59.0%, 1,485/2,518). Additionally, married monogamous (p = 0.009) and single (p = 0.029) were found statistically significant predictors of uptake of long-term FP among WLHIV in Siaya County.
- ❖ Number of children had a positive significant association with the utilization of long-term FP (p = 0.026). WLHIV with more than 3 children were likely to uptake long-term FP (OR 1.80, 95% CI 1.065–3.045; p = 0.028) (Table 2) compared to those with undisclosed number of children
- ❖ Time on ART had no association with the utilization of long-term FP (OR 1.015; 95% CI 0.977-20.54; p = 0.434)
- ❖ Being on dual contraception showed a strong association with the choice of long-term FP method among established WLHIV (OR 2.727; 95% CI 1.555 – 3.320; p = .0001).

	Type of long term family planning method					Total	
		Implanon		Intra Uterine Device		N	%
		N	%	N	%		
Differentiated care model	Community ART Distribution - HCW Led	92	3.9%	6	4.0%	98	3.9%
	Community ART Distribution - Peer Led	1038	43.8%	39	26.2%	1077	42.8%
	Facility ART Distribution Group	1044	44.1%	69	46.3%	1113	44.2%
	Fast Track	195	8.2%	35	23.5%	230	9.1%
Total	2369	100.0%	149	100.0%	2518	100.0%	

Table 1: Differentiated care model crosstabulation with type of long-term FP method

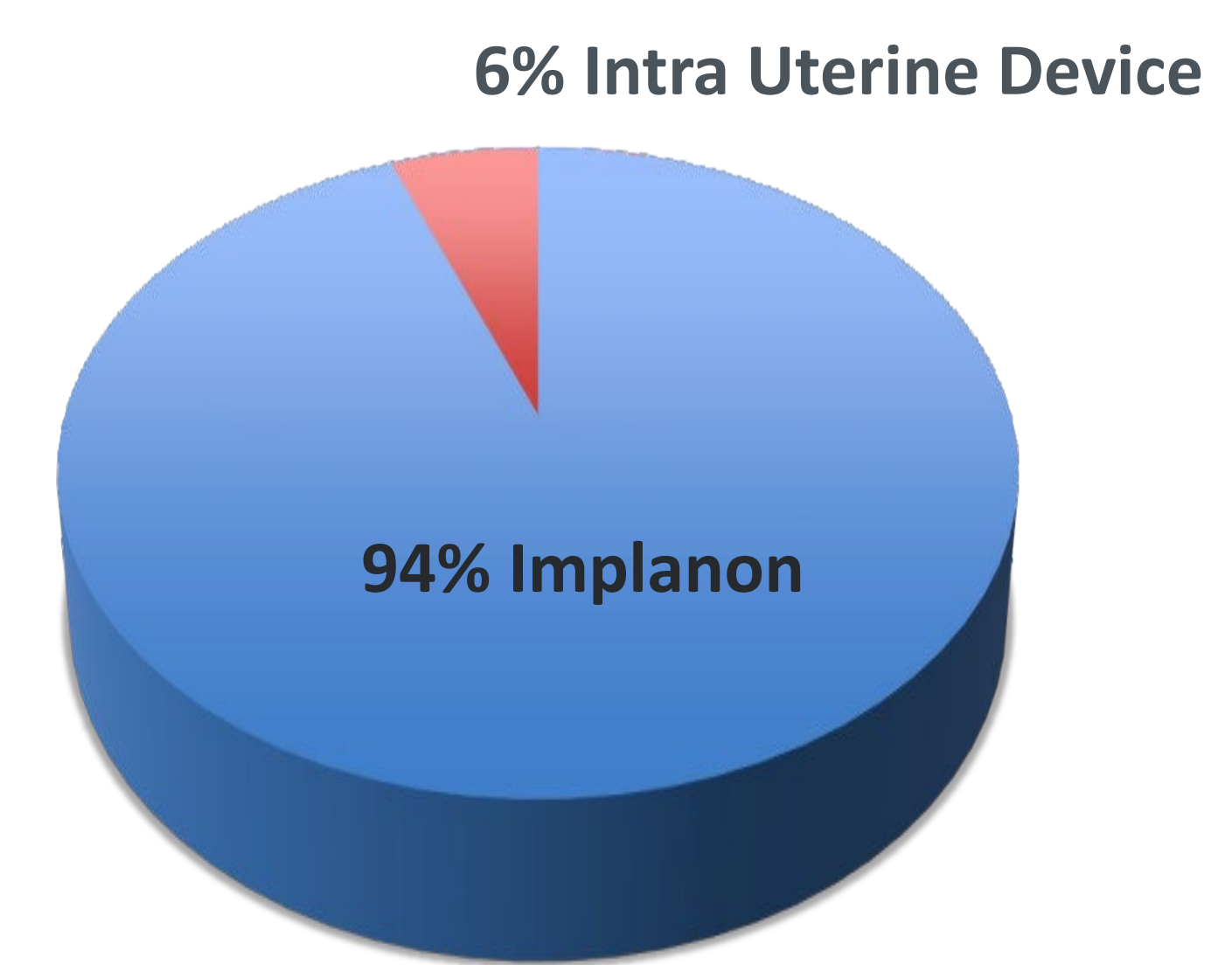


Figure 1: Utilization of long-term FP methods among established WLHIV on DSD

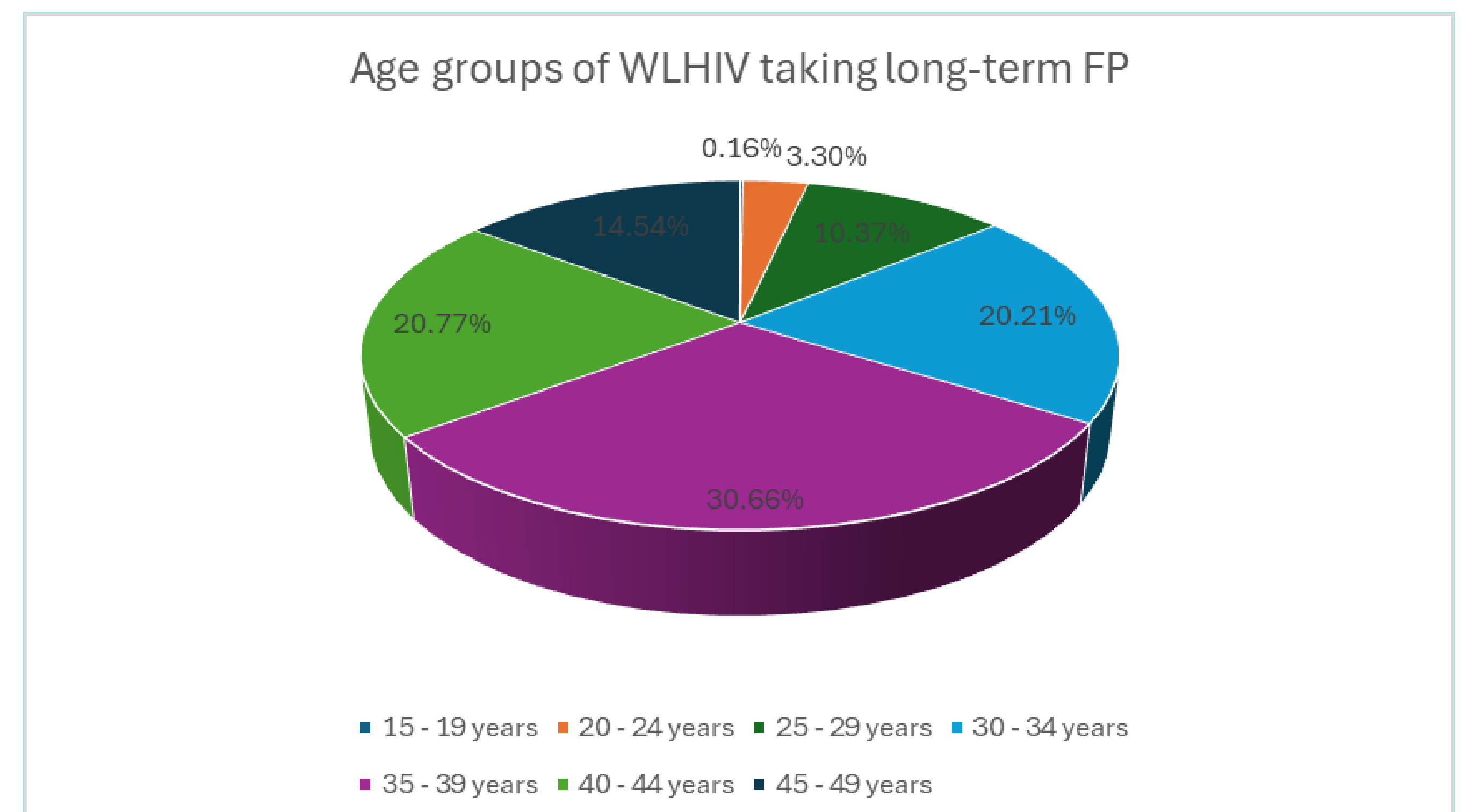


Figure 2: Uptake of long-term FP methods by age categorization

		Crosstab				Total	
		Type of family planning method		Total			
		Implanon		Intra Uterine Device			
		N	%	N	%	N	%
Number of Children in Categories	Undisclosed	782	33.0%	45	30.2%	827	32.8%
	Between 1 and 3 children	1113	47.0%	84	56.4%	1197	47.5%
	More than 3 children	474	20.0%	20	13.4%	494	19.6%
Total		2369	100.0%	149	100.0%	2518	100.0%

Table 2: The distribution of parity (number of children) among established WLHIV on long-term FP

DISCUSSION

Even though there is above average uptake of long-term FP among established WLHIV on DSD, it is relatively low. Understanding the distribution and preferences for long-term FP methods across different DSD models inform the need for more client-focused and targeted service delivery strategies to optimize uptake among established WLHIV on DSD. Established WLHIV on DSD who are not on FP may benefit with adequate information, access to long-term FP methods, and targeted reviews to identify their gaps and needs.