

**Voluntary HIV Counseling and Testing
Integrated with Contraceptive Services
Study (VICS):**

Baseline Preliminary Analysis

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Research Questions

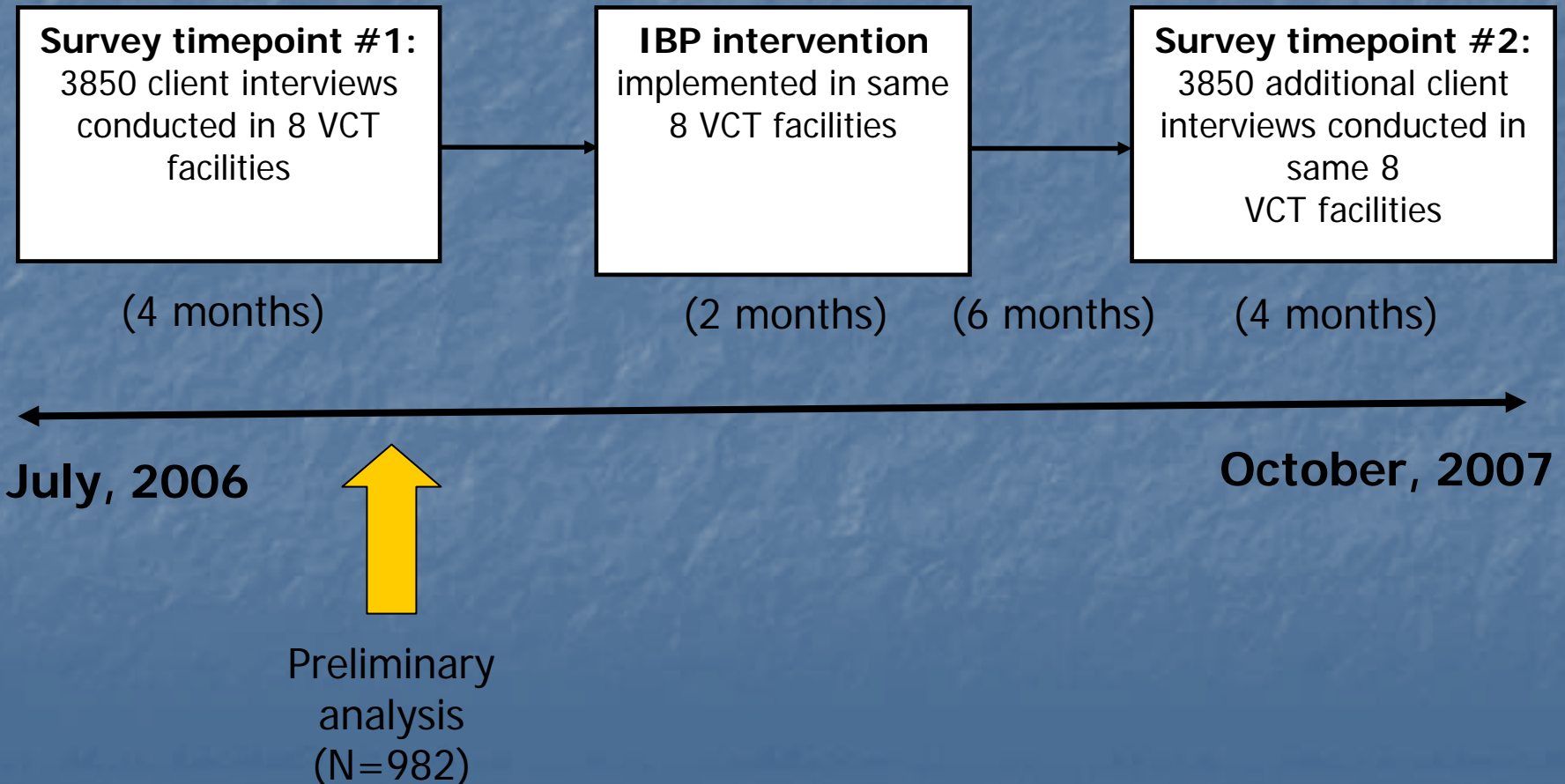
What are the reproductive behaviors, needs and desires of VCT clients?

Does the inclusion of a family planning intervention in VCT sessions satisfy clients' needs and desires?

Study design

- Evaluation of Pathfinder International-Ethiopia's FP/HIV intervention to offer family planning services in public sector VCT centers in Oromia Region (IBP).
- Cross-sectional pre- and post-intervention client surveys in 8 facilities, before and after family planning services are made available in VCT counseling sessions.
- Clients interviewed twice: 1) after pre-test counseling, 2) after post-test counseling.
- Total sample size=7700 clients.
- When possible, DHS questions were used to facilitate comparison of VCT client data to larger Ethiopian population.

Study timeline



FP/HIV integration intervention

- **Training** and authorizing public sector VCT counselors to offer pills, condoms and injectables to clients *during the VCT session*.
- Ensuring continuous **contraceptive supplies** to facilities, including pills, condoms, injectables, Norplant and IUDs.
- Developing specialized family planning **counseling messages** for VCT clients, which apart from married couples, will target youth, singles and engaged couples.

Study aims

- To explore VCT clients' contraceptive use, fertility intentions, unmet need for contraception and barriers to contraceptive use
- To determine whether family planning counseling and contraceptive availability within the VCT counseling session changes clients':
 - contraceptive knowledge
 - contraceptive attitudes
 - level of contraceptive demand
 - unmet need for contraception
 - knowledge about dual use methods
 - intention to reduce sexual risk
 - knowledge of HIV prevention methods
- To assess differences between HIV-positive and HIV-negative clients for outcomes above.

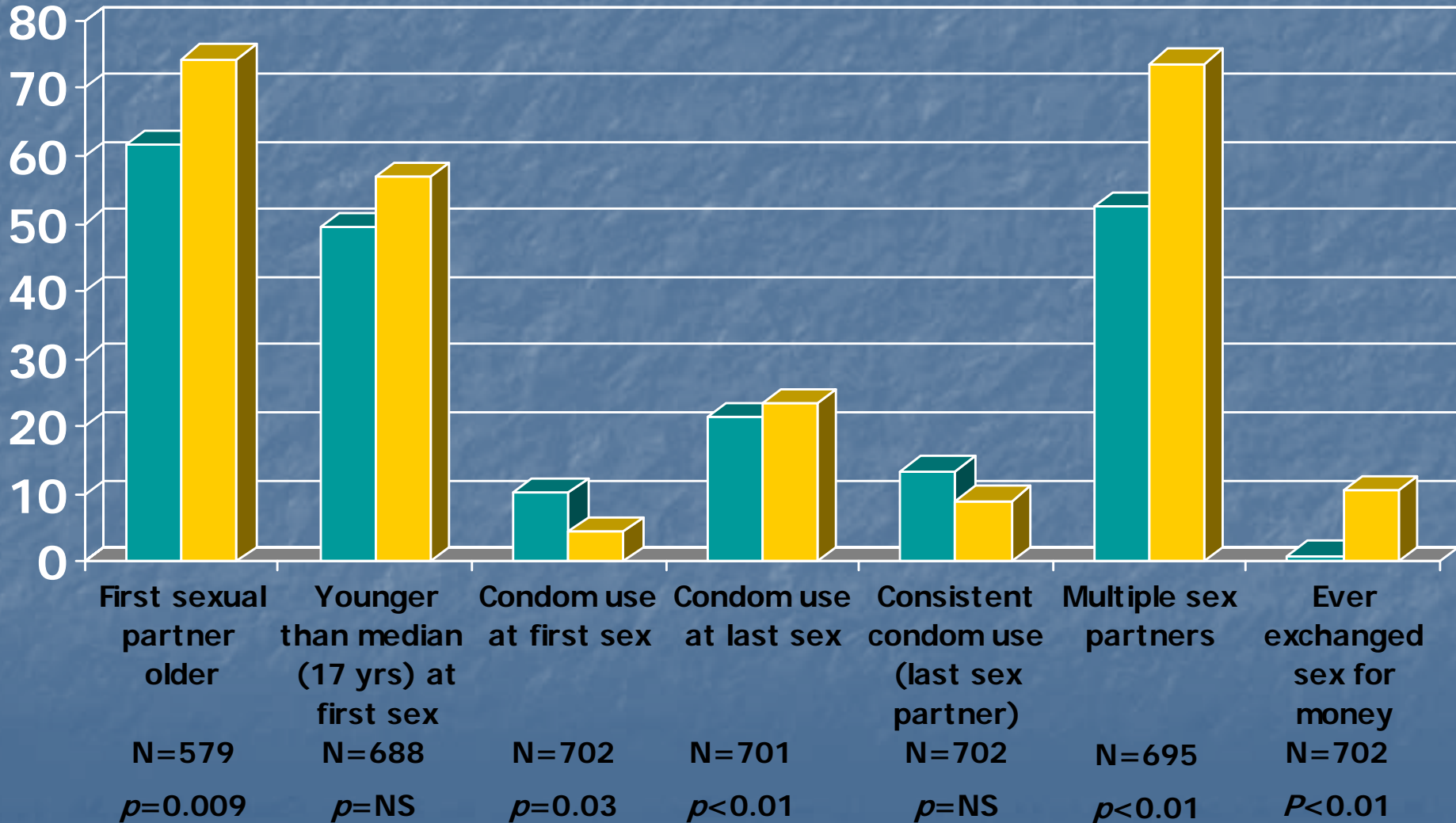
VCT Client Demographics

	Total N=982	Male N=487	Female N=495	<i>p</i> value
Median age	22	24	21	<0.01
Marital Status				
% single	56.3	63.9	48.9	<0.01
% married	28.2	24.8	31.5	
% widowed/divorced	15.5	11.3	19.6	
% any education	80.5	85.4	75.6	<0.01
% employed	45.0	62.0	28.1	<0.01
Religion				
% Orthodox	67.9	66.1	69.7	NS
% Muslim	12.2	14.0	10.5	
% HIV positive	13.8	9.2	18.2	<0.01

VCT Client Demographics by HIV status

	Total N=982	HIV- N=847	HIV+ N=135	<i>p</i> value
Median age	22	22	30	<0.01
Marital Status				
% single	56.3	62.3	18.5	<0.01
% married	28.2	25.3	46.7	
% widowed/divorced	15.5	12.4	34.8	
% any education	80.5	82.6	66.7	<0.01
% employed	45.0	43.4	54.8	<0.01
Religion				
% Orthodox	67.9	66.4	77.8	0.03
% Muslim	12.2	13.2	5.9	

Sexual behaviors by HIV prevalence



First sexual partner older
 N=579
p=0.009

Younger than median (17 yrs) at first sex
 N=688
p=NS

Condom use at first sex
 N=702
p=0.03

Condom use at last sex
 N=701
p<0.01

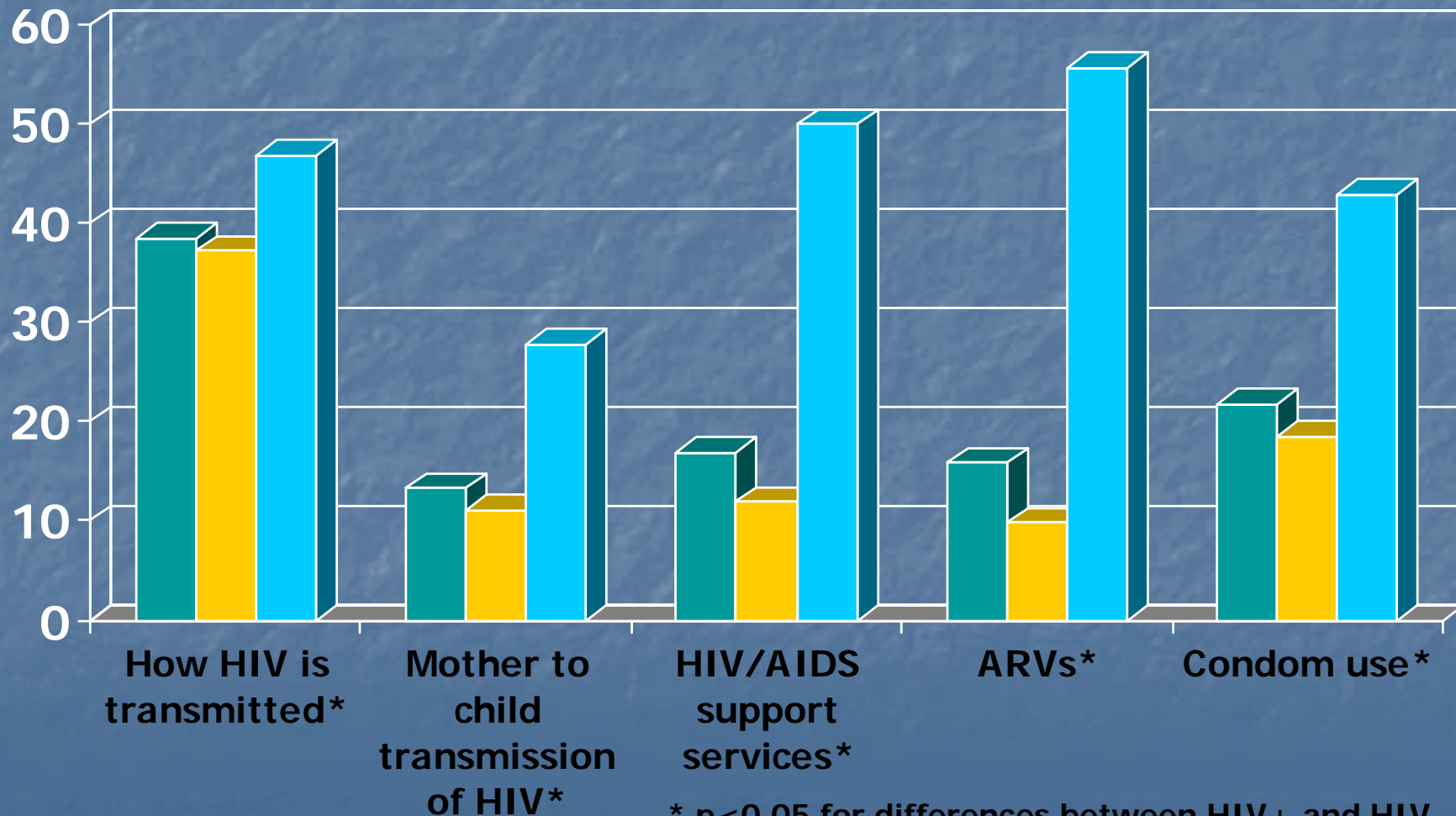
Consistent condom use (last sex partner)
 N=702
p=NS

Multiple sex partners
 N=695
p<0.01

Ever exchanged sex for money
 N=702
P<0.01

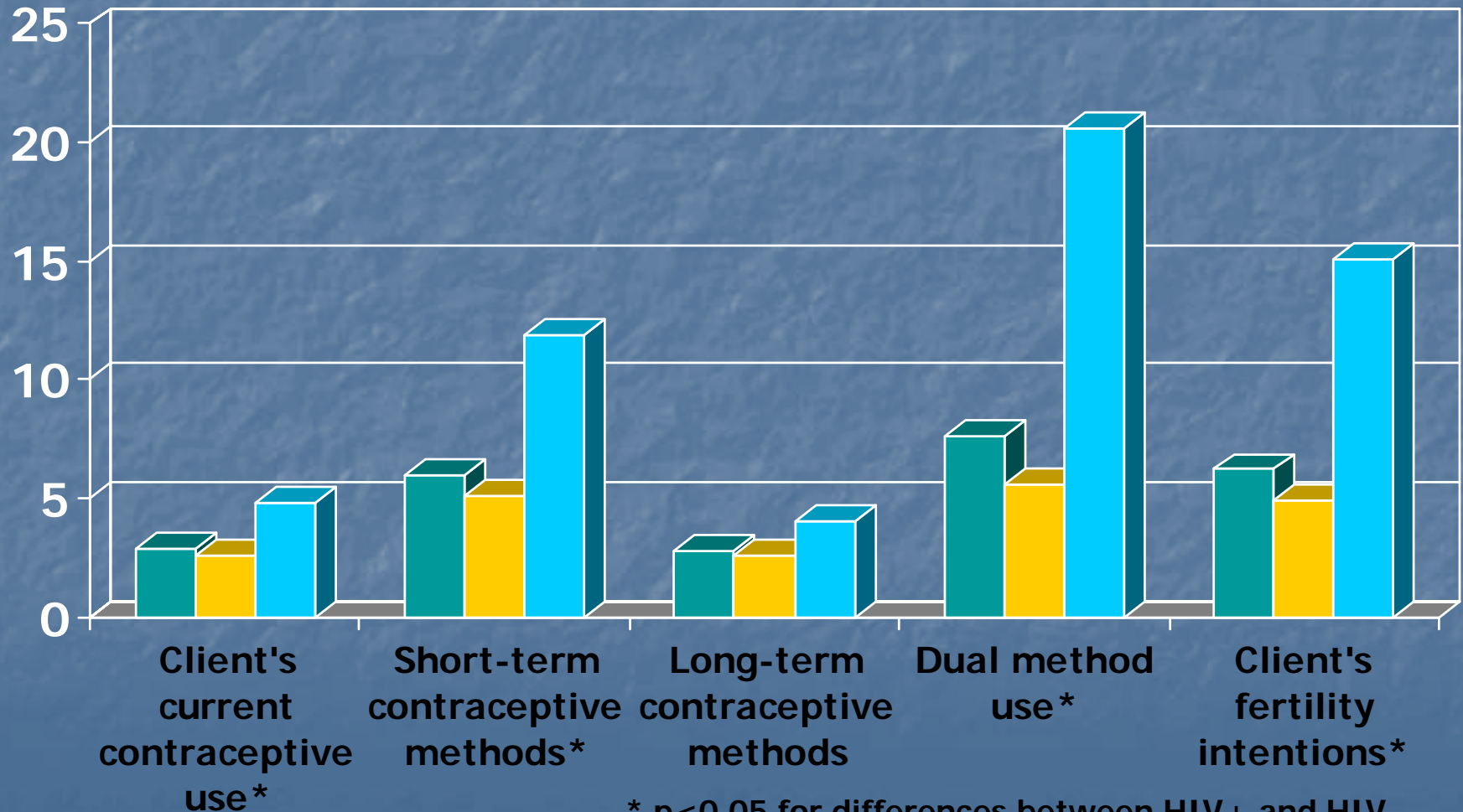
HIV topics discussed during post-test counseling by HIV status

■ Total (N=965) ■ HIV- (N=839) ■ HIV+ (N=126)



RH topics discussed during post-test counseling by HIV status

■ Total (N=965) ■ HIV- (N=839) ■ HIV+ (N=126)



Contraceptive use and services received: Female VCT clients

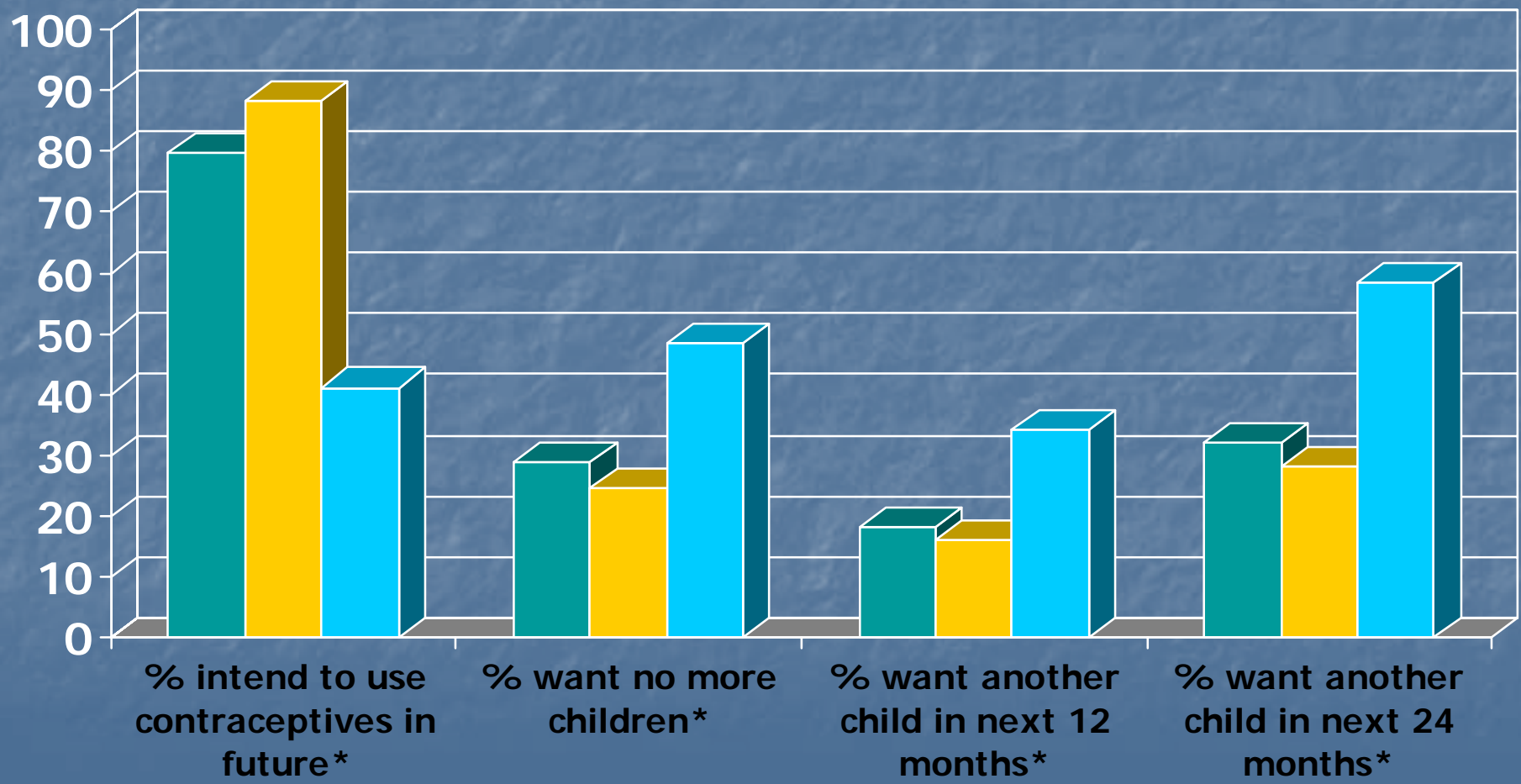
	Current Use % (N=339)	Obtained during visit % (N)	Referred during visit % (N)
Any method	24.1		
Injectable	13.0	0.6 (478)	0.0 (478)
Condom (partner)	9.1	0.7 (449)	0.0 (449)
Pill	4.1	0.8 (475)	0.2 (475)
IUD	0.6	0.4 (283)	0.0 (283)
Norplant	1.2	0.0 (206)	0.0 (206)
Abstinence	8.3	-	-
Withdrawal (partner)	1.8	-	-

Contraceptive use and services received: Male VCT clients

	Current use % (N=363)	Obtained during visit % (N)	Referred during visit % (N)
Any method	17.7		
Condom	9.4	1.2 (435)	0.0 (435)
Abstinence	6.6	-	-
Withdrawal	3.6		

Contraceptive and fertility intentions by HIV status: female VCT clients

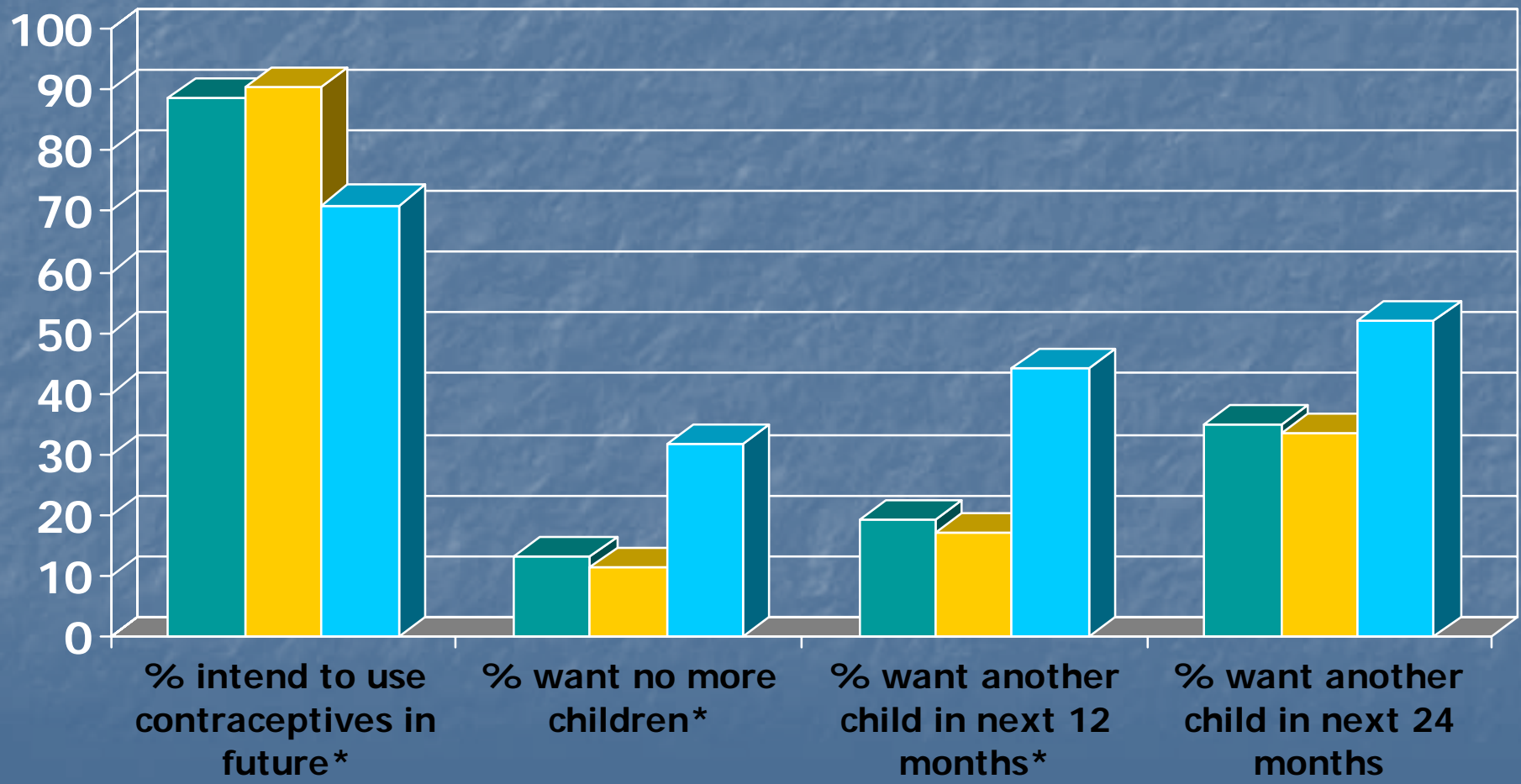
■ Pre-test ■ Post-test HIV- ■ Post-test HIV+



* p<0.05 for differences between HIV+ and HIV-

Contraceptive and fertility intentions by HIV status: male VCT clients

■ Pre-test ■ Post-test HIV- ■ Post-test HIV+



* $p < 0.05$ for differences between HIV+ and HIV-

VCT attitudes

Statement N=982	% VCT clients agree
People testing for HIV have done something wrong	16.0
People testing for HIV are probably HIV-positive	90.4
Most people get verbally abused if they test for HIV	55.7
It is embarrassing to come to a VCT clinic	16.3
It is embarrassing to wait for an HIV test result	12.4
It is <i>not</i> difficult to come to a VCT clinic for HIV testing	93.0

VCT experience

Statement	% VCT clients agree (N)
Waiting time to see VCT counselor before pre-test counseling was too long	29.1 (981)
Waiting time to see the VCT counselor before post-test counseling was too long	27.1 (965)
Time spent with VCT counselor during pre-test counseling was too short	36.9 (965)
Time spent with VCT counselor during post-test counseling was too short	52.5 (965)
Satisfied overall with services received from VCT clinic during visit	92.6 (965)

Conclusions

- Very little counseling occurring in VCT facilities – particularly RH counseling.
- More post-test counseling for HIV-positive clients than for HIV-negatives, although risk behavior also high among HIV-negatives.
- Higher contraceptive prevalence among this group than among DHS respondents, but very few contraceptives dispensed at facility.

Conclusions-2

- Upon learning their status, HIV-positive individuals are more likely than HIV-negative individuals to say they don't want more children.
- However, of those HIV-positive individuals wanting more children, they want them sooner than HIV-negatives.
- VCT stigma is a complex issue, but these data suggest stigma associated with HIV testing is lessening.

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