

Title

Assessment of Linkage between VCT
and reproductive health services
(FP, ANC and delivery) in Butajira
Hospital and Health Center, SNNPR,
Ethiopia, Jan-Feb/2006.

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Introduction and problem statement

- ❑ Globally, nearly half currently affected with HIV are women
- ❑ Ethiopia, HIV prevalence among women (15-49) is nearly 2 percent.
- ❑ The main option to avert the spread is changing behavior of women.
- ❑ VCT is a comprehensive & effective method in changing HIV/AIDS behavior.

Introduction and problem statement

- ❑ VCT used as an entry point to HIV/AIDS services.
- ❑ In spite of all these importance VCT utilization is not given priority
- ❑ The women who are risk for HIV/AIDS have frequent contact to health facilities for RH services.
- ❑ This is said to be unique position & good opportunity
- ❑ To help the women VCT programs have to be strongly linked to RH (FP,ANC & delivery) services.

OBJECTIVES

- ❑ To describe the linkage between VCT and reproductive health services (FP,ANC, delivery)
- ❑ To assess RH (FP, ANC, and delivery) services users knowledge, attitude, and practice on VCT.

Methodology

- ❑ Study design and area : Cross-sectional, Butajira district
- ❑ Source population : All females 15-49 residing in the catchments
- ❑ Study population : Females attending FP,ANC & DL care services
- ❑ Sampling technique: Quota sampling, coming for FP,ANC and delivery care services

Methodology

□ Sample size:
$$N = \frac{(Z_{\alpha/2})^2 P (1-P)}{d^2}$$

Where

- ✓ Z= standard normal distribution curve value for 95% CI which is 1.96 (where $\alpha=0.05$)
- ✓ P=knowledge of the availability of VCT (19%)
- ✓ d= absolute precision (0.04)
- ✓ n=Sample size of 365 at 95% CI, is calculated
- ✓ Non-response rate (10%),total sample size is 405.

Methodology

Data collection procedure

Data types	Instruments	Activities	Targets	Personnel
Quantitative	Structured questioner	Exit interview	FP,ANC& D/C clients	-Six data collectors -Two sup.
Qualitative	S/N/P Obser. checklist	CPI	FP & ANC	-PI
	-In-depth interview		VCT ,FP ANC,DL, PMTCT	

Methodology

- ❑ quality of the data,
 - ✓ Female data collectors, 12 grade complete.
 - ✓ Questioner Formulated from standardize BSS
 - ✓ Training, Pretest , supervision
 - ✓ Qualitative done by PI

Methodology

□ Data Processing

- Quantitative data processed using SPSS
- Qualitative data manually summarized, transcribed and thematically analyzed.
- Used frequencies ,tables, percentages, Proportions,
- Used OR, 95% CI, Chi- square, and logistic regression

Ethical considerations

- Ethical clearance, DCH Ethical Committee.
- Official letters to Butajira Hospital and Butajira health center.
- Informed consent was obtained from each study participants.

Socio-demographic characteristic result of Exit interviews:

- All 405 eligible were volunteer to give their response
- Mean age 26 (\pm SD=6.03)
- 93.3% were married

Table 1 . Socio-demographic characteristic result of exit interviews

Facilities	H/center	Hospital		
% participants	62	38		
RH services	FP	ANC	DL	
% participants	52	45	3	
Religion	Muslims	Orthodox	others	
% participants	50	40	10	
Occupation	H/wives	R/Farmers	P/T	O/E
% participants	41	25	18	4
Education status	No	Pr & seco.	>2 nd	
% participants	51	37	6	

Results of exit interview: VCT and RH (FP,ANC & DL) linkages

1. Client Provider Interaction:

- Around 47% were informed about VCT during current visits to facilities.
- 96% said that they were informed about service existence in the facilities.
- 40% got advise/counseling to utilize the VCT service in the facilities.
- 88 % referred to VCT/PMTCT clinics located in the facilities.

Results of exit interview: VCT and RH (FP,ANC & DL) linkages

2. IEC material utilization from MCH clinics:

- 17 % of the respondents watched TV related to VCT
- 13% listen Tape/Radio & 25% read printed materials related to VCT

Table 2. Percent received VCT services among RH service attendees (FP, ANC& DL) Butajira Town, Ethiopia, Jan-Feb. 2006

Informed about VCT in your recent visits	FP (%)	ANC (%)	DL (%)	
Yes	68 (32.4)	115(62.8)	7 (58.3)	$\chi^2 =37^{**}$
No	142 (67.8)	68 (37.2)	5(41.7)	P =0.000
Advised to get HIV test?				
Yes	47 (22.4)	106(57.9)	6 (0.5)	$\chi^2 =52^{**}$
No	163 (77.7)	77(42.1)	6 (0.5)	p=0.000
Referred to VCT center (n= 159)				
Yes	35 (22)	100(62.9)	5(3.1)	$\chi^2 =12.4^{**}$
No	12 (7.5)	6 (3.8)	1(0.6)	p=0.002

Results of Qualitative data: VCT and RH (FP,ANC & DL) linkages

- Due to the presence of formal linking system for ANC attendees (PMTCT) the utilization is higher, but no for FP to VCT.
- No FP counseling/ available methods to VCT clients or referrals to FP in the VCT center.

Results of Qualitative data: VCT and RH (FP,ANC & DL) linkages

- No regular IE/BCC material provision to health facilities & lack appropriate materials to link these services (FP materials lack VCT related information)
- Inadequate space, shortage of trained manpower, insufficient time to counsel & lack to give emphasis in linking VCT with FP.

Results of exit interview: VCT knowledge

- >70% have heard about VCT
- ✓ 94% say VCT exist in H/C & 68 % say in H/s
- ✓ only 14% say, is confidential
- Nearly all say VCT is important to be sure for self sero-status
- 96% said to taking care for sexual partner
- 91% said protecting others
- Around 52.8% had sufficient VCT knowledge
(51% FP, 53% ANC)

Table 3. Socio-demo. CXC of knowledge about VCT, Butajira Town, Ethiopia, Jan. 2005-Febr. 2006

VARIABLES	NO (%)	Crude OR	ADJUSTED OR
SITE			
Health center	252(62.2)	1	1
Hospital	153(37.8)	0.2(0.1-0.3)*	0.1(0.1-0.2)**
Service Received			
FP	210	1	1
ANC	183	1.6(1.3-1.8)*	1.5(1.3-2.5)**
Delivery	12	1.4(1.2-7.0)*	1.2(0.0-81.7)
Educational status			
illiterate	208(51.4)	1	1
read and write	21(5.2)	1.2(1.1-4.3)*	1.2(1.1-4.7)**
primary (1-8)	125(30.9)	1. 5(1.1-2.4)*	1.3(1.1-1.4)**
secondary and above	51(12.6)	2.0(1.2-3.8)*	1.5(1.2-3.9)**

Table 3. Cont...

VARIABLES	NO (%)	Crude OR	ADJUSTED OR
OCCUPATION			
Farmer	101(24.9)	1	1
Housewives	164(40.5)	1.4(1.3-1.9)*	0.7(0.3-1.7)
Petty traders	71 (17.5)	1.4(1.2-2.8)*	1.3(1.1-3.7)**
Org. Employee	16 (3.95)	2.5(2.2-4.9)*	2.3(1.7-5.9)**
Daily laborer	53 (13.1)	7.0(0.9- 58.1)	6.8(0.0-8.3)
INFORMED			
Yes	190(46.9)	1	1
No	215 (53.1)	0.6(0.4,0.9)*	0.6(0.4-0.9)**
WATCHED TV			
Yes	70 (17.3)	1	1
No	327(82.7)	0.5(0.3-0.8)*	0.3(0.1-0.8)**

Results of exit interview: Attitude towards VCT

- 98% of respondents believe that VCT is useful
 - 70% of non-tested were willing to be tested
 - FP (45.6%) & ANC (22%) were willing to get HIV test
- 81% of participants have favorable attitude
 - 77% FP, 86% ANC have favorable attitude

Table 4. Socio-demographic determinants of attitude towards VCT, Butajira Town, Ethiopia, and Jan.2005-Feb. 2006

VARIABLES	No (%)	Crude OR	ADJUSTED OR
Age Group (years)			
15-19	31(7.7)	1	1
20-24	140(34.6)	12.9(1.7-97.0)*	8.7(1.0-77.8)
25-30	158(39)	3.6 (1.8-7.0)*	3.0(1.2-7.7)*
> 30	76(18.8)	1.6 (0.9-2.8)	1.3(0.6-3.0)
Residence			
Rural	194(47.9)	1	1
Urban	211(51.9)	1.0(0.7-1.8)	0.3(0.1-0.7)**

Table 4: con't...

VARIABLES	No (%)	Crude OR	ADJUSTED OR
Occupation			
Farmer	101(24.9)	1	1
Housewife	164(40.5)	0.2(0.1-0.5)*	0.1(0.0-0.3)**
Petty traders	71 (17.5)	0.6(0.2-1.8)	0.7(0.2-2.4)
Organization employee	16 (3.95)	0.3(0.1-0.9)*	0.4(0.1-1.5)
Daily laborers	53 (13.1)	0.2(0.1-1.1)	0.4(0.0-2.3)

Results of exit interview: VCT practice

- 44% of participants were tested & obtain their test result
(61 % ANC , 28% FP)
- Almost all were tested Voluntarily.

Table 5. Socio-demographic determinants of VCT practice, Butajira Town, Ethiopia, Jan. 2005-Feb. 2006

VARIABLES	No (%)	Crude OR	ADJ. OR
Age Group (years)			
15-19	31(7.7)	1	1
20-24	140(34.6)	10.0(3.8-26)*	5.6(1.7-18.5)**
25-30	158(39)	5.9(3.1-11)*	4.5(1.9-10.8)**
> 30	76(18.8)	2.4(1.2-4.5)*	2.2(1.0-5.1)
Service Received			
FP	210	1	1
ANC	183	1.2(1.1-1.7)*	1.5(1.3-2.5)**
Delivery	12	0.8(0.2-2.6)	0.5 (0.1-2.0)

Conclusion

- Almost half of the study participants have sufficient knowledge on VCT.
- Around 80 percent have favorable attitude towards VCT
- Forty four percent have good VCT practice.
- FP attendees have insufficient Knowledge, unfavorable attitude & poor VCT practice compared to other reproductive health services.
- There is weak linkage between HIV/AIDS services especially VCT services and related reproductive health services especially FP.

Recommendations

- Strengthen IE/BCC, Improve space adequacy and human resource
- Strengthen the supervision & existing referral
- Integrate services and minimize missed opport.
- ✓ FP & VCT
- Develop & implement integrating mechanisms & service delivery guidelines
- Further large scale research on feasibility and cost-effectiveness of integrating HIV/AIDS services with FP,ANC & delivery is required

THANK YOU