

SEXUAL AND CHILD-BEARING NEEDS OF PEOPLE ON ART: *THE FORGOTTEN AGENDA*

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The National Care and Treatment Plan

- The Government of Tanzania developed and approved a 5-year NCTP (2004-2008)
- Goal 1: To provide quality, continuing care and treatment to as many HIV+ Tanzania residents as possible, building on careful planning and capacity building
- Purpose: To enroll 400,000 PLHA on ART by end of 2008 out of an estimated 2 million
- Emphasis on comprehensive care across a continuum

The Care and Treatment Services

- A CTC site sends a team of six staff to be trained at the same venue: a clinician, a treatment nurse, a counselor, a pharmacist, a lab. technician and an HBC coordinator.
- The training includes issues on HIV and AIDS, management of OI, ART, lab. testing, managing of CTC and counseling (for coping and adherence)
- Training does not include family planning or the broader aspects of reproductive health.

The National Care and Treatment Plan

Progress so far:

- Standard **national** tools have been developed for Clinical management, Training, Supportive supervision and Reporting
- A total of 200 hospitals have been certified and have established functioning Care & Treatment Clinics (CTC)
- By June 30 2006, a total of 77,918 PLHA had been registered in the CTCs and 38,770 were started on ART.

Field Observations on RH Issues for ART Patients

- Many patients (30-40%) do not disclose their sero-status to their partners
- A good proportion of women on ART become pregnant while on ART
- Some few patients at CTC sites report to have acquired new STI infections
- Majority of CTC patients are young and many have either just started child-bearing or have not started

FHI Assessment of S&RH Needs of Patients

- Objectives:
 - Identify the reproductive health needs of CTC clients who are on ARV
 - Identify RH and FP training needs for staff
 - Assess sexual and family size desires among CTC clients who are on ARV
 - Identify the preferred options for integration of sexual and reproductive health information and services

FHI Assessment of S&RH Needs of Patients

- Methodology: Only patients on ART
 - Three FHI supported sites were involved (Dar es Salaam, Iringa and a Health center in Arusha) & two others in Dar
 - Structured questionnaire: 117 randomly selected patients
 - FGD: 68 patients involved in groups of 6-8 men and women separately
 - In-depth interviews with 10 counselors

FHI Assessment Results

- Mean age of respondents was 33 years for men and 28 years for women
- A third of the patients had not disclosed their status to their partners/spouses
- About 82% (96) had children already and 22 (23%) among them said they still wanted to bear children
- Close to 70% of those without children said they wanted to have children

FHI Assessment Results

- Half of patients said they have regular sex while on ART (with regular partner and casual)
- Among the sexually active 52% said they don't use any protection e.g. condom
- Reasons for non-use of condoms included
 - 45.8% want to conceive
 - 29.2% partner refused
 - 12.5% religion does not allow

FHI Assessment Results

- FGD Quotes:
 - No one talks to us about sexual needs or if we want to have children
 - You people who don't know your status think that we HIV+s are less human. We have sexual needs just like anybody and to us sex is a basic need just as food and air
 - We need money for better up-keep and to eat well but we have no jobs, so when you get a man to support you, you just do it for the money
 - I have always wanted a child, I don't have one and feel I must have one of my own

FHI Assessment Results

- Nearly half wanted RH/FP services integrated at the CTC sites
- We belong here and the staff know us well and we can relate with them better
- We don't want to be referred to *strangers* where we will start all over again and where stigma is likely to be high
- The counselors indicated their dilemma to address most of the FP queries because they were not trained

FHI Assessment Outcome

- The results of this assessment were presented and discussed with NACP management in March 2006.
- Management made timely decisions to include family planning sessions in the counselors' training
- By May 06 one session on FP was added in the general care and treatment training model and two sessions added in the counselors' module

FHI Assessment Outcome

- The National AIDS Control Program and the Reproductive and Child Health Section in MOH have requested FHI to pilot test the integration process and report back.
- The pilot will involve 9 CTC sites – 3 Regional hospitals, 3 District hospitals & 3 FBO sites
- CTC and FP/RH counselors will be trained together and will initiate and manage the integration process initially at the CTC but gradually linking with FP clinics as staff get familiar with AIDS patients.

Recommendations

- Special FP and sexuality counseling sessions should be established within the CTC sites
- Counselors should be trained to provide both information and services
- HIV prevention should be stressed all time and dual protection emphasized
- Targeting men should be a priority
- Safe sex negotiation skills for women should be emphasized
- Couples or individuals in need of children should be supported

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Thank you for your attention!

AHSANTENI SANA!