

Family Planning Use & Unmet Need among Female ART Clients in Ghana

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Project Description

- Collaboration among Ghana Health Service, Family Health International, EngenderHealth
- 2 sites: Korle Bu Teaching Hospital (Accra), Atua Government Hospital (Somanya)
- Intervention: Train 32 providers to reduce stigma, understand benefits of contraception for HIV+ individuals, provide basic services (pills, injectables, referrals)

HIV/AIDS in Ghana

- Prevalence is 2.7%*
- Epidemic largely localized among sex workers, transport workers, near national borders
- ART first introduced in 2002; now available in about 32 clinics nationwide

*HSS, NACP, March 2006

Research Design

- Pre- and post-contact interviews with a random sample of female ART clients aged 18-45 (n=368)
- Observation of client-provider interactions (n=95, approximately 5 observations for 19 providers)
- In-depth interviews with 6 supervisors
- Data collection carried out by 8 female interviewers/observers in May-June 2006

Sample Characteristics

- Mean age is 34.8 years
- 62% completed primary or junior secondary school; 20% never attended school
- Half work as traders; 20% are unemployed; 9% are salaried workers
- 81% have given birth, have 2 children on average

Partner Status

- 36% are married or live with partner; 22% are widowed; 22% are divorced or separated; 19% never married
- 48% have male partner, husband, boyfriend, or fiancé

Sample Characteristics

- 66% currently use ART
- 93% have told someone they are HIV+
- Of those with a current partner, 70% had told partner their HIV status
- 61% know male partner's status; half report he is also HIV+

Fertility Desires and Intentions

- Of the 64% of all women would like to have a child in the future, 22% would like a child within 2 years
 - 9% will wait 2+ years
 - 24% will wait “until I am healthy”
 - 12% will wait “until I am cured”
 - 23% will wait “until God wills it”

% Distribution of Number of Children and Desired Children by Age

	0	1	2	3	4+	Want more
18-24	57	43	-	-	-	100
25-29	19	48	29	2	2	84
30-34	14	45	30	9	2	82
35-39	2	24	31	23	20	59
40-45	3	20	22	24	32	34

Reasons for no more children

- Among the 36% wanting no children,
 - Concerns about own health or partner's health: 43%
 - Child may have HIV: 45%
 - May not be healthy in future to care for child: 45%
 - Have enough children: 57%

Reasons for Not Wanting Children by Age (%)

	Current Health	Child HIV+	Future Health	Enough Children
25-29	70	70	70	50
30-34	53	53	40	47
35-39	45	50	48	57
40+	40	39	45	78

Family Planning History

- 30% currently use contraception
 - 95% use male condom
 - 10% use female condom
 - 2% use oral contraceptives
- 54% use condoms “all the time”; 20% use them “some of the time”; 26% never use them.
- 45% plan to use a method in the future

Unmet Need for FP

- Definition 1: in current relationship, does not want child within 2 years, not now using FP) unmet need is 8%
- Definition 2: Including inconsistent condom users, unmet need reaches 11%
- Definition 3: Excluding in current relationship, maintaining all other criteria, unmet need is 33%

Were women counseled on FP?

- 40% wanted provider to talk with them about FP
- 20% were asked if they wanted more children
- 10% reported discussing FP with provider
- After consultation, 33% would have liked to have discussed FP with provider

FP Topics Discussed*

- Dual protection (61%), dual method use (33%)
- Risks of pregnancy (44%), warned not to get pregnant (31%)
- FP methods (39%), side effects (19%)
- FP interactions with ARVs (19%)
- Helped to choose method (11%)

*N=36 clients discussing with provider

FP Methods Mentioned*

Male condoms	83%
Female condom	64%
Pill	28%
Injectable	25%
Other methods mentioned by 10% or fewer clients.	

* N=36 clients discussing FP with provider

Should FP services be included in all ART programs?

- What is the age, marital and fertility status of target population?
- Will fertility desires change over time and in which groups, considering changes in health status and sexual activity?

Provider Role

- Providers need to regularly review changes in improved health, partner status, sexual exposure, and fertility desires