

Fertility Preferences and Family Planning Experiences Among ART Clients in Mombasa, Kenya

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Horizons

Horizons is a global operations research program implemented by the Population Council in collaboration with the International Center for Research on Women, International HIV/AIDS Alliance, PATH, Tulane University, Family Health International, and Johns Hopkins University.

This presentation was made possible through support provided by the President's Emergency Plan for AIDS Relief through the Global Bureau of Health/HIV-AIDS, US Agency for International Development (USAID), under terms of Award No. HRN-A-00-97-00012-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of USAID.

Study Partners

- **Research Partners**
 - International Centre for Reproductive Health
 - Horizons Program/Population Council
- **ARV Program Implementing Partners**
 - Government of Kenya (GOK)
 - Coast Province General Hospital (CPGH)
 - Port Reitz District Hospital (PRDH)
 - Bomu Mkomani Clinic
 - Likoni, Bamburi, and Magongo Health Centres
 - Family Health International (FHI)
 - Management Sciences for Health, Rational Pharmaceutical (MSH RPM Plus)

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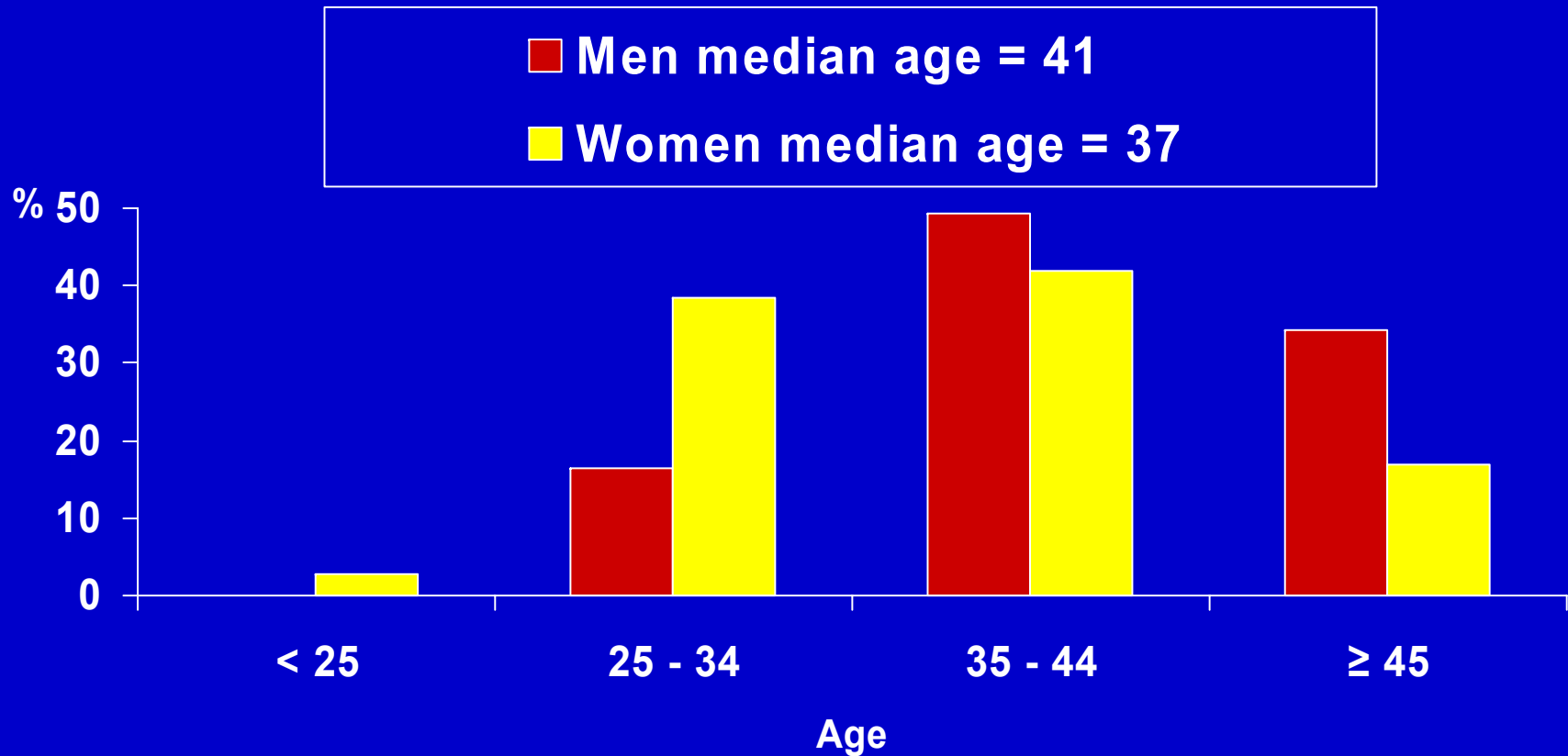
Research Questions

- What are the family planning needs and preferences of women and men infected with HIV receiving antiretroviral treatment?
- What family planning services are offered as part of treatment?

Study Design

- Ongoing study of a Directly Administered ART intervention in Mombasa, Kenya
- ART initiation and routine medical monitoring done monthly at treatment sites
- 67 men and 112 women on ART interviewed in 2005 and 2006 after a minimum of 4 months on treatment

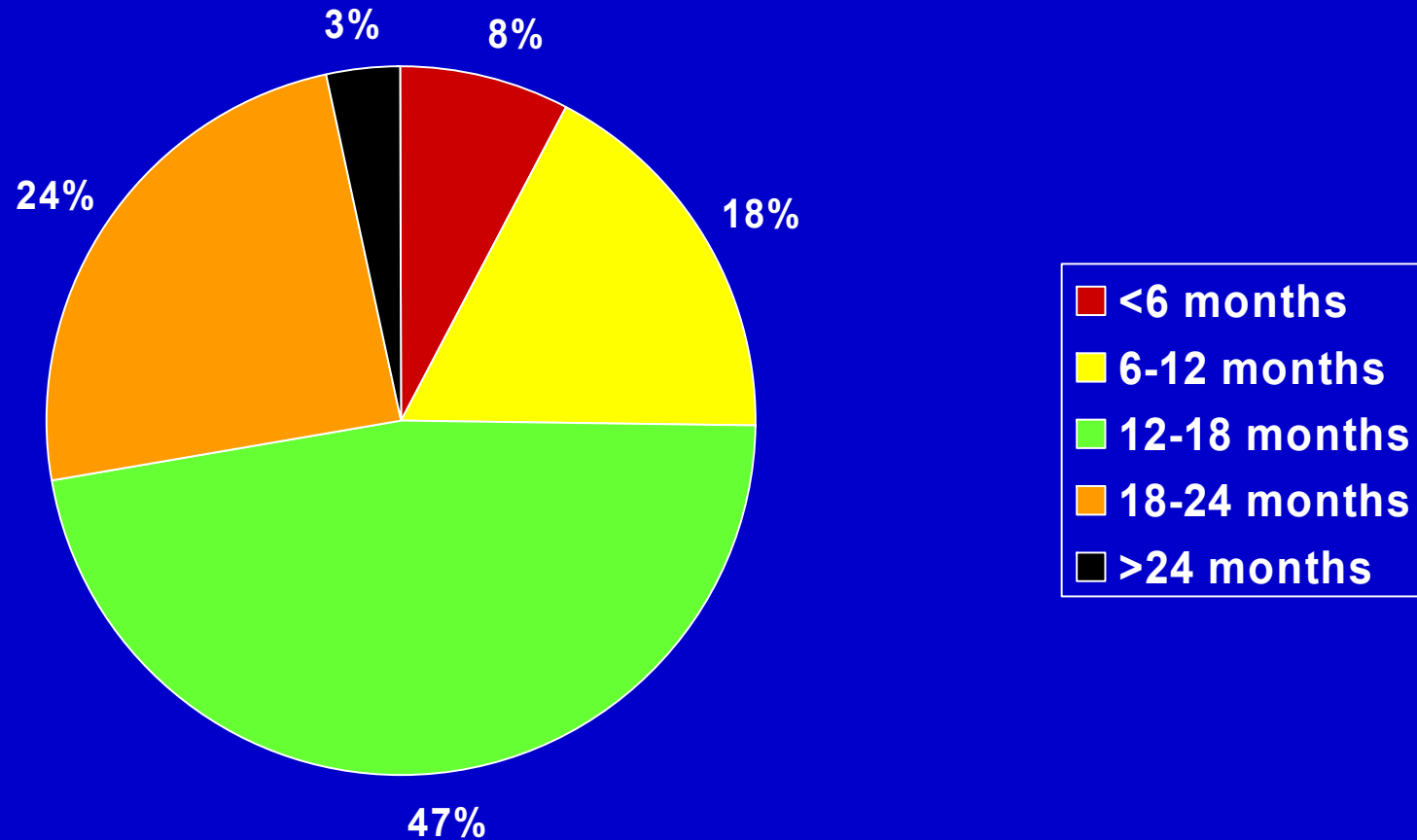
Demographic Characteristics: Age



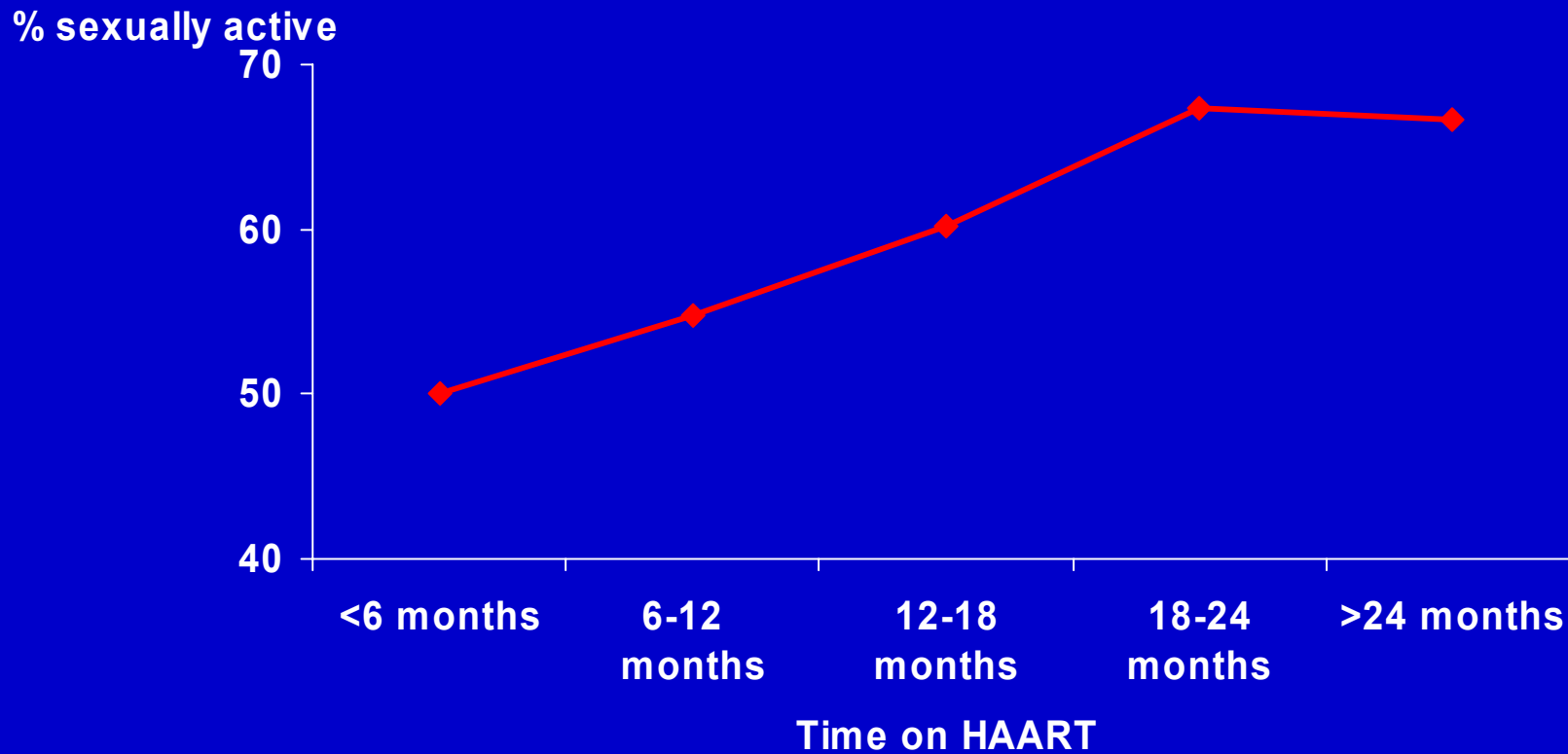
Demographic Characteristics: Childbearing

	Men	Women
Mean # of living children	3.4	2.7
% experienced one or more deaths of a child	26	43

Time on HAART



Sexually Active on HAART



Fertility Preferences

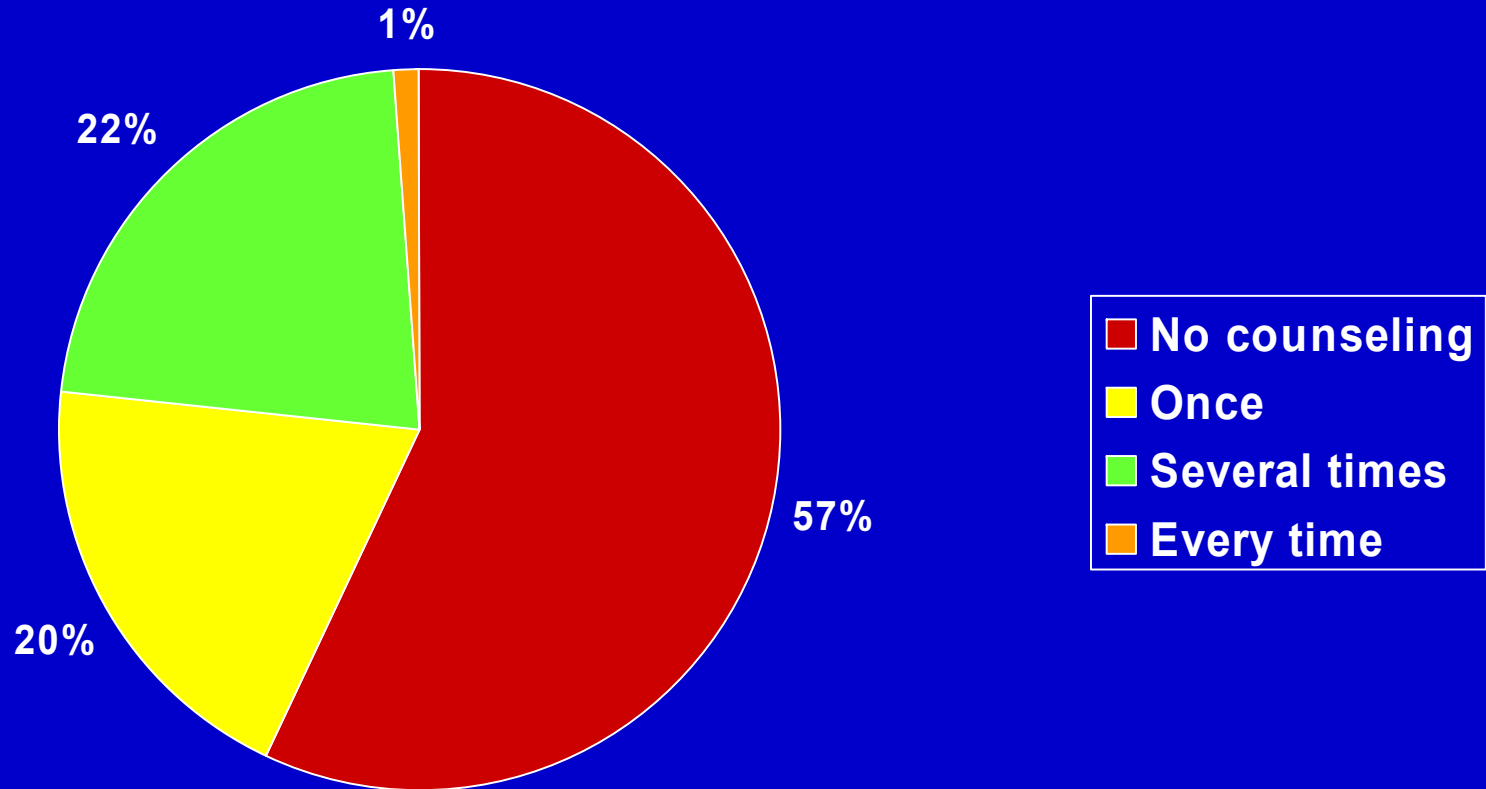
%	Men	Women
No more children	69	71
Wants another	31	29
Another child within 1 year	19	16
Another child in 2-3 years	6	9
Another child after more than 3 years	6	4

Predictors of Fertility Preferences

Exploratory analysis:

- No relationship between fertility preference and duration on HAART or sex of respondent
- Is predicted (weakly) by age

Family Planning Counseling by Adherence Nurse



Counseling Messages

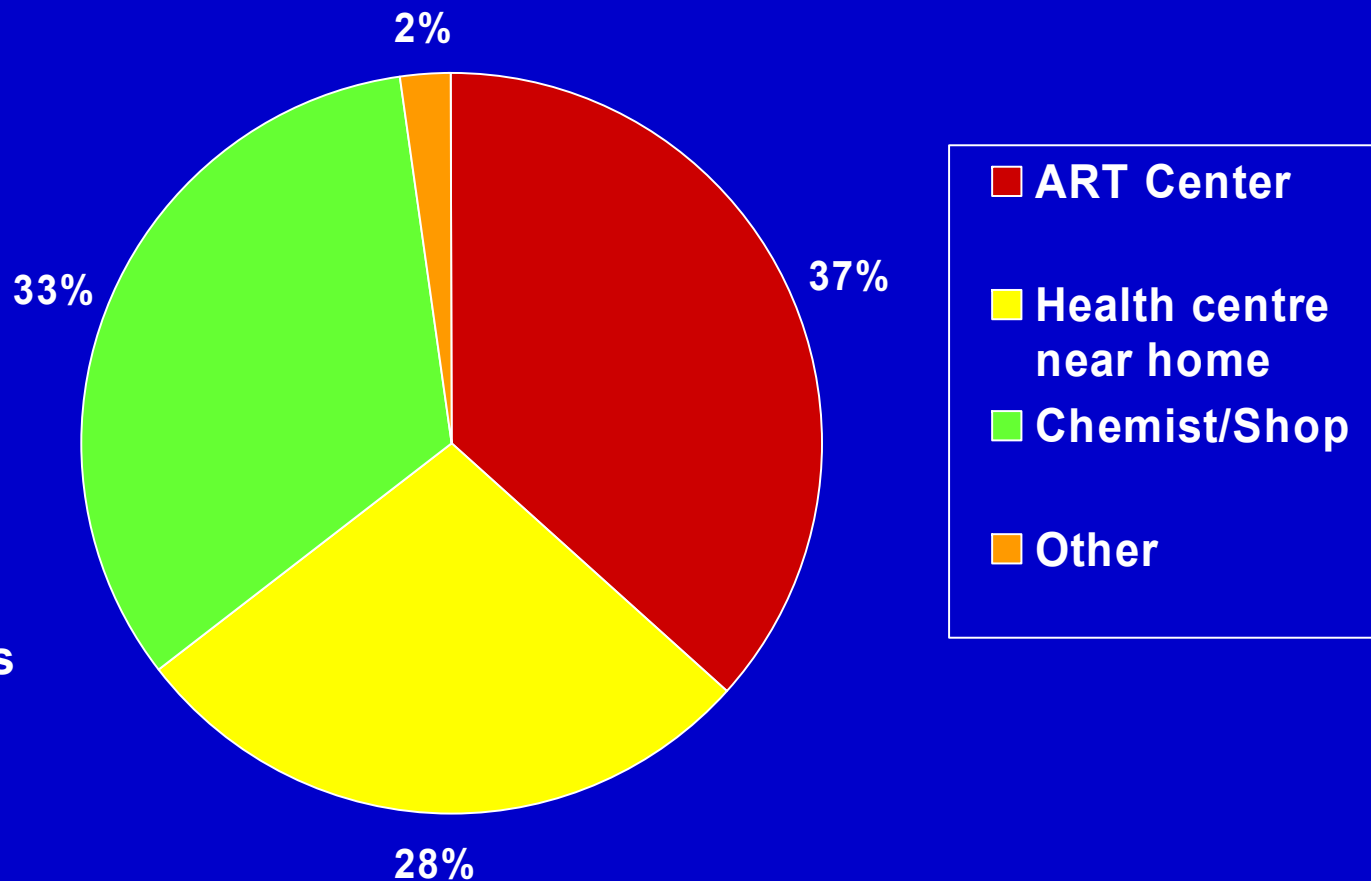
- #1 Use condoms
- #2 Don't get pregnant
- Distant #3 How to meet reproductive goals
- Barely mentioned: PMTCT

Current Contraceptive Method*

	Men	Women
Male condoms	65	44
Pill/Injection	6	3
IUD/Sterilization	0	4
Natural/Withdrawal	4	1
None	31	50

*Includes reports of multiple method use

Source of Family Planning Method



<20 percent have disclosed HIV status to family planning provider from non-ART site

Opinion About Family Planning Methods

%	Good for women in this country	Good for HIV+ women
Male condoms	46	65
Injection	25	8
Pills	16	6
Natural family planning	5	1
Female sterilization	1	2

Conclusions

- Diversity of family planning needs in this client population
- Needs included support to get pregnant and have a child, while protecting health of woman, father, and child
- Family planning counseling message and practice dominated by one method: Male condom

Next Steps

- Drafting family planning module for adherence counseling training module
- Train staff—shortage of nurse adherence counselors has delayed adding family planning component
- Link data on fertility preferences and family planning with clinical data to further explore preferences and behavior