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IN REPRODUCTIVE HEALTH

# PREVENTING UNINTENDED PREGNANCIES AMONG PEOPLE LIVING WITH HIV



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Sion Hospitals and District  
Hospitals of Pune  
and Parbhani, Maharashtra

## EXECUTIVE SUMMARY

Intervention studies carried out in tertiary hospitals of Mumbai and district hospitals in Maharashtra assessed the effectiveness of a HIV-Family Linkage strategy developed by ICMR-National Institute for Research in Reproductive Health (Study 1) to reduce unintended pregnancies among People Living with HIV (PLHIV) by promoting use of dual methods for contraception.

The intervention focused on operationalizing a functional linkage between HIV and Family Planning (FP) services by HIV care provider-initiated assessment of unmet need for contraception and referral to Obstetric and Gynecological Outpatient Department (OBGYN OPD) where other modern methods of contraception were provided along with condoms after assessing PLHIVs choices and medical eligibility.

The study revealed:

- Majority i.e. 80% of referred clients from Integrated Centres for Testing and Counselling (ICTC) / Anti-retroviral Treatment (ART) Centres sought FP services
- 44% of the PLHIV accepted dual contraceptive methods
- Consistent use of condoms improved
- No unintended pregnancies reported among dual method users
- Training helped in alleviating myths and misconceptions among service providers about eligibility of PLHIV to use other modern contraceptive methods and reducing stigma and discrimination

The study validated the feasibility of implementation of this model at tertiary hospitals with minimal additional inputs and costs.



## THE ISSUE

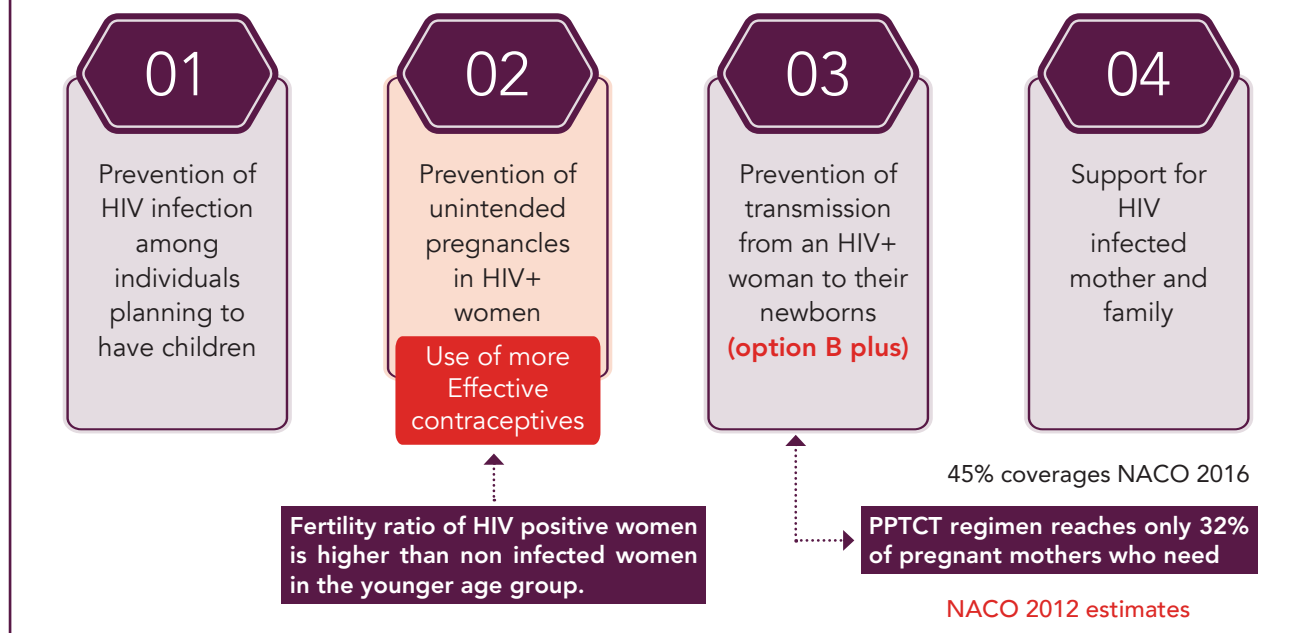
India is committed to achieve Zero new HIV infections and the Family Planning 2020 (FP2020). Acknowledging that PLHIV have many sexual and reproductive health needs, there exists a convergence plan between National AIDS Control Organisation (NACO) and the Department of Health & Family Welfare (DOHFW)<sup>1</sup>.

One of the strategies of prevention of parent-to-child transmission (PPTCT) programme (Prong 2) is to prevent unintended pregnancies among PLHIV that will, in turn, prevent the probabilities of new infections among babies. However, several studies in India report high unmet need for contraception and inconsistent and irregular use of condoms resulting in repeated pregnancies among PLHIV (References 1, 2, 3). Unintended pregnancies can negatively impact the health of an HIV positive woman and overburdened health system.

<sup>1</sup>National Institute for Research in Reproductive Health, Mumbai | <sup>2</sup>National AIDS Control Organisation, New Delhi

<sup>1</sup><https://nhm.gov.in/index1.php?lang=1&level=2&sublinkid=1079&lid=150>

## Elements of PPTCT Strategy - 4 Prongs



Hence, there seems to be lack of focus on preventing unintended pregnancies among PLHIV. While PPTCT guidelines are pregnant woman centric, Prong 2 of the PPTCT strategy is most often neglected (Figure 1). There are also no defined standard guidelines/standards of practice for provision of FP among PLHIV. Thus, there is an urgent need to strengthen convergence between the National Health Mission (NHM), DOHFW and NACO.



## THE STUDY

- To strengthen Prong 2 component of current PPTCT programme under the National AIDS Control Plan (NACP), Phase 4 NACP
- To reduce unintended pregnancies among PLHIV by advocating use of dual methods of contraception through linked HIV-FP services



## THE METHODOLOGY

This document brings evidence from two coordinated health facility centered intervention studies.

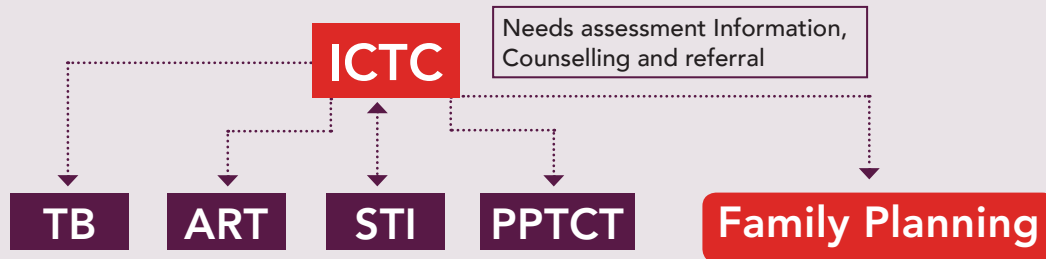
**Study 1** was conducted with support from ICMR at two tertiary hospitals in Mumbai (BYL Nair hospital and LTMG Sion Hospital) using experimental design to assess effectiveness of a set of interventions. One hospital served as the intervention site and the other as control site. The interventions were

developed based on the findings of a situational analysis at study sites which involved key informant interviews and facility checklist. The study enrolled 150 HIV positive women at ICTC of each site who did not wish to get pregnant for the next one year and followed them for one year. They were matched for their background characteristics such as age, number of living children, education status, per capita income, etc. with participants in control group.

## Intervention Activities

The intervention activities involved all stakeholders, including the District Convergence Committee. It provided training for providers from both HIV & OBGYN facilities, developed Information, Education and Communication (IEC) material on dual methods/dual protection and job aids. The intervention also conducted an assessment of the unmet need for contraception at ICTC & ART

centers, with the help of counsellors, and provided information on the basket of contraceptive choices available, while also referring pregnant women to OBGYN for FP services with a referral slip. Patients were screened and provided contraceptives at OBGYN, with a follow-up during their subsequent visits at ART centers. The intervention maintained a Management Information System (MIS) at both HIV & FP sites on contraceptive indicators.










### Intervention Activities

- Involving all stakeholders including District Convergence Committee
- Training providers from both HIV and OBGYN facilities
- Developing IEC on dual methods/dual protection and Job aids
- Assessing unmet need for contraception by counsellors (ICTC & ART)
- Providing information on a basket of contraceptive choices
- Referring eligible women to OBGYN for FP services with a referral slip
- Screening and providing contraceptives at OBGYN
- Following-up during patients' subsequent visits at ART
- Maintaining MIS at both HIV and FP sites on contraceptive indicators

**Study 2** was conducted with support from NACO to test the feasibility of implementing the tested interventions at two district hospitals in Pune and Parbhani district hospitals of Maharashtra using a pre-post design, with matched control groups. The study enrolled 300 HIV positive eligible couples at ART centers of each site and followed them up for six months. The intervention involved all the activities listed above in Study 1.

The intervention maintained a Management Information System (MIS) at **both HIV & FP sites on contraceptive indicators.**

# Counselling Charts

तात्पुरत्या पध्दती	
	<ul style="list-style-type: none"> <li>कंडोमचा नियमित आणि अचूक वापर करणे आवश्यक आहे.</li> <li>कंडोम वापरताना फाटला किंवा निवटला तर गर्भधारणा राहण्याची संभावना असते.</li> </ul>
	<ul style="list-style-type: none"> <li>या गोळ्या विरधा मासिक पाळीच्या पाचव्या दिवसापासून सुरु करून, रोज एक वापरामुळे २६ दिवस घ्याव्यात.</li> <li>दोन मुलांमध्ये अंतर ठेवण्यासाठी ही चांगली पध्दत आहे.</li> </ul>
	<ul style="list-style-type: none"> <li>काँपर-टी मासिक पाळीच्या ५ व्या ते ७ व्या दिवसात गर्भनिरोधक लावतात.</li> <li>पसंख बाळगण व गर्भपातानंतरही सुरुच चालवता येते. ही दृष्ट्यानंतर काही दिवसांना मासिक पाळीच्या दरम्यान नेहमी रेषा थोडा जमन राहण्यास होऊ शकते.</li> <li>पासाठी काँपर-टी लावल्यानंतर दर तीन महिन्यांनी तपासणी करणे आवश्यक असते.</li> </ul>
	<ul style="list-style-type: none"> <li>मासिक पाळी आल्यानंतर ८ दिवसांच्या अंतर इंजेक्शन घेता येते.</li> <li>एक इंजेक्शन तीन महिन्यांच्या कालावधीसाठी असते. हे घेतल्यानंतर काही दिवसांना अनियमित मासिक पाळी येऊ शकते.</li> <li>पण ते सर्वसामान्य आहे. हे सरकारी दवाखान्यात मोफत उपलब्ध नाही.</li> </ul>
आपत्कालीन पध्दत	
	<p>ही गोळी खालिल परिस्थितीत ३ दिवसांच्या अंतर घ्यावयाची असते, ज्याने संभावित गर्भधारणेचा धोका टाळू शकते</p> <ul style="list-style-type: none"> <li>असुरक्षित लैंगिक संबंध आल्यानंतर</li> <li>कंडोम वापरताना फाटला किंवा निवटला</li> <li>गर्भनिरोधक गोळ्या तीन दिवस लागोपाठ घेण्यास विस्तरल्या</li> </ul> <p>ही नियमित घेण्याची गोळी नाही. या गोळीच्या सतत वापरामुळे त्याचा परिणाम कमी होतो व गर्भधारणा राहू शकते. या गोळीने गर्भपात होत नाही.</p>
कायमस्वरुपी पध्दती	
	<p><b>स्त्री नसबंदी</b></p> <ul style="list-style-type: none"> <li>या पध्दतीत राखकाने यदरे स्त्री बीज वाहिन्या बंद करण्यात येतात.</li> <li>ज्यामुळे पुढे कायमस्वरुपी गर्भधारणा होत नाही</li> </ul>
	<p><b>पुरुष नसबंदी</b></p> <ul style="list-style-type: none"> <li>पुरुष नसबंदी ही पुरुषांनी करवण्याची शस्त्रीकृत आहे.</li> <li>हे पुरुष केव्हाही करू शकतात. हे करण्यासाठी बुर कमी वेळ लागतो.</li> <li>हे केल्याने पुरुषांमध्ये कमजोरी येत नाही व त्याची कामे ते नेहमीसारखी करू शकतात.</li> </ul>
<p><b>कंडोम सोबत इतर कोणत्याही गर्भनिरोधकाचा वापर करण्यापूर्वी डॉक्टरांचा सल्ला घेणे आवश्यक आहे</b></p>	

# IEC material

**कुटुंब नियोजन का ?**

- निरोगी आई व विरोगी पाळखणीसाठी
- नको असलेली गर्भधारणा टाळून कुटुंब सोबते ठेवण्यासाठी
- दोन मुलांमध्ये कमीत कमी तीन वर्षांचे अंतर ठेवून लवंग्या योग्य रांगेपसारासाठी
- पडिलेला पाळखा लावताना मासिकीत आरंभिक व मासिकीत दुसऱ्या रक्षक बदलण्यासाठी

**तांबी (आय.यू.डी.डी.)**

**गर्भ निरोधक गोळी**

**तांबी ओ २**

**तांबी किंवा वायुसंयोजन अन्तःप्रवाह**


**निरोध (कंडोम)**

**दुहेरी संरक्षणासाठी कंडोमसचा (निरोध) वापर**

नको असलेल्या गर्भधारणेपासून तसेच एच.आय.व्ही.एड्स व सर्व लैंगिक जंतुसंसर्गापासून कंडोम (निरोध) तुमचा बचाव करतो

निर्मिती : राष्ट्रीय प्रजनन आरोग्य संशोधन जे.एम.रोड, परळ, मुंबई - ६२


एच.आय.व्ही., गुप्तरोग आणि कुटुंब नियोजना संबंधीचे माहितीपत्रक



राष्ट्रीय प्रजनन आरोग्य संशोधन संस्था (भारतीय आयुर्विज्ञान अनुसंधान परिषद)


जहांगीर मेरयानजी मार्ग, परळ, मुंबई - ४०० ०१२.

# Poster



## कंडोमच्या नियमित व अचूक वापर सोबत इतर कोणत्याही एका गर्भनिरोधकाचा वापर करा आणि

### एच आय व्ही / गुप्तरोग व गर्भधारणेपासून अधिक सुरक्षा मिळवा



**तात्पुरत्या पध्दती**

तोंडाद्वारे घ्यावयाच्या गोळ्या

तांबी

गर्भनिरोधक इंजेक्शन

**किंवा**

**कायम स्वरुपी पध्दती**

स्त्री नसबंदी

पुरुष नसबंदी

**एच. आय. व्ही.**

**गुप्तरोग**

**नको असलेली गर्भधारणा**

राष्ट्रीय प्रजनन आरोग्य संशोधन संस्था (भारतीय आयुर्विज्ञान अनुसंधान परिषद) जहांगीर मेरयानजी मार्ग, परळ, मुंबई ४०० ०१२



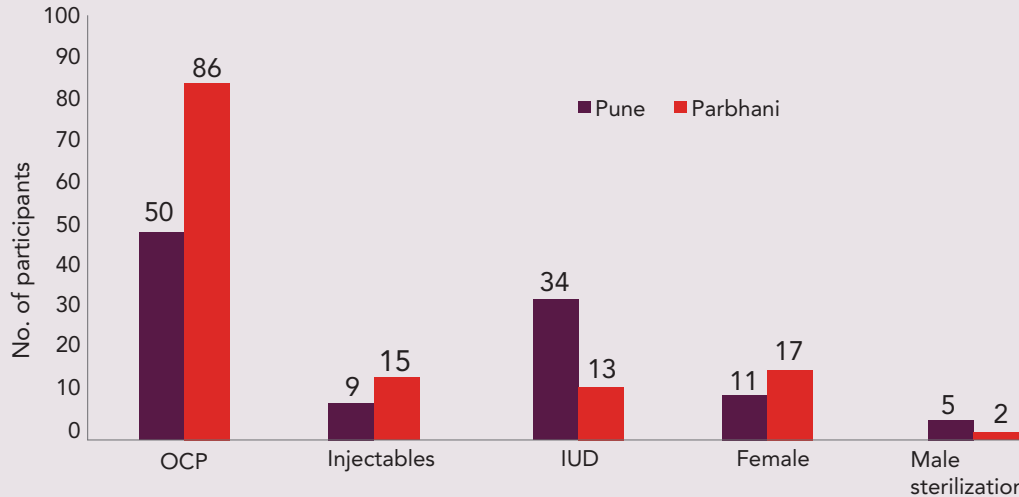
## RESULTS

### Study 1:

- Of the participants in experimental group, 60% reached the family planning centres compared to 8% in the control group
- Acceptance of dual contraceptive methods was three times higher in experimental group (32.6% (CI-24.9, 40.3) than control group 10.6% (CI-5.5, 15.7)) Intra Uterine Device followed by Tubal Ligation and Oral pills were the most common contraceptives availed
- Consistent condom use improved with the intervention
- No pregnancies were reported among dual method users as compared to 33 pregnancies among only condom users
- Major constraints were absence of follow-up of cases at ICTC and different registration processes for ICTC and FP services that needs to be streamlined

### Study 2:

- 80% of eligible couples reached FP services
- 44% accepted dual methods
- Improvement in consistent condom use
- Positive change in knowledge and attitude of providers
- Reduction in myths and misconceptions about providing contraceptives to PLHIV
- Reduction in stigma and discrimination



### Stigma Discrimination of PLHIV at OBGYN facilities observed during study implementation:

- Gynaecologists at OBGYN OPD demand long gloves to insert Intrauterine Devices (IUDs)
- Unwarranted investigations were demanded for women living with HIV seeking FP services
- Longer stay were observed for HIV positive women undergoing laparoscopic tubal ligations
- Unwarranted referrals of HIV positive women for abortions, tubal ligations or vasectomy were made to higher facilities from district hospitals
- Long waiting hours were observed for PLHIV



## LEARNINGS

- More than 75% referred clients from ICTC/ART centres sought FP services
- With the test and treat approach, ART centres are most suitable for providing linked services
- Providing services to couples is a better approach than counselling only women, as 44% of the PLHIV couples accepted dual contraceptive methods at district hospitals compared to 33% women who were offered these options in tertiary hospitals
- Interventions also improved consistent use of condoms
- No unintended pregnancies were reported among dual method users
- Training helped in alleviating myths and misconceptions among service providers about eligibility of PLHIV to use other modern FP methods, and reduced stigma and discrimination
- The studies demonstrated the efficacy and feasibility of implementing an HIV-FP linked service delivery model at tertiary and district hospitals of Maharashtra with minimal interventions and costs



## RECOMMENDATIONS

### Operationalise HIV-Family Planning service convergence by scaling up the following strategies:

- Establishing a functional Convergence Committee at centres, state and district levels
- Instating a Convergence facilitator/Committee to network with concerned departments within the health facilities
- Using common training modules on delivering contraceptives (HIV/FP)
- Providing SOPs, training health providers, providing IEC and counselling material on dual protection
- Providing linked services (referrals) through provider-initiated assessment of unmet need for contraception
- Maintaining an MIS related to contraceptive indicators to track and monitor progress
- Promoting cross talks between concerned departments to assess the numbers referred and numbers reached
- Improving quality of care of FP services at public hospital settings

## Standard Operating Procedures

Standard Operating Procedures have been developed and handed over to NACO for finalising and using them in the national programme



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### STANDARD OPERATING PROCEDURE

#### FOR

### LINKING HIV, STI AND PLANNING SERVICE AT DISTRICT AND TERTIARY HOSPITALS IN MAHARASHTRA

## CONTENTS

1. Rationale for Linking HIV and Family Planning Services
2. Operational Framework/Strategy for HIV and FP referral Linkage
3. Job aids
4. Supplies
5. Management Information System (MIS)
6. Technical Guidelines on Medical
7. Eligibility for Contraception
8. Training Modules
9. IEC

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