Determining the Effects of Social and Behavioral Change Communication (SBCC) on Family Planning Uptake in an Integrated FP/TB/HIV Program in Eastern Province, Zambia

A study to determine the effectiveness of SBCC approaches in increasing FP uptake and consequently reduce maternal transmission of HIV through prevention of unwanted pregnancies/births among HIV infected mothers in Zambia is not only desirable but timely[1]. Zambia is one of the countries in Africa worst hit by the HIV/AIDS epidemic. According to the July 2008 UNAIDS report, AIDS constitutes the most serious threat to the development agenda in Zambia with the result that most Millennium Development Goals (MDGs) will remain unattainable unless the response to HIV prevention, treatment, care and support is scaled-up. Maternal transmissions of HIV remain a challenge in Zambia. In 2007, only 39.1% of HIV-positive pregnant women received antiretroviral to reduce the risk of mother-to-child transmission, the pediatric AIDS population was estimated at 82,825 and 39% of infants born to HIV infected mothers are infected with HIV[2]. Although the multi-sectoral response adopted in the implementation of prevention and treatment programs has recorded considerable achievements in averting new infections, efforts to reduce transmission through aversion of unwanted births (a major component of new infections) are curtailed by the high unmet need for contraception[3] which is still relatively high in Zambia. According to the latest ZDHS one third (33%) of married women use a modern method of family planning. Unmarried, sexually active women are most likely to use family planning. Unmet need for contraception is estimated at about 27% - 28% of currently married women in rural areas and 23% of their counterparts in urban areas have an unmet need for contraception. In Eastern Province where this study was conducted, unmet need for family planning is estimated at 24%. The 2007 ZDHS further reveals that many young people are not hearing FP messages in the media - 58% of men and 64% of women age 15-19 had not heard about FP on the radio, television or in newspapers.

As indicated above, another motivation for carrying out this study is the growing international evidence that shows the benefits of integrating family planning into HIV/AIDS programs in terms of reducing mother to child transmission of HIV. The use of modern contraceptive methods by HIV infected individuals helps to avert unwanted pregnancies and the integration of FP and HIV programs ensures that HIV+ couples receive appropriate and unbiased counseling on family planning.

Studies have found that demand for family planning and other reproductive health services are high among groups at risk for HIV transmission. Studies also indicate high demand for FP counseling and services among people living with HIV,[4] yet rumors and fears about contraceptive methods and limited access to FP services at the community level and from HIV providers are significant barriers. At both the community and the clinic levels, stigma and discrimination regarding the rights of people living with HIV/AIDS to manage their own fertility are also significant concerns.

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[1] Although the primary objective of the SBCC interventions is to increase FP uptake among both HIV infected and non-infected individuals, the benefits of reducing mother-child transmission of HIV through aversion of unwanted pregnancies reinforces the significance of the study

[2] Zambia Country Report: Multi-sectoral AIDS Response Monitoring and Evaluation Biennial Report, 2006-2007, January 2008.

[3] Defined as percent of married women who want to space their next birth or stop child bearing entirely but are not using contraception, as measured in the 2007 ZDHS survey

[4] Adair, T. Macro International (2007). Desire for Children and Unmet Need for Contraception among HIV-Positive Women in Lesotho;

Several factors related to gender may also be contributing to high unmet need for FP among HIV positive people. For example, FP services are often geared towards women, leaving men without an easily accessible option for accessing FP services and information. Furthermore, HIV positive men may not have disclosed their HIV status to their family and/or may want no more children but feel pressured to reproduce.[5] Women with HIV positive male partners may not be able to negotiate condom use due to couple power dynamics, but still want a FP method to prevent unplanned pregnancy.

Several behavior change communication (BCC) lessons are emerging from evaluations of programs that have begun integration of FP into HIV programs.[6] In one case, while HIV program clinic staff were enthusiastic supporters of integrating FP into HIV&AIDS services when practical guidelines and training were put into place, significant efforts were still needed to address community stigma and fears. In another case, many HIV positive women wanted options for preventing pregnancies when their partners refused to use condoms, but have common misconceptions and are fearful of side effects and discriminatory practices. In another FP/HIV integration program, key lessons emerged regarding the importance of including nuanced and contextually-appropriate interventions aimed at factors that influence FP decision-making, and the need for FP communications programs that target HIV positive men, especially using lessons from programs that have successfully mobilized men's engagement. Finally, people living with HIV want to participate in developing FP integration activities, and in one case suggested developing outreach campaigns with HIV positive "satisfied users" of FP methods as spokespeople.

Objective of the Study

The main objective of the study is to determine the effects of community-informed and based communications strategies on FP uptake and the social norms that influence it, particularly among individuals infected with HIV. These effects will be measured by changes in measures of family planning uptake (obtained from both service statistics and survey data) and approval for family planning as interventions were introduced. The changes in family planning uptake and attitudes to gender norms will also be examined by the socio-economic characteristics of respondents.

Study Design

Because of limitations of funds, an experiment-control population design could not be implemented. Rather, a single time series research design with sequential introduction of BCC interventions was adopted. Among the alternatives to the experiment-control population design, the single time series design was chosen because preliminary site assessments showed that data would be available to estimate FP uptake (measured by the quantities of modern contraceptives distributed) before the introduction of the intervention (obtained retrospectively from service statistics), and after the introduction of interventions (data obtained prospectively). In addition to the service records, information on contraceptive use and social norms was obtained through community-based surveys and qualitative studies before (baseline) and after the introduction of the SBCC interventions. The survey respondents included HIV infected and non-infected men and women of reproductive ages.

[5] ACQUIRE (2007). Integrating Family Planning with Antiretroviral Therapy Services in Uganda.
[6] ACQUIRE (2007). Integrating Family Planning with Antiretroviral Therapy Services in Uganda.

For each round of the survey, selected male and female respondents aged 18-49 were interviewed. Since one of the major objectives of the FP/HIV integration project in Zambia is to promote family planning uptake among both HIV infected and non-infected individuals, the need was great for us to adequately represent the two groups in the surveys. A household-based selection of respondents was found to be inadequate for this study for two reasons: First, because no blood specimens were collected, it would not be feasible to determine the HIV status of respondents. Secondly, even if blood specimens were collected, the household-based sample selection approach might not yield adequate numbers of either group to enable meaningful analysis of data. Therefore, the HIV-infected and non-infected individuals were selected through the processes described below[7].

1. The ART register at the Mwase-Lundazi clinic was the sampling frame for the HIV infected individuals aged 18-49. Separate lists of male and female patients within the age range were generated from the register. From the male list, about 50 males were randomly selected and from the female list about 50 females were randomly selected[8].

2. The VCT register at the Mwase-Lundazi clinic was the sampling frame for the HIV non-infected individuals aged 18-49. From the register, separate lists of male and female clients with non-reactive HIV test results in the three months before the survey were generated. From the male list, about 70 males were randomly selected and from the female list about 70 females were randomly selected.

3. The addresses of selected individuals (both HIV-infected and non-infected) were compiled to enable research assistants visit and interview them at home. The HIV status of selected individuals was not known to anybody other than the senior researchers and clinic staff involved in sample selection.

Qualitative studies - including activity-led and focus group discussions - were also undertaken among different categories of community members to obtain information on social norms relating to fertility and FP.

HIV and Family Planning in Eastern Province, Zambia

HIV is a common occurrence in Zambia where the national average for the prevalence of HIV is 15.6%. Unmet need for contraception is relatively high in Zambia at 27.4% and even slightly higher in the Eastern Province (30.3%), where the interventions are implemented While almost all the health centers in the Lundazi district offer FP services, there have been reports of occasional stock outs particularly when FP products are not available at the national Medical Stores or when there are delays in the supply chain from Medical Stores to districts.

Highlights on C-Change program implementation

The FP/HIB integration project seeks to promote behavior change towards family planning through community informed approaches. A key intervention component is Social Analysis and Action (SAA), through which trained facilitators conduct community-level dialogues to address the social norms that surround family planning and HIV with the goal of promoting positive family planning values and improving contraceptive uptake. SAA facilitators work in teams to

[7] Individuals who have never been tested for HIV are excluded from this study.
[8] The number selected was informed by the size of the sampling frame

facilitate discussions on family planning and norms around family planning in neighbourhood health committees assigned to them. A second program intervention component, the family planning referral system, was implemented to improve family planning access for HIV infected as well as non-infected clients. Under the family planning referral system, clinic workers in three sections of the Mwase Rural Zonal Health Centre—the OPD, ART clinic and the lab—were trained to ask clients about their interest in family planning. Interested patients are then referred to the family planning section and provided with a referral slip. The final C-Change intervention is the delivery of BCC materials to address the norms and barriers to FP use.

Key highlights of midline findings

The project is still being implemented. However, the midline survey results highlight the following regarding contraceptive uptake and approval for family planning.

Contraceptive uptake

While the results generally show little or no significant increases in family planning uptake from the time of the baseline survey, there were noticeable increases in reports of current contraceptive use among HIV positive male and female respondents. Method use continues to favour condoms, oral pills and injectables, and it is clear that there is ample room to increase the use of long-term methods for birth spacing and delay in the population.

Approval for family planning

Approval for family planning increased significantly among the female study population, though approval for the use of family planning by young couples remains stagnant.