



FOCUS ON...

Integrating Family Planning and HIV/AIDS Services

A Digest of Key Resources

This first issue of *Focus on...* presents information about the benefits and challenges of linking HIV/AIDS services and family planning and related reproductive health care. To highlight the major issues of integration (also called linkages), *Focus on...* summarizes key points from selected resources—most from the past 3 years—that reflect field successes, lessons learned, and further avenues for research.

There are strong arguments for family planning and HIV/AIDS integration on both sides. Potentially, family planning services offer a path to extend HIV prevention efforts and to see that family planning decisions consider STI prevention. At the same time, people living with HIV have continuing needs for help with family planning—both in making decisions about their fertility and to obtain services and supplies.

While proponents of family planning and HIV/AIDS integration cite benefits, the reality of implementation has involved a number of challenges: limited evidence to document benefits, stigma, bias of providers, families, and communities potentially interfering with fertility choices of HIV-positive men and women, lack of integrated funding streams to facilitate joint services, concerns about health care capacity, among others. This digest of integration resources, while covering only some of the issues, is designed to provide the reader with practical information for planning and implementing improved public health programs.

These resources were selected from a database of over 400 materials, which are housed at www.fpandhiv.org. They do not necessarily reflect the views of INFO, Johns Hopkins, or USAID, which supports the INFO Project.

The INFO Project
Johns Hopkins Bloomberg
School of Public Health
Center for Communication
Programs
111 Market Place,
Suite 310
Baltimore, Maryland 21202,
USA
410-659-6300
www.infoforhealth.org

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back cover.*

Welcome to Focus on...

Welcome to the first issue of *Focus on...*, a digest that highlights important resources on a key family planning or related reproductive health topic. *Focus on...* will appear twice a year as a special edition of *INFO Reports* (<http://www.infoforhealth.org/infoforeports/>). *Focus on...* is intended to help program managers, health care providers, and trainers in developing countries without regular Internet access to keep current in the technical and programmatic literature through a digest of selected materials they can request from publishers.

As topics grow in importance, many organizations and experts offer key information and guidance through a number of different channels. With the abundance of information available today, it can be a challenge to find and to choose the most useful resources to focus on. This series selects materials with the greatest relevance to expanding services and improving practices in developing countries. Materials are selected in consultation with an expert in the field or an expert working group to highlight: (1) important themes, (2) recent and relevant developments, (3) practical information, and (4) successful program experiences. Then, through edited abstracts, summaries, extracts, or key points drawn from these selected resources, *Focus on...* introduces health care professionals to these important information resources. **For those who want more, each entry includes information about access to the full text in print and/or electronic versions (see box, p. 20).**

We welcome your suggestions, comments, and topic ideas. Please send them to infoforeports@infoforhealth.org.

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What's Inside

To present a digest of the many issues concerning integration, Focus on... staff members have selected six main topics being addressed by a Family Planning and HIV/AIDS Integration Partners Working Group (see www.fpandhiv.org for more information about the group):

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This report was prepared by Judith Collins. Theresa Norton, Editor. Other editorial assistance provided by Ward Rinehart.

Francine Mueller, Designer.

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**The INFO Project
Center for Communication Programs
The Johns Hopkins Bloomberg
School of Public Health**

Earle Lawrence, Project Director; Stephen Goldstein, Chief, Publications Division; Theresa Norton, Associate Editor; Linda Sadler, Production Manager.

INFO Reports is designed to provide an accurate and authoritative report on important developments in family planning and related health issues. The opinions expressed herein are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development or the Johns Hopkins University.



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Overview

Title: Integrating services

Author: Family Health International

Source: *Network*, Vol. 23, No. 3. 2004. 32 p.

Web site: http://www.fhi.org/en/RH/Pubs/Network/v23_3/index.htm

Printed copies: Write to publications@fhi.org

This issue of *Network* presents an overview of current thinking about integration. Articles define integration in the health context, discuss when integration is appropriate, consider its advantages and challenges, and look at HIV services integrated with family planning and family planning services as part of Voluntary Counseling and Testing (VCT) services.



Establishing Linkages Between Reproductive Health and HIV/AIDS Programs

As the spread of HIV has spiraled into a pandemic, funds have poured into a vertically structured effort to combat the disease. As HIV is primarily a sexually transmitted disease, separating prevention, care, and treatment from the sexual and reproductive health context hampers long-term prevention efforts and solutions to reproductive health issues related to HIV.

Not all HIV services need to be integrated with reproductive health services, however, nor is integration appropriate in every setting. Program managers should look for synergies to be gained from integration in a particular country context, considering factors such as HIV prevalence and areas of unmet need for family planning.

Linkages work best when tailored to the country context. Integrating FP into HIV activities and the reverse can work, depending on the context.

Partners such as faith based organizations (FBOs) and community-based organizations (CBOs) can be crucial to building the capacity for integrated services. They also can play a part in successful referral systems. The following materials examine the wide range of potential linkages, discuss criteria for integration, and present examples from the field.

Family planning/HIV integration: technical guidance for USAID-supported field programs

Author: Moloney-Kitts, M., Fuchs, N., Brown, C., Conly, S., Delay, P., et al.

Source: Washington, D.C., United States Agency for International Development (USAID), 2003. 19 p.

Web site: <http://www.maqweb.org/maqtools/docs/fphiv.pdf>

POPLINE Ordering Number: 191070

Key Points:

- **Programming for FP/HIV integrated approaches must be tailored to the specific country context.** In countries with generalized epidemics, integration efforts may occur across a range of interventions, with FP integrated into HIV activities and HIV activities integrated into FP activities. In more concentrated epidemics, integration efforts should be focused on ensuring access to HIV prevention information and FP services for higher-risk populations.
- **“ABC” (abstain, be faithful, and/or use a condom correctly and consistently) behavior-change strategies are central to HIV prevention and are also relevant to family planning needs and practices.** Abstinence (either delaying the age of sexual debut or abstaining from sex) prevents pregnancy, HIV infection, and STIs. Reducing the number of sexual partners, achieved through “be faithful” behavior-change messages, has been crucial to success in reducing HIV transmission. The implications for pregnancy prevention are more complex. Mutually monogamous uninfected



couples who use a family planning method have dual protection against HIV and unintended pregnancy. Condoms, if used correctly and consistently, are important to the prevention of HIV, STIs, and pregnancy.

However, data indicate that most married couples prefer other FP methods. Thus, while important, condom use

most often occurs with non-regular sexual partners, and in general condom programs should not replace efforts to ensure access to other effective FP methods.

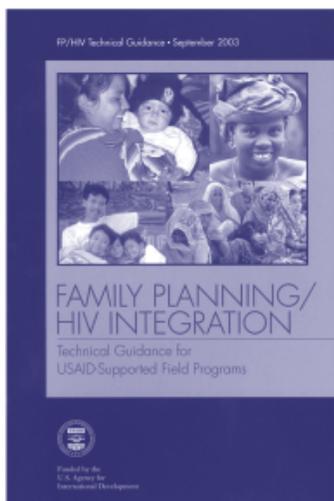
- **Make programs for youth and young adults a priority.** Delaying sexual debut, reducing the number of sexual

partners, and increasing correct and consistent condom use in this group has tremendous potential to alter disease transmission and prevent teen pregnancy.

- **Include family planning in efforts to prevent mother-to-child transmission (PMCT) efforts.** USAID-supported PMCT interventions should follow the World Health Organization (WHO) definition of mother-to-child transmission, which includes the prevention of unintended pregnancies among HIV-infected women. Women participating in PMCT interventions should have access to FP counseling and services.

- **Include family planning services or referrals with VCT services.** Unprotected sex may lead to STIs, HIV infection, and unintended pregnancies. During VCT, the risks of pregnancy should also be discussed during pretest counseling. Referral to FP services and/or provision of non-clinical methods should be available for clients who want an FP method.

- **Prevention of unintended pregnancy and HIV transmission can be achieved through dual protection.** One of the most effective ways to prevent unintended pregnancy and HIV infection is for mutually monogamous, uninfected partners to practice effective contraception. Other dual protection methods are: the practice of abstinence and/or the delay of sexual debut; correct and consistent condom use; and use of an effective FP method along with correct and consistent condom use [dual method].



- **Be cautious with STI treatment approaches.** STIs are an important co-factor in the transmission of HIV and can also impair fertility. Programmatically, however, STI services pose several challenges, especially in relation to integration. Syndromic management for vaginal discharge is not an effective approach for cervical STIs, such as gonorrhea and chlamydia. Syndromic management is effective for treating genital ulcers in both men and women and urethral infections in men. Moreover, successful STI programs are heavily dependent on correct and consistent drug supply. Before the launch of an STI-care initiative, planning requires information about prevalence and patterns of drug resistance.

- **Work with CBOs, including FBOs.** Collaboration with these sectors is an important way to help reinforce behaviors to prevent both pregnancy and HIV/STIs. Community-based and faith-based programs provide a key opportunity to change social norms and address issues such as stigma, ideal family size, and empowerment of women and youth.

Integrating SRH and HIV/AIDS services: Pathfinder International's experience synergizing health initiatives

Author: Kane, M.M. and Colton, T.C.

Source: Watertown, Massachusetts, Pathfinder International, Mar. 2005. 16 p.

Web site: http://www.pathfind.org/site/DocServer/FP_HIV_Integration_web_copy.pdf?docID=3461

POPLINE Ordering Number: 283466

Note: Pathfinder's years of experience providing integrated services has resulted in lessons learned regarding integration strategies. Capacity for integration depends upon resources (such as funding, trained personnel, and medical supplies), population dynamics, HIV prevalence rates, existing health service networks, and areas of unmet need. This wide-ranging piece includes a number of case studies.

Lessons Learned:

Many Community-Based Organizations represent the only accessible service point for integration at the community level, and they need support in their efforts to deliver integrated services. In Ethiopia, the main entry points for integrated services are the Community-Based Reproductive Health agents, who, in their roles in sexual and reproductive health services not only promote family planning, but also provide people living with HIV/AIDS and orphans and vulnerable children with home-based care kits, provide referrals to HIV/AIDS services, and spread prevention messages.

- **Community Health Workers are well-placed to do both Family Planning/Sexual and Reproductive**

Health and HIV/AIDS work and need to be trained and supported to do so. Community health workers can successfully “multi-task.” In Tanzania, a cadre of local implementing partners and more than 200 community health workers have been trained to provide physical and emotional support to people living with HIV and their family members in and around Dar es Salaam and Arusha under the Tanzania Community Home-Based Care project, called Tutanzane (Let’s Take Care of Each Other). The workers also train caregivers, as well as provide basic counseling and referrals for HIV/AIDS and family planning and related services. The project also contributes to prevention of both HIV and unintended pregnancy by counteracting myths, reducing stigma, and strengthening linkages to health facilities. As of 2005, community health workers had trained over 5,000 primary caregivers to provide care and support to over 1,200 people with HIV.

- **Young people must be a high priority for integrated services, and programs should ensure their participation in planning and implementation.** Young people need access to a wide range of integrated, youth-oriented sexual and reproductive health information and services, including condoms for dual protection, as well as practical guidance and support to adopt safer behaviors. In Ghana, nontraditional condom distributors, such as barbers and dressmakers, successfully supply and counsel young people. In Ethiopia, Pathfinder supports Radio Fana, a radio program for youth on a wide range of youth and sexual and reproductive health topics. The program frequently solicits audience participation and feedback through call-in shows and questionnaires.
- **Integration of comprehensive youth-oriented sexual and reproductive health services into the public-sector network can be successfully scaled up to the national level.** Sixty percent of Mozambique’s new HIV infections are among 15–24 year-olds. The Busy Generation project works with Mozambique’s Ministry of Health, Ministry of Youth and Sports, and Ministry of Education, as well as local NGOs to integrate innovative behavior change communication with youth-friendly services, improve youth sexual and reproductive health, and decrease young peoples’ vulnerability to STIs/HIV/AIDS, unwanted pregnancy, and unsafe abortion. Since its start, the project has trained 230 providers and 3,000 peer educators and established youth corners in schools and communities, reaching over 710,000 young people. Youth-friendly services offered through 49 government facilities received nearly 100,000 client visits and distributed over 515,000 condoms, comprising 85% of nationwide condom distribution. Busy Generation’s approach focuses on integrated counseling that stresses dual protection, family planning supplies, STI diagnosis and treatment, antenatal care, and general counseling on HIV prevention and sexuality. Family

planning cue cards were developed to help health providers emphasize dual protection and address the special needs and concerns of adolescent family planning clients. In 2004 the World Bank recognized the Busy Generation project as a “best practice.”

- **It is essential to promote men’s involvement in integrated FP/SRH and HIV/AIDS services in order to broaden their impact.** In Mozambique, providing VCT at selected adolescent clinics is another successful integration strategy. Many young men attend the clinics to obtain HIV counseling and testing. Once there, young men are exposed to broader FP/SRH information and services.

Sexual and reproductive health and HIV/AIDS: a framework for priority linkages

Author: World Health Organization (WHO), United Nations Population Fund (UNFPA), Joint United Nations Programme on HIV/AIDS (UNAIDS), International Planned Parenthood Federation (IPPF)

Source: Geneva, Switzerland, WHO, Oct. 2005. (WHO/HIV/2005.05) 4 p.

Web site: http://www.who.int/reproductive-health/stis/docs/framework_priority_linkages.pdf

POPLINE Ordering Number: 291223

Key Points:

Key integration policy and program actions must build on the following principles:

- **Address structural determinants.** Root causes of HIV/AIDS and sexual and reproductive ill-health need to be addressed. This includes action to reduce poverty, ensure equity of access to key health services, and improve access to information and education opportunities.
- **Focus on human rights and gender.** Sexual and reproductive rights of all people including women and men living with HIV need to be emphasized, as well as the rights of marginalized populations such as injecting drug users, men who have sex with men, and sex workers. Gender-sensitive policies to establish gender equality and eliminate gender-based violence are additional requirements.
- **Promote a coordinated and coherent response.** Promote attention to sexual and reproductive health priorities within a coordinated and coherent response to HIV/AIDS that builds upon the principles of one national HIV/AIDS framework, one broad-based multi-sectoral HIV/AIDS coordinating body, and one country-level monitoring and evaluation system.



- **Meaningfully involve people living with HIV.** Women and men living with HIV/AIDS need to be fully involved in designing, implementing and evaluating policies, programs, and research that affect their lives.



- **Foster community participation.** Young people, key vulnerable populations, and the community at large are essential partners for an adequate response to the

challenges and for meeting the needs of affected people and communities.

- **Reduce stigma and discrimination.** More vigorous legal and policy measures are urgently required to protect people living with HIV and vulnerable populations from discrimination.

Fertility Desires of HIV-Positive Women and Couples

The pressure on couples and particularly women to have children is especially strong in developing countries. In spite of their possible or even confirmed illness, HIV-positive couples who have no children or one or two will often choose childbearing. There is additional pressure if the woman has not yet borne a son. Several research projects have worked with women and couples to try and understand how they cope with childbearing in the face of being HIV-positive. Studies in southern Africa on reproductive health intentions of HIV-infected individuals show desires both for childbearing and family planning and the need for relevant and supportive services.

Providers should support the family planning decisions of HIV-positive clients.

Providers need to understand the reasons why HIV-positive women and men may or may not choose to have children and to tailor their counseling to the client's wishes, perceptions, and circumstances. In general, all women of child-bearing age, particularly in high prevalence areas, need counseling on the effects of HIV on pregnancy and delivery, contraceptive options (if desired), and ways to avoid the spread of HIV/STIs. Providers need to help women and men make an informed choice. Anyone counseling an HIV-infected woman or man should support the client's family planning decision, regardless of the counselor's own views.

Meeting the reproductive health needs of HIV-positive women: using evidence to advocate for change

Author: Policy Project
Source: Futures Group International/Policy Project, 2006. 30 p.
Web site: <http://www.policyproject.com/pubs/corepackages/TOO%20RH%20Swaziland%20and%20South%20Africa.pdf>
POPLINE Ordering Number: 299108

Note: The following views reflect the experience of a group of HIV-positive women in South Africa and Swaziland. Similar experiences emerged from another program in Zimbabwe managed by the International Community of Women Living with AIDS.

Key Points:

The women's views on reproductive health included:

- **HIV-positive women's access to reproductive health information and counseling to help them make decisions about their reproductive health care is limited.** Rural women and non-English speakers have particular difficulty in accessing information to support their decision-making.
- **HIV-positive women experience pressure to have children due to the cultural norm that a woman's role is to bear children.** However, HIV-positive women also face discrimination when they choose to have children—from health care providers, family members, and communities.
- **The stigma associated with not breastfeeding can lead to the disclosure of a women's HIV status.** Many women are unaware of Preventing Mother-to-Child

Transmission (PMTCT) programs and PMTCT information often focuses only on the child.

- **Women’s ability to make their own decisions regarding sterilization is limited, as women often need the consent of partners.** Many women also reported pressure to be sterilized; some women reported being asked to consent to sterilization or to use other forms of birth control methods in order to access anti-retroviral therapy (ART) services.
- **HIV-positive women often encounter stigma and discrimination—especially related to their reproductive health and sexual relations—from healthcare providers with judgmental and negative attitudes.** Many women who said they did not feel comfortable using services cited bad treatment from healthcare workers. Participating HIV-positive women’s views on counseling and testing services included:
- **Disclosure and partner notification.** Women reported that their decisions regarding disclosure of their HIV status were influenced by a fear of violence or the loss of resources (homes and livelihoods) and relationships.
- **Lack of testing for men.** Since testing usually occurs during pregnancy-related or reproductive health care, women feel there is less responsibility on men to get tested and disclose their HIV status to their partners. Almost all the participants believe that men live in denial concerning their sexual health, and feel the responsibility was generally on women to initiate such discussions.

In response to the findings, the report presents the following recommendations:

- **To adequately address positive women’s reproductive health needs, positive women must participate as policy champions for their issues.** The following elements are essential:
 - ▶ Consistent mentoring for HIV-positive women leaders at the community and national levels to build their own skills for policy dialogue and advocacy, such as public speaking and participation in formal meetings, familiarity with the policy making process, and improved skills in policy formulation and analysis.
 - ▶ Support for HIV-positive women leaders to raise awareness and transfer their knowledge and skills to peers.
 - ▶ Strengthen consultation and communication processes among vulnerable groups from the local to national level and vice versa to assure adequate representation and communication related to policy dialogue and formation.

Reproductive intentions and choices among HIV-infected individuals in Cape Town, South Africa: lessons for reproductive policy and service provision from a qualitative study

Author: Cooper, D., Bracken, H., Myer, L., Zweigenthal, V., Harries, J.

Source: Cape Town, South Africa, University of Cape Town, School of Public Health and Family Medicine, Women’s Health Research Unit, Sep. 2005. (Policy Brief) 6 p.

POPLINE Ordering Number: 291226

Note: A qualitative study conducted at two health centers in the Cape Town metropolitan area in South Africa from May 2004 to January 2005 explored HIV-infected individuals’ reproductive intentions, decision-making, and need for reproductive health services. The study also gathered the opinions of health care providers and policy makers on the quality of services. The following key points summarize the findings of the study.

Key Points:

- **Most HIV-infected women and men had not discussed their fertility desires and intentions with a health care provider because they anticipated negative reactions.** Some women who had discussed reproduction with a health care provider found providers to be supportive of their reproductive choice. Others encountered providers who expressed negative attitudes towards HIV-infected women becoming pregnant.
- **Some women hesitated to use hormonal contraceptives because of perceived side effects or, among women on antiretroviral therapy (ART), fear of drug interactions.** The quality of contraceptive counseling varied, and counseling did not appear to include much discussion of dual protection or emergency contraception. Some women complained about contraceptive services outside of the HIV care or treatment setting: they felt the range of contraceptive options was limited and there was little information on contraception in the context of HIV.

Editor’s Note: The comment about counseling limitations may refer to both discussion of dual protection (effective use of condoms to provide protection against both pregnancy and STI/HIV infection) and dual method use (simultaneous use of an effective contraceptive method with consistent condom use).

- **Women and men repeatedly mentioned the importance of using a condom to prevent HIV transmission and re-infection; providers, too, mentioned the great effort they put into promoting condom use.** Individuals found it difficult, however, to reconcile safer sex messages with their desire to have children.
- **Many policy makers and health care providers were ambivalent in their opinions about HIV-infected women becoming pregnant.** While acknowledging the need for women's reproductive choice, some felt it unwise, with respect to public health, for HIV-infected women to become pregnant. Providers believed that they were, in fact, offering HIV-infected women reproductive choice. Several policy makers and providers recognized, however, that the emphasis with clients tended to be on the negative consequences of becoming pregnant.
- **Providers believed that, although counseling should be ongoing, the most crucial moments for counseling were before and after VCT and at the start of ART.** Several nurses and counselors also mentioned the value of counseling couples.
- **Policy makers noted concern about the lack of guidelines for dealing with reproductive choice among HIV-infected individuals, as well as about insufficient training in contraception, inadequate dual method counseling, and the scant reference made to emergency contraception.** Some policy makers spoke of the need for values-clarification training for policy makers and health care providers, as part of ongoing training, to foster greater respect for client's individual wishes and choices.
- **Without integration of VCT with routine reproductive health care or other services it was difficult to meet HIV-infected people's comprehensive health care needs.** Policy makers, NGO (nongovernmental organization) leaders, and public sector service managers remarked that many women only discovered their HIV status upon becoming pregnant.
- **Study Recommendation:** Information on what services exist, what they provide, and where they are located should be compiled to improve knowledge of and access to reproductive services, such as contraception, HIV prevention, STI treatment, cervical screening, PMTCT and obstetric services, as well as HIV care and ART. This information could be disseminated to clients during counseling, care, or treatment sessions.

Contraceptive Choices for HIV-Positive Women and Couples

When HIV-positive women and couples wish to delay childbearing, effective counseling will help them make an informed choice of contraceptive method. In addition to issues of medical eligibility (as described in the World Health Organization's *2004 Medical Eligibility Criteria for Contraceptive Use, Third Edition*), HIV-positive men and women should be counseled to consider issues such as dual protection to prevent both pregnancy and HIV or STI transmission, possible interactions of contraceptive methods with antiretrovirals, and managing side effects of methods with HIV health effects.

Contraception choice for HIV-positive women

Author: Mitchell, H.S. and Stephens, E.

Source: Sexually Transmitted Infections 80(3):167–173. Jun. 1, 2004.

Web site: <http://sti.bmjournals.com/cgi/content/full/80/3/167>

POPLINE Ordering Number: 192841

Key Points:

- **Contraception use and compliance is related to the range of methods available, patient choice, prevalent health and religious beliefs, perceptions of method effectiveness, and side effects (for example, women may have less tolerance for heavy and prolonged vaginal bleeding than amenorrhea).** Correct use of most user dependent methods requires a basic knowledge of reproduction and literacy skills to follow written instructions. In many countries women are unable to make autonomous decisions about their sexual and reproductive health because of political instability within society, lack of economic independence, and prevailing cultural or religious attitudes to women's rights.
- **Lactational amenorrhea is an important and effective means of child spacing in developing countries.** HIV-positive women who avoid breastfeeding will recommence ovulatory cycles earlier; their future contraceptive needs should be discussed during pregnancy or early in the postnatal period.

- **Dual method use, the simultaneous use of an effective contraception method with consistent condom use, is recommended for the most effective prevention of both unplanned pregnancy and sexual transmission of HIV.** Women continuing to use condoms alone can be advised about emergency contraception. Condoms have a significant failure rate for both pregnancy and HIV infection if not used consistently and correctly.
- **Oral, injectable, and implantable hormonal contraceptive methods and the intrauterine system are all suitable choices for HIV-positive women if there are no medical contraindications to their use.**
- **Caution may be appropriate when providing hormonal contraception for women taking enzyme-inducing drugs including some HAART (Highly Active Antiretroviral Therapy) drugs and the anti-tuberculosis agent rifampicin.** Enzyme-inducing drugs might reduce the efficacy of the combined oral contraceptives. (*Editor's note: WHO notes that consistent condom use would make up for this.*)
- **For HIV-positive women with more advanced disease, heavy vaginal bleeding, or irregular menstrual cycles, and for current injecting drug users the Mirena (LNG-IUS) hormone-releasing intrauterine system and injectable progestogens could be recommended** because they both reduce vaginal blood loss and do not require daily doses like oral contraceptives or quarterly visits to a provider like DMPA.
- **Male and female sterilization should not be forgotten.** Both are effective, permanent, and cost-effective methods of contraception. During pregnancy women should be given the opportunity to consider sterilization. (*Editor's note: For detailed information on method eligibility, see the World Health Organization's 2004 Medical Eligibility Criteria for Contraceptive Use. Third edition. Available at: <http://www.who.int/reproductive-health/publications/mec/index.htm>.)*)

Contraception for women and couples with HIV

Author: Family Health International (FHI)

Source: Research Triangle Park, North Carolina, FHI/ACQUIRE Project, Microsoft PowerPoint file. 2005.

Web site: http://www.fhi.org/training/en/modules/ARV/resources/ContraceptHIV_CLR_PwrPoint.ppt

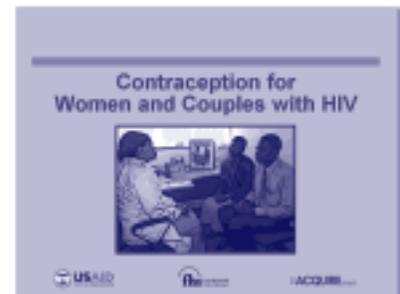
Ordering: Developing countries may order the materials on CD-ROM.

E-mail: publications@fhi.org.

Note: This training module is based on a Microsoft PowerPoint file that includes presenter notes. The full module on FHI's Web site includes related materials for trainers, such as pre- and post-tests and supporting full-text documents. It provides an overview of all contraceptive methods and highlights from the WHO Medical Eligibility Criteria for Contraceptive Use as well as a discussion of questions and research on interactions between HIV and antiretrovirals (ARVs) and contraceptives.

Key Points:

- **Women and youth carry a significant burden of the HIV epidemic.** Women represent nearly half of the 39.4 million adults living with HIV worldwide. In sub-Saharan Africa—the hardest-hit region—almost 57 percent of adults living with HIV are women, and many more young women than young men are affected. Lack of access to HIV prevention services leave young women at risk for themselves and their unborn children—in many countries of southern Africa, one in five pregnant women is HIV infected. Most children with HIV contract it from their mothers.
- **Offering family planning services to women with HIV can reduce births of children who have a high probability of being infected with HIV and dying.** According to a study of PMTCT programs in 14 countries, the projected number of child deaths averted each year increases from 20,000 to 75,000 when family planning services are added to nevirapine programs. (See U.S. Agency for International Development (USAID), Bureau for Global Health. *Adding Family Planning to PMTCT Sites Increases the Benefits of PMTCT*. Washington, DC: USAID, 2003)
- **With improved HIV treatment and quality of life, many HIV-positive women and couples are considering having children, while others will want to avoid childbearing.** Effective counseling services for HIV-positive women and couples help them consider their reproductive choices, plan for the future, avoid unintended pregnancy, and reduce HIV transmission to their children.
- **HIV-infected women's knowledge of contraception and their access to family planning services can be limited.** Such services help women with HIV consider





their reproductive choices, plan for the future, avoid unintended pregnancy, and reduce HIV transmission to their children. Contraceptive counseling sessions also offer opportunities for prevention counseling to reduce the chances that women will transmit HIV to their partners.

- **Women with HIV who receive ARV therapy obtain the same benefits from contraception as all other women.** The benefits of contraception for women on ARV therapy include reduction in stress related to fear of unintended pregnancy, the avoidance of certain complications of pregnancy related to ARVS such as anemia and insulin resistance, and access to a wider range of ARVs (some ARVS cannot be used during pregnancy).
- **ARVs interacting with combined oral contraceptives may cause an increase or decrease of hormone levels.** Some ARVs speed up liver metabolism and could lower estrogen blood levels, reducing method effectiveness. Not all ARV classes interact with contraceptive hormones; NRTIs or nucleoside reverse transcriptase inhibitors, for instance, are an exception.
- **Further research on hormonal methods and HIV is needed.** Although questions have been raised about the use of hormonal methods by HIV-positive women including possible increases in side effects, whether the methods affect ARV efficacy or even infectivity and disease progression, further research on these issues is needed before any change to current clinical practice would be made.

Integration of Family Planning with Counseling and Testing

Counseling and testing services offer a prime opportunity for integration of HIV/AIDS and reproductive health services. An essential component of counseling and testing is counseling on prevention of infection, for self, partner, or unborn child, depending on whether the client tests HIV-positive or -negative. Those who test negative should have access to condoms to prevent ever becoming infected. Those who test positive may also need condoms to prevent additional infections or infecting others. HIV-positive men or women need information on how to avoid unintended pregnancies and access to a range of contraceptive methods. Although referrals to family planning services are usually available through counseling and testing centers, many clients will find it difficult or lack motivation to seek out services at yet another center.

While counseling and testing services can be expensive, they also appear to convince clients to adopt prevention practices such as the use of condoms. In a study carried out in Kenya, Trinidad, and Tanzania, women or couples randomly assigned to receive counseling and testing services were significantly less likely to have unprotected intercourse with a secondary partner than those assigned to receive a health education intervention (see “Efficacy of voluntary HIV-1 counseling and testing...,” page 12).

Counseling and testing provides an opportunity to influence sexual and fertility behavior.

A number of countries have found that integration of family planning services with counseling and testing enables clients to receive the full service that they need, including treatment of sexually transmitted infections, counseling on condom use, and provision of contraceptives.

VCT centers also attract clients who may not normally visit a family planning clinic, such as men and sexually active youth including single females. VCT centers therefore provide an opportunity to reach more clients with family planning counseling and provide the help they need to avoid unwanted pregnancies and adopt dual protection [or dual method use] for prevention of pregnancies and prevention of HIV and other STI infections.

Uganda’s AIDS Information Center offers an example of a well-established program that has successfully integrated family planning into counseling and testing. Kenya provides an example of a recent effort and the baseline research that helped to determine the need for integration in its centers. A key finding was that counseling and testing providers were dissatisfied with the referral system and that clients and staff supported the provision of family planning services.

Assessment of VCT centers in Kenya: potential demand, acceptability, readiness, and feasibility of integrating family planning services into VCT

Author: Reynolds, H.W., Liku, J., Maggwa, B.N.

Source: Washington, D.C., Family Health International, Sep. 2003. 24 p.

Web site: http://pdf.dec.org/pdf_docs/PNADA521.pdf

—OR— <http://www.fhi.org/NR/rdonlyres/ejivv3for717jqn72iryuasfxomv5kcfdikzh5v5bdqn7mt32lobzfmq5lokjksuiqpw27mvd6ctv/VCTFPFinalReport.pdf>

POPLINE Ordering Number: 278396

Key Points:

A study in Kenya gathered information about VCT services during June 2002 to identify program options for effective integration of family planning into VCT services. The study addressed these questions;



- Is there potential demand for family planning services among VCT clients?
- Is the provision of family planning services during VCT sessions acceptable to the clients, providers, and VCT center in-charges?
- What elements of contraceptive counseling and distribution are VCT services in their current form ready to offer?
- Is it feasible to provide family planning services within the VCT service environment?

Results:

- **Study population:** Some 20 VCT center supervisors in-charge (one per center) and 41 counselors participated in interviews; 84 clients participated in exit interviews. VCT clients were equally likely to be male or female, they were relatively young (36% ages 18–23), 56% had no children, and 42% had completed primary school.
- **Potential demand:** Thirty-six percent of clients did not use contraceptive methods or used traditional methods. Twelve percent reported they were not sexually active. Of the 52% of clients who reported using modern methods, 42% were condom users.
- **Acceptability:** Almost all providers and in-charges (95%) supported provision of information, education, and communication materials and referral for family planning services during VCT. Almost two-thirds of in-charges and counselors (60% and 61%) supported provision of contraceptive methods. Most clients (89%) thought family planning services in VCT settings was a good idea. Most staff thought that either the pre-test session or the post-test session was the most appropriate time to offer these services. Clients preferred that family planning counseling follow the HIV test.

- **Readiness:** Providers were dissatisfied with the existing referral system. The main limitations were lack of confidentiality and effectiveness. Also, VCT providers were concerned that clients did not go to their referral points, that they had no way of knowing if clients went, or that clients encountered obstacles in following up on referrals.
- **Feasibility:** The greatest concern about adding family planning to VCT services was that it would increase the session time for clients or the workload for VCT providers. Providers spent 22% to 51% of their day with clients. Time to provide family planning services could be gained if providers came to work on time and did not leave early and if providers used the time spent on non-work-related activities to serve clients.

Integrated VCT services in Uganda

Author: Advance Africa

Source: Best Practices Compendium/Management Sciences for Health/Advance Africa, 2004. 1 p.

Web site: <http://www.advanceafrica.org/Compendium/PracticeDetail.asp?ID=52>

Note: The AIDS Information Center in Uganda began providing VCT services in 1990. Today it offers VCT, testing for syphilis and other STIs, family planning, condom education and distribution, and psychosocial medical services. It has integrated its services into many health facilities. It also provides technical assistance and training for health personnel.

Lessons Learned:

- **VCT should be part of a comprehensive HIV prevention program when possible.** In settings where there is significant discrimination against persons with HIV infection, however, or where there are no supportive services, it may not be appropriate to offer VCT.
- **Anonymity and protection of confidentiality are critical to ensure public trust in, and demand for, VCT.** “Anonymity” is more than just using codes instead of names. Especially when first offering VCT to the public, people going for testing need to feel that they will not be readily identified or stigmatized for entering the VCT service site.
- **Integrated services for family planning, detection of and treatment for other STIs, and education and referral for TB diagnosis and treatment are feasible and are well-received by VCT clients.** An integrated approach benefits clients and public health in general.

- **Effective counseling requires a client-centered approach with good rapport between counselor and client, based on trust.** Counseling should include information sharing, risk reduction planning, and demonstration of skills.
- **Good counselors need basic training** in one of the helping professions (social work, teaching, nursing, or medicine); intensive training in HIV/AIDS counseling; specific training in other areas such as couples counseling, sexuality, and bereavement; and periodic refresher courses.
- **Once VCT becomes accepted by the public, an increasing number of clients are likely to request VCT for “social” reasons—such as testing before marriage or before a new relationship, or planning for the future—rather than “medical” reasons such as already having symptoms of HIV infection or AIDS.** An increasing demand for VCT for social reasons is likely to increase the percentage and number of clients who come as couples rather than as individuals.
- **Ongoing support through a post-test club helps HIV-positive members cope with infection and helps both HIV-positive and HIV-negative members adopt and maintain effective prevention behavior.**
- **Post-test club members can contribute to overall HIV prevention through roles as community educators and condom distributors.** Participation of people living with HIV makes for the most effective communication strategies because people identify with club members from their own communities. Post-test club members help promote social norms that support HIV risk reduction.
- **It is feasible to adopt cost-sharing, although it is difficult to introduce fees for services that were originally free.** Fees-for-service may discourage some VCT clients, so it is important to have exemption policies as well as “free days,” “two-for-one days,” or other price reductions to encourage clients to come.
- **A computerized management information system is crucial for routine monitoring and quality control.** The AIDS Information Center’s system enables management to closely monitor the number of people served as well as many characteristics of clients.
- **HIV/AIDS counseling is stressful, and management must anticipate and address the potential for burnout.** Managers who are trained as counselors themselves can better understand and supervise counseling services and build team spirit.

Efficacy of voluntary HIV-1 counselling and testing in individuals and couples in Kenya, Tanzania, and Trinidad: a randomised trial

Author: Coates, T.J., Grinstead, O.A., Gregorich, S.E., Sweat, M.D., Kamenga, M.C. Sangiwa, G., Balmer, D., Furlonge, C.

Source: Lancet 356(9224):103–12. Jul. 8, 2000.

POPLINE Ordering Number: 151237

Note: A related article can be found at: <http://www.caps.ucsf.edu/publications/VCTS2C.pdf>

Note: The Voluntary HIV-1 Counselling and Testing Efficacy Study was designed to measure the efficacy of HIV VCT in developing country and particularly resource-poor settings where access to antiretroviral drugs and other expensive medications is limited or lacking. The participant (or couple) was randomly assigned to receive either VCT or health education and information. The trial was carried out in freestanding clinics in Nairobi, Kenya, Dar es Salaam, Tanzania and Port-of-Spain, Trinidad.

Results:

- **VCT reduces unprotected intercourse of participants with extra-marital partners and couples who received VCT together** to a greater degree than couples receiving health education and information alone.
- **All participants were tested and counseled individually on their serostatus.** 91% of those enrolling as couples revealed their serostatus to their sexual partner(s).
- **Individuals testing positive for HIV-1 infection reduced unprotected intercourse with primary and other partners** significantly more than individuals testing HIV-1 negative.
- **Couples receiving voluntary counseling and testing together reduced unprotected intercourse with their enrollment partners** to a greater degree than couples who received health education and information alone.
- **Serodiscordant couples** (that is, couples in which one person is infected with HIV but the other is not) **were significantly more likely to reduce unprotected intercourse with each other** than couples in which both were uninfected.
- **HIV-1 VCT is a highly cost-effective preventive intervention in developing country settings**, comparable to other proven prevention strategies such as enhanced sexually transmitted disease services and universal provision of nevirapine for pregnant women in high prevalence settings.

Integrating Family Planning with Services for Prevention of Mother-to-Child Transmission

The importance of family planning is sometimes forgotten in efforts to reduce mother-to-child transmission of HIV. However, with unintended pregnancies accounting for more than half of all births in some countries, contraception could prevent many vertical HIV transmissions. Family planning counseling for at-risk women of reproductive age helps increase their knowledge of HIV prevention strategies—knowledge they might not otherwise obtain.

The use of family planning to prevent unintended pregnancies is the primary means of preventing mother-to-child transmission.

HIV-infected women need accurate information and empathic counseling about the risk of transmitting HIV to their infants during pregnancy, delivery, and breastfeeding, including risk reduction through treatment. Women who wish to either limit or space childbearing should have access to highly effective contraception.

The impact of PMTCT efforts depends on how many women at risk adopt a PMTCT strategy—either avoiding pregnancy or seeking treatment during pregnancy. Family Health International (FHI) suggests that integrating FP and PMTCT services “could potentially double the effectiveness of PMTCT programs.” The FHI publication described below presents a strategic framework for developing integrated services in resource-poor settings, based on experience in several countries. Rutenberg and Baek carry this discussion further by addressing the complexities of combining various services, based on a survey of clients, providers, and other stakeholders in countries in Africa, Latin America, and Asia.

Preventing mother-to-child transmission of HIV: a strategic framework

Author: Family Health International (FHI), HIV/AIDS Prevention and Care Department.

Source: Arlington, Virginia, FHI, HIV/AIDS Prevention and Care Department, Jun. 2004. 35 p.

Web site: <http://www.fhi.org/en/HIVAIDS/pub/strat/mtctstrategy.htm>

Key Points:

- **Mother-to-child transmission accounts for over 90 percent of HIV infections among young children.** Without treatment, 30% of infants born to HIV-infected women will become infected during pregnancy, in labor and delivery, or through breastfeeding. In 2003 alone there were an estimated 700,000 new infections and 500,000 HIV-related deaths among children under 15 years of age.
- **Offering HIV testing as part of routine antenatal care, combination antiretroviral drug regimens, and elective cesarean section and advising complete avoidance of breastfeeding has cut MTCT transmission of HIV to below 2 percent among HIV-infected women in developed countries.** In the developing nations, however, where the vast majority of HIV-infected women of childbearing age reside, transmission rates remain high due to lack of access to feasible, affordable prevention interventions and the common practice of breastfeeding for long periods of time.
- **Most PMTCT efforts have neglected the contribution that contraceptives can make by preventing unintended pregnancies among HIV-positive women.** Instead, they have focused almost exclusively on preventing transmission through use of antiretrovirals after an HIV-positive woman is already pregnant. Because unintended pregnancies account for more than 50 percent of all births in some countries, contraception has the potential to reduce the number of vertical HIV transmissions substantially.
- **Integrating FP and PMTCT services could double the effectiveness of PMTCT programs.** A USAID-funded analysis found that family planning services can enhance the cost-effectiveness of PMTCT interventions by decreasing the numbers of child infections, child deaths, and, ultimately, children orphaned.

Adding family planning to PMTCT sites increases the benefits of PMTCT

Author: United States Agency for International Development (USAID), Bureau for Global Health.

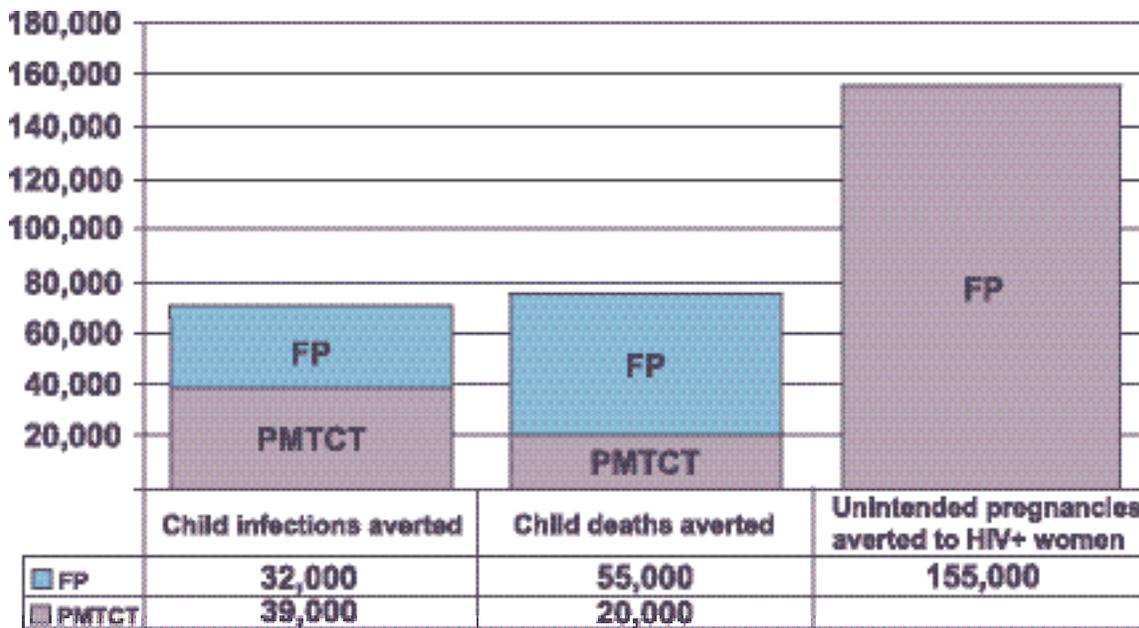
Source: Washington, D.C., USAID, Bureau for Global Health, Oct. 2003. (Issue Brief: Population and Reproductive Health) 1 p.

Web site: http://www.usaid.gov/our_work/global_health/pop/techareas/familyplanning/fppmtct.pdf
POPLINE Ordering Number: 191071

Excerpt:

A recent USAID-funded analysis examined the costs and benefits of adding family planning services to programs for the prevention of mother-to-child transmission of HIV

Projected Benefits of PMTCT Services and Family Planning Added to PMTCT Services in 14 High Prevalence Countries in 2007



(PMTCT). The findings suggest that adding family planning to PMTCT sites can save the lives of thousands of women and children and significantly reduce the number of orphans.

High levels of HIV prevalence among women of childbearing age in many parts of the world lead to a triple tragedy. Not only do these women face the prospect of discrimination, illness and early death, but they may also pass the HIV infection to their children and may leave their children behind as orphans when they die. USAID and other donors are rapidly expanding programs to prevent adult HIV infections (through behavior change communication,

voluntary counseling and testing, etc.) and to improve treatment for those already infected. USAID is also expanding PMTCT programs globally through its field missions and within the 14 countries in President Bush's International Mother and Child HIV Prevention Initiative.

Family planning can help HIV/AIDS efforts by providing HIV+ couples with an opportunity to prevent unintended pregnancies and to prevent future children from becoming HIV-infected or orphaned. Family planning has many other benefits as well for both HIV+ and HIV- mothers. For example, birth spacing can significantly reduce child and maternal mortality rates, saving many lives.

Additional Cost-Effectiveness Estimates of Adding to PMTCT Services

| | PMTCT | FP added to PMTCT |
|---|--------|-------------------|
| Cost per infection averted | \$1300 | \$660 |
| Cost per child death averted | \$2600 | \$360 |
| Cost per pregnancy averted to HIV+ mother | | \$130 |

For details see full report: *Costs and Benefits of Adding Family Planning to Services to Prevent Mother-to-Child Transmission of HIV (PMTCT): How Family Planning Can Increase the Benefits of PMTCT by Saving Lives and Reducing the Number of Orphans* by John Stover, Nomi Fuchs, Daniel Halperin, Amanda Gibbons and Duff Gillespie.

Field experiences integrating family planning into programs to prevent mother-to-child transmission of HIV

Author: Rutenberg, N., Baek, C.

Source: Studies in Family Planning. 36 (3): 235-245. Sep. 2005.

Web site: <http://www.popcouncil.org/pdfs/councilarticles/sfp/SFP363Rutenberg.pdf>

POPLINE Ordering Number: 291227

Note: This review collected information on clients of PMTCT programs in 10 countries in Africa, Asia, and Latin America as well as from interviews with program managers and providers.

Lessons Learned:

- **Without exception, family planning has been adopted as one of the elements of national PMTCT programs, although the content of services varies considerably.** Nonetheless, PMTCT program managers have yet to give the same priority to family planning specifically as a PMTCT service as is given to the program's other interventions, such as a short course of antiretroviral therapy or infant-feeding support.
- **Despite these reports of efforts to integrate family planning into PMTCT programs, little family planning counseling appears to be provided.** As is often the case in settings with few resources, providers simply lack the time. Moreover, because women are discovering their HIV status during antenatal care, issues such as understanding and accepting the test result and its implications often far outweigh any family planning concerns.
- **Attitudes about contraception also vary, and they shape demand for fertility control.** In Kenya and Zambia, with high HIV prevalence and low contraceptive prevalence, no differences were found in the use of contraceptives between HIV-positive and HIV-negative women within the study communities except in condom use. HIV-positive women used condoms significantly more often than did their HIV-negative counterparts. Introducing the possibility of using condoms within a relationship is easier once a woman has disclosed her HIV status to her partner.
- **PMTCT programs will be more successful in promoting effective contraceptive use if family planning counseling and services are more closely linked in space and time to PMTCT programs,** rather than offered as adjacent or subsequent services.

Integrated Services for Youth

Young people are the group that most needs the attention of integration efforts. More young people are sexually active than ever before, and more than half of those newly infected with HIV are between 15 and 24 years old. The United Nations report on young people and HIV/AIDS provides a compelling overview of the crisis—that is, young people lack adequate access to HIV/AIDS services and reproductive health services.

Orphans and vulnerable children present an additional challenge. Their poor living conditions and lack of emotional and psychosocial support can render orphans even more vulnerable to high-risk behaviors than other adolescents. As AIDS often kills parents many years after they become infected, many children reach adolescence before being orphaned. It is estimated that more than half of today's orphans are adolescents. As described in the materials that follow, new and improved program approaches are being used to reach out to youth including Counseling and Testing and Sex and HIV education programs.

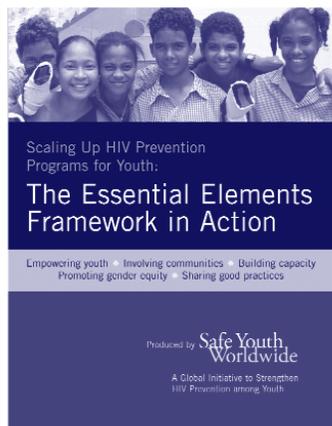
Scaling up HIV prevention programs for youth: the essential elements framework in action

Author: Margaret Sanger Center International (MSCI)
Source: New York, NY, MSCI/Safe Youth Worldwide, 2005. 64 p.

Web site: http://www.ppnyc.org/new/publications/ScalingUpSYW_online.pdf

POPLINE Ordering Number: 299107

Note: In 2002, UNFPA invited Margaret Sanger Center International to help design an approach that would help local NGOs [and governments and/or private enterprises] throughout the world to expand, replicate or improve their youth-focused HIV prevention programs. The framework provides for assessment, a process of identifying and building capacity in those areas that need most attention, and a system for monitoring and evaluating the progress and results of the program. The Essential Elements Framework has three dimensions: guiding approaches, program strategies, and managerial practices.



Key Points:

Background

Traditional gender roles and some culturally determined practices translate into unsafe sexual behaviors that fuel the HIV pandemic. Unequal vulnerabilities, both biological and social, drive the growing gap in HIV infection between

young men and women—in some African countries, several times as many females as males between the ages of 15–24 are infected with HIV. When young men are expected to experiment sexually and marry later, but girls are expected to remain uninformed and marry young, even marriage becomes a risk factor for HIV infection in young women. Despite this reality, many programs continue to focus narrowly on technical competencies without addressing the complex cultural and social factors that are inextricably linked to vulnerability, risk, and decision-making. Successful programs address gender norms and cultural practices, and encourage communities to support young people in making healthy choices.

Guiding Approaches of The Essential Elements Framework

- **Address sexuality positively within the context of young people’s development and rights, including intergenerational approaches, to favorably reshape sexuality and deliver factual information free of shame, guilt, and fear-laden messages.** This creates conditions for healthy sexual development free from HIV infection. Unwillingness or inability to talk about sexual relationships, power dynamics, pleasure, risks, and protective measures all contribute to the failure of prevention attempts. Conversations about key protective behaviors cannot occur when providers are unable to talk openly about sexuality.
- **Promote equitable gender norms, working from both male and female perspectives.** Promote the empowerment of women and girls at the societal, community, family, and interpersonal levels. Help boys and men redefine gender roles in ways that will help them to stay healthy and learn equitable ways of relating to girls and women. Programs should work to decrease gender-based violence and ensure equitable access to health and education services.

- **Understand and promote young people’s rights, including sexual, reproductive, and human rights, and rights as health service clients.** Raising young people’s awareness of their own rights also creates an enabling environment for other essential elements, such as effective youth participation, use of key services, and adoption of responsible behaviors.
- **Work with and through local people to design and implement programs and messages that are culturally appropriate.** No one solution is appropriate for all cultures, and lasting change cannot be imposed or mandated from outside. So, HIV prevention programs should seek positive values that youth can identify with within their culture, while also recognizing that cultures are not monolithic, but vary within themselves and evolve over time.

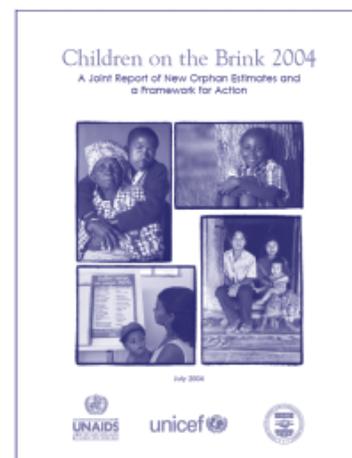
Children on the Brink 2004

Author: United Nations Programme on HIV/AIDS (UNAIDS), United Nations Children’s Fund (UNICEF), United States Agency for International Development (USAID)
Source: UNAIDS, UNICEF, USAID, 2004. 46 p.
Web site: http://www.unicef.org/publications/files/cob_layout6-013.pdf

Key Points:

The recommended Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS includes:

1. **Strengthen the capacity of families** to protect and care for orphans and vulnerable children by prolonging the lives of parents and providing economic, psychosocial, and other support;
2. **Mobilize and support community-based responses** to provide both immediate and long-term support to vulnerable households;
3. **Ensure access for orphans and vulnerable children to essential services**, including education, health care, birth registration, and others;



4. **Ensure that governments protect the most vulnerable children** through improved policy and legislation and by channeling resources to communities;
5. **Raise awareness** at all levels through advocacy and social mobilization to create a supportive environment for children affected by HIV/AIDS.

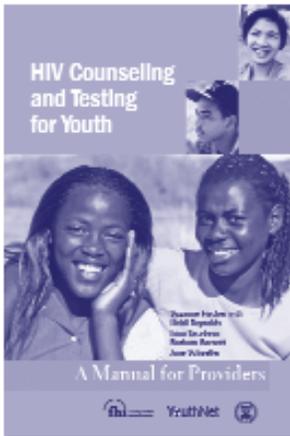
HIV counseling and testing for youth: a manual for providers

Author: Fischer, S., Reynolds, H., Yacobson, I., Barnett, B., Schueller, J.
Source: Arlington, Virginia, Family Health International/YouthNet, 2005. 55 p.
Web site: http://www.dec.org/pdf_docs/PNADD624.pdf
 —OR— <http://www.fhi.org/NR/rdonlyres/evuaxuhx4acr7mnedhfb7brqzokhd6buicspt2d6joc5vade4o34cjjzceox2tehbhq5ew4z54exmg/VCTmanualfacingpages.PDF>
POPLINE Ordering Number: 291242

deal with peer pressure and begin to adopt and sustain healthy behaviors that will benefit them the rest of their lives.

- **When counseling young clients, try to remember how much courage they have shown in seeking your help.** Think how many adults avoid talking about sex or are embarrassed to ask questions about their sexual and reproductive health. These fearful feelings are likely to be even stronger for many young people. Help put adolescents at ease and demonstrate that you are trustworthy. They will be more likely to be open and honest about their feelings and experiences.
- **Respect your clients' intelligence and life experiences.** Ask them about their sexual knowledge and experience before giving them information they may already know.
- **Show empathy; demonstrate that you understand your clients' thoughts and feelings.** Be patient if your clients take a while to open up. If possible, allow enough time for the session so that young people do not feel rushed. Assure your clients that you will not judge them. Try not to let any personal feelings or biases about how you think young people should behave interfere with your professional behavior.
- **Abstinence is the surest way to avoid HIV/AIDS, other STIs, and unintended pregnancy.** If young people choose to remain abstinent or practice "secondary abstinence," help them develop a strategy to do so. Secondary abstinence refers to choosing abstinence after previously engaging in voluntary or coerced sex. Review the strategies with your clients.
- **If your clients are sexually active and wish to remain so, discuss the concept of being faithful to their partner.** Having multiple, concurrent sexual partners puts young people at a much greater risk of acquiring HIV and other STIs. **Emphasize that condoms can provide dual protection against STI/HIV transmission and unintended pregnancy.** Young people, especially women, may need strong negotiation skills for using condoms. You might help your clients practice what to say if one partner is pressuring the other not to use condoms.

*Note: The manual includes guidance on: **HIV Counseling and Testing** with models for HIV Counseling and Testing in Clinical Settings and VCT centers, whether the results of the tests are negative or positive and tips to share about abstinence, being faithful, and using condoms; **Sexually Transmitted Infections**, including summary charts, key issues to discuss, and a section on*



*special issues for young women; **Pregnancy Prevention** with discussions of Contraceptive Methods for Adolescents; and helping young people develop; and **Life Skills** such as critical thinking, assertiveness and building support networks.*

Key Points:

- **HIV counseling and testing provides an important opportunity for young people to think about issues related to sexual behaviors, including the prevention of other sexually transmitted infections (STIs) and unintended pregnancy.** The counseling and testing process can be a powerful tool for helping young people

For additional resources related to youth services—assessment, planning, training, job aids, and evaluation, see:

Youth-Friendly Services: An Annotated Web-Based Guide to Available Resources. Arlington, Virginia, Family Health International/YouthNet, 2004. Available at: <http://www.fhi.org/en/Youth/YouthNet/ProgramsAreas/YouthFriendlyServices/index.htm>
 —OR— <http://www.fhi.org/NR/rdonlyres/eg3rssnebir3iivljlwju4mifr3hgzbkspoiwuu46772z6xfnznngf4jhnp3e25kcywwc63t4hhm/YFSGuide4.pdf>

Impact of sex and HIV education programs on sexual behaviors of youth in developing and developed countries

Author: Kirby, D., Laris, B.A., Rolleri, L.

Source: Research Triangle Park, North Carolina, Family Health International/YouthNet, 2005. 56 p.

Web site: http://pdf.usaid.gov/pdf_docs/PNADF137.pdf

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<http://fhi.org/NR/rdonlyres/ea77gews4v3axgiyrnkrpmixaph6cmaesuz3nccrodokejfmerwzi5lsgvmmwl3yfeqftsw5m5gc/sexedworkingpaperfinal.pdf>

POPLINE Ordering Number: 297945

Key Point: 17 Characteristics of Effective Sex and HIV Curriculum-Based Programs

Process of Developing the Curriculum

1. Involved multiple people with different backgrounds in theory, research and sex/HIV education to develop the curriculum
2. Used a logic model approach to develop the curriculum that specified the health goals, the behaviors affecting those health goals, the risk and protective factors affecting those behaviors, and the activities addressing those risk and protective factors
3. Assessed relevant needs and assets of target group
4. Designed activities consistent with community values and available resources (e.g., staff time, staff skills, facility space, and supplies)
5. Pilot-tested the program

Content of the Curriculum

6. Created a safe social environment for youth to participate
7. Focused on clear health goals—the prevention of HIV/STIs and/or pregnancy
8. Focused narrowly on specific behaviors leading to these health goals (e.g., abstaining from sex or using condoms or other contraceptives), gave clear messages about these behaviors, and addressed situations that might lead to them and how to avoid them
9. Addressed multiple sexual psychosocial risk and protective factors affecting sexual behaviors (e.g., knowledge, perceived risks, values, attitudes, perceived norms, and self-efficacy)
10. Included multiple activities to change each of the targeted risk and protective factors
11. Employed instructionally sound teaching methods that actively involved the participants, that helped participants personalize the information, and that were designed to change each group of risk and protective factors
12. Employed activities, instructional methods, and behavioral messages that were appropriate to the youths' culture, developmental age, and sexual experience
13. Covered topics in a logical sequence

Implementation of the Curriculum

14. Whenever possible, selected educators with desired characteristics and then trained them
15. Secured at least minimal support from appropriate authorities such as ministries of health, school districts, or community organizations
16. If needed, implemented activities to recruit youth and overcome barriers to their involvement (e.g., publicized the program, offered food, or obtained consent)
17. Implemented virtually all activities with reasonable fidelity

Bibliography

1. ADVANCE AFRICA. Integrated VCT services in Uganda. Best Practices Compendium/Management Sciences for Health/Advance Africa, 2004. 1 p. Available at: <<http://www.advanceafrica.org/Compendium/PracticeDetail.asp?ID=52>>
2. COATES, T.J., GRINSTEAD, O.A., GREGORICH, S.E., SWEAT, M.D., KAMENGA, M.C., SANGIWA, G., BALMER, D., FURLONGE, C. Efficacy of voluntary HIV-1 counselling and testing in individuals and couples in Kenya, Tanzania, and Trinidad: a randomised trial. *Lancet* 356(9224): 103–12. Jul. 8, 2000.
3. COOPER, D., BRACKEN, H., MYER, L., ZWEIGENTHAL, V., HARRIES, J. Reproductive intentions and choices among HIV-infected individuals in Cape Town, South Africa: Lessons for reproductive policy and service provision from a qualitative study. Cape Town, South Africa, University of Cape Town, School of Public Health and Family Medicine, Women's Health Research Unit, Sep. 2005. (Policy Brief) 6 p.
4. FAMILY HEALTH INTERNATIONAL (FHI). Contraception for women and couples with HIV. Research Triangle Park, North Carolina, FHI/ACQUIRE Project, Microsoft PowerPoint file, 2005. Available at: <http://www.fhi.org/training/en/modules/ARV/resources/ContraceptHIV_CLR_PwrPoint.ppt>
5. FAMILY HEALTH INTERNATIONAL (FHI). HIV/AIDS Prevention and Care Department. Preventing mother-to-child transmission of HIV: a strategic framework. Arlington, Virginia, FHI, HIV/AIDS Prevention and Care Department, Jun. 2004. 35 p. Available at: <<http://www.fhi.org/en/HIVAIDS/pub/strat/mtctstrategy.htm>>
6. FAMILY HEALTH INTERNATIONAL (FHI). Integrating services. Network, Vol. 23, No. 3, Research Triangle Park, North Carolina. FHI, 2004. 32 p. Available at: <http://www.fhi.org/en/RH/Pubs/Network/v23_3/index.htm>
7. FISCHER, S., REYNOLDS, H., YACOBSON, I., BARNETT, B., SCHUELLER, J. HIV counseling and testing for youth: a manual for providers. Arlington, Virginia, Family Health International/YouthNet, 2005. 55 p. Available at: <http://www.dec.org/pdf_docs/PNADD624.pdf>
8. KANE, M.M. AND COLTON, T.C. Integrating SRH and HIV/AIDS services: Pathfinder International's experience synergizing health initiatives. Watertown, Massachusetts, Pathfinder International, Mar. 2005. 16 p. Available at: <http://www.pathfind.org/site/DocServer/FP_HIV_Integration_web_copy.pdf?docID=3461>
9. KIRBY, D., LARIS, B.A., ROLLERI, L. Impact of sex and HIV education programs on sexual behaviors of youth in developing and developed countries. Research Triangle Park, North Carolina, Family Health International/YouthNet, 2005. 56 p. Available at: <http://pdf.usaid.gov/pdf_docs/PNADF137.pdf>
10. MARGARET SANGER CENTER INTERNATIONAL (MSCI). Scaling up HIV prevention programs for youth: the essential elements framework in action, New York, NY, MSCI/Safe Youth Worldwide, 2005. 64 p. Available at: <http://www.ppnyc.org/new/publications/ScalingUpSYW_online.pdf>
11. MITCHELL, H.S. AND STEPHENS, E. Contraception choice for HIV-positive women. *Sexually Transmitted Infections* 80(3): 167–173. June 1, 2004. Available at: <<http://sti.bmjournals.com/cgi/content/full/80/3/167>>
12. MOLONEY-KITTS, M., FUCHS, N., BROWN, C., CONLY, S., DELAY, P., et al. Family planning/HIV integration: technical guidance for USAID-supported field programs. Washington, D.C., United States Agency for International Development (USAID), 2003. 19 p. Available at: <<http://www.maqweb.org/maqtools/docs/fphiv.pdf>>
13. POLICY PROJECT. Meeting the reproductive health needs of HIV-positive women: Using evidence to advocate for change. Futures Group International/Policy Project, 2006. 30 p. Available at: <<http://www.policyproject.com/pubs/corepackages/TOO%20RH%20Swaziland%20and%20South%20Africa.pdf>>
14. REYNOLDS, H.W., LIKU, J., MAGGWA, B.N. Assessment of VCT Centers in Kenya: potential demand, acceptability, readiness, and feasibility of integrating family planning services into VCT. Washington, D.C., Family Health International, Sep. 2003. 24 p. Available at: <http://pdf.dec.org/pdf_docs/PNADA521.pdf>
15. RUTENBERG, N., BAEK, C. Field experiences integrating family planning into programs to prevent mother-to-child transmission of HIV. *Studies in Family Planning*. 36 (3): 235–245. Sep. 2005. Available at: <<http://www.popcouncil.org/pdfs/councilarticles/sfp/SFP363Rutenberg.pdf>>
16. UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS), UNITED NATIONS CHILDREN'S FUND (UNICEF), UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID). Children on the brink 2004. Geneva, Switzerland, UNAIDS/UNICEF/USAID, 2004. 46 p. Available at: <http://www.unicef.org/publications/files/cob_layout6-013.pdf>
17. UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID). Bureau for Global Health. Adding family planning to PMTCT sites increases the benefits of PMTCT. Washington, D.C., USAID, Bureau for Global Health, Oct. 2003. (Issue Brief: Population and Reproductive Health) 1 p. Available at: <http://www.usaid.gov/our_work/global_health/pop/techareas/familyplanning/fppmtct.pdf>
18. WORLD HEALTH ORGANIZATION (WHO), UNITED NATIONS POPULATION FUND (UNFPA), JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS), INTERNATIONAL PLANNED PARENTHOOD FEDERATION (IPPF). Sexual and reproductive health and HIV/AIDS: a framework for priority linkages. Geneva, Switzerland, WHO, Oct. 2005. (WHO/HIV/2005.05) 4 p. Available at: <http://www.who.int/reproductive-health/stis/docs/framework_priority_linkages.pdf>



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New Web Site: Resources for Family Planning and HIV/AIDS Integration (www.fpandhiv.org)

All of the resources highlighted in this issue of *Focus on...* can be found in a new online resource developed with the collaboration of a partners working group consisting of over 40 organizations and projects in international development. This knowledge management and program planning tool, Resources for Family Planning and HIV/AIDS Integration (www.fpandhiv.org), is intended to help professionals who are working to integrate family planning and related reproductive health services with activities for preventing and treating HIV/AIDS. The online tool includes a collection of expert-selected documents and other materials that reflect field experience and the latest thinking of the health community on integration of HIV and family planning services. In addition, the tool links users in developing countries to the POPLINE document delivery service, enabling those who qualify to obtain printed and electronic copies of resources.