Dual Method Use - Pregnancy Prevention and STI

HIV Prevalence rates (Adults 15 to 49)

HIV prevalence rates among pregnant women aged 15 to 49 years

Contraceptive Prevalence Rates

HIV incidence among family planning

- Zimbabwe 2.8 per 100 women years
 HC and risk of HIV acquisition study
 4450 HIV negative women in Zimbabwe and Uganda
 Published 2007
- Tanzania 3.4 per 100 women years
 3 large family planning clinics
 Dar es Salaam
 1992 to 1995

Definitions

- Dual Method Use (DMU) use of the male or female condom to prevent STI/HIV infection together with a highly effective method of contraception to prevent pregnancy

Zimbabwe (Magwali et al)

Zimbabwe (continued)

- Correlates of condom use
 Age less than 21 years
 Not being in union with a man
 Reporting more than one sexual partner

South Africa (Myer et al)

South Africa (Morroni et al)

- Higher education, not being married and multiple sexual partners over the preceding year were predictors of condom

Kenya (Spruyt et al)

Dual method use in the USA -Reihman et al

- 522 low income women in Miami
 1994 and 1995
 Over 20% used Dual Methods
 Factors predicting Dual Method Use
 Not being married
 Concern about preventing both pregnancy and HIV infection
 History of having ever had an STI
 Making family planning decisions together with partner
 Confidence in ability to refuse a sexual encounter without a condom

Dual Method Use in the USA (Higgins et

- Review
 Trends and covariates of Dual Method Use in the USA
 Prevalence of DMU varies widely between different populations
 Majority of published work tends to concentrate on adolescents
 Studies associate DMU with
 Younger age

- Younger age
 STI risk behaviors and risk perception
 Number of partners
 Partner support of condom use

Integrating Family Planning and STI/ **HIV** services

- Chikamata et al (Zambia)
 1998 situation analysis, 8 public sector clinics
 Observed 2451 provider-client interactions
 Exit interviews with 3201 clients
 Interviewed 42 providers
 Noted providers uncomfortable with discussing STI/HIV issues with clients
 Recommended STI/HIV risk assessment and counselling as first step to integration
 Note that STI/HIV diagnostic and treatment services would need additional infrastructure and training

Integrating Family Planning and STI/

- Badan, Nigeria
 6 family planning clinics
 Trained providers in HIV/STI counselling
 Provided Female condoms

Integrating Family Planning and STI/

Current study (Parirenyatwa Hospital, Harare, Zimbabwe)

- Based at largest tertiary hospital
 Prospective
 382 family planning clients
 Prevalence of DMU and DPU

- Exit interviews
 Provider Interviews
 We wish to add
 Tests for chlamydia and gonorrhoea
 HIV testing

Current study (continued)

- Other components we wish to evaluate
 Feasibility of provider training in STI/HIV counselling
 Feasibility of provider training in STI/HIV diagnostics and treatment