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Behavioral interventions for improving contraceptive use among women living with HIV: A summary

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Behavioral interventions for improving contraceptive use among women living with HIV: A summary

Women account for approximately 50% of the estimated 37 million people worldwide who are infected with HIV (Joint United Nations Programme on HIV/AIDS, 2016). As many women living with HIV are of reproductive age, effective family planning services can support individuals in choosing whether and when to have a child. Moreover, contraceptive services utilizing behavioral interventions such as education and counseling may help prevent unwanted pregnancies and reduce mother-to-child transmission of HIV.

People infected with HIV want to have children for reasons similar to those who do not have HIV infection, but may also want to avoid stigma or conform to social norms. Improved access to health care services in more developed countries has successfully reduced vertical transmission to infants, but the risks associated with pregnancy remain a concern.

The development of services that address unmet family planning needs and enable women to make informed choices can reduce maternal mortality by delaying first births and increasing the time intervals between pregnancies (Lopez, Grey, Chen, Denison, & Stuart, 2016). However, many previous reviews of family planning strategies have excluded women with chronic health conditions such as HIV infection or have focused on the prevention or transmission of sexually transmitted infections.

The role of the nurse in understanding the social context in these communities in order to support health promotion and infection prevention is key to promoting wellbeing and reducing HIV transmission.

Objectives

The source article is a Cochrane systematic review of behavioral interventions for women living with HIV infection intended to inform contraceptive choice, encourage contraceptive use, or promote adherence to a contraceptive regimen.

Methods

The review authors conducted a comprehensive search for studies of family planning programs for women with HIV up to August 2016. To meet selection criteria, behavioral interventions to prevent pregnancy were required to address the use of at least one modern contraceptive method (i.e., oral contraceptives, implants, intrauterine contraceptive devices, injectables, female sterilization, or condoms). Interventions designed solely for the prevention of HIV infection transmission were excluded from the review. Behavioral interventions may have been delivered within clinic or community settings and via single or multiple sessions, and were targeted to women or heterosexual couples. Strategies could include oral or written material, group or individual counseling, and the use of technology such as video presentations or cell phone reminders. Studies that met selection criteria were evaluated for quality of the evidence according to recommended principles. The reviewers were unable to carry out meta-analyses of results due to heterogeneity of the study designs and interventions.

Results

Ten studies met the inclusion criteria, comprising two cluster randomized control trials (RCTs) and eight non-randomized studies. These were conducted across seven African countries and included 16,116 participants.

Four of the 10 studies were found to be of good quality and showed an effect of the intervention. One study found that women with enhanced family planning services were more likely to use a modern contraceptive method versus women with basic services. A cluster RCT found that women with integrated HIV services and family planning services were more likely to use more effective contraception than women referred elsewhere for services. Another cluster RCT compared an HIV infection prevention and family planning

intervention versus usual care. Women at the special intervention sites were more likely to use highly effective contraception, and were less likely to report unprotected sex at last intercourse, or any unprotected sex in the previous 2 weeks. In a study that integrated both services, women with HIV had a lower incidence of undesired pregnancy, but not overall pregnancy, compared to women without HIV infection.

Conclusions and Implications for Practice

Enhanced family planning services such as integrated family planning and HIV services, enhanced counseling, and/or peer education may increase the use of effective contraception and reduce unprotected sex and unplanned pregnancy among women with HIV infection. Of studies that integrated family planning with HIV services, three with good quality results showed an intervention effect. They also reported that health care providers and educators received integrated family planning and counseling training, which might have strengthened the program and improved contraceptive use. Comparative research involving contraceptive counseling for women with HIV is still limited, but more recent studies provided good quality evidence. Family planning counseling should be appropriate for the woman's fertility intentions, lifestyle, preferences, and socioeconomic situation. The review authors acknowledged that improved counseling methods continued to be especially needed for limited resource settings such as HIV clinics.

References

Joint United Nations Programme on HIV/AIDS. (2016). *AIDSinfo*. Retrieved from <http://aidsinfo.unaids.org/>