



# Preventing HIV/AIDS through Family Planning

## Common Purposes, Overlapping Populations, Shared Opportunities

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Family planning programs now reach millions of people in developing nations, though scores of millions still lack access to services. By definition, family planning programs serve those who are sexually active. A significant, though unknown, proportion of individuals seeking family planning services will be exposed to the risk for HIV infection or are already infected. While HIV/AIDS and family planning programs share the common goal of healthy sexuality, family planning services have been neglected, by and large, as a vehicle for preventing HIV infection or for identifying those who are infected. Redressing this lost opportunity would create an important new channel for expanding the battle against HIV/AIDS.

There is a high degree of overlap between the population at risk for unintended, unsafe pregnancies and those at risk for HIV/AIDS. As the AIDS pandemic has spread, it has assumed a “woman’s face,” with almost six out of 10 new HIV infections occurring in women. Globally, nearly half of those currently affected by HIV/AIDS are women. Women and girls at high risk for unintended pregnancy and maternal death are often the same women and girls who are at high risk for HIV infection. Many women make contact with the health care system to seek care for their children, during the course of a pregnancy, and to secure family planning. These visits present valuable opportunities to reach women with information and services that can empower them to reduce their own risk for infection and the risks to their partners and children.

Half of all new infections occur among young people ages 15 to 24.<sup>1</sup> The vulnerability of young people can be attributed to a variety of factors, including early marriage, gender inequities that heighten the vulnerability of girls and young women, cultural and social constructs of masculinity that contribute to risk-taking behavior among adolescent males, a distorted sense of invulnerability, lack of information about how to reduce the risks for undesired pregnancy and HIV infection, and health services that are poorly adapted to the needs of young people. Young women are also especially disadvantaged in accessing family planning, though a high percentage of them are married or sexually active and would like to avoid a pregnancy. Responding to the unmet demand for family planning among young adults would also open a door to mitigating unsafe sex.

## An Expanded Alphabet: *ABC, Plus D, T, and F*

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Common purposes and populations have not yet yielded common strategies. Family planning has been grossly underutilized as a vehicle for addressing the spread of HIV/AIDS. The “ABC” approach to HIV/AIDS—**A**bstain, **B**e faithful, or use **C**ondoms—has justifiably received widespread attention. But we know that this approach is not enough; no simple formulation will be enough to meet the needs of widely diverse

populations and contexts. Delayed sexual activity among young people also has an important role to play. Treatment of opportunistic infections and increased access to antiretroviral treatment are necessary if death rates from AIDS are to decline. The lesson of the last 20 years is that a comprehensive approach to HIV/AIDS is needed. This includes adding a new letter—*F*, for family planning—to the HIV/AIDS lexicon.

## Counseling, Choices, and Condoms

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Family planning programs create an opportunity for **counseling** sexually active people about the whole range of sexual risks, including those for unintended pregnancy and exposure to HIV. These programs attract a wide array of individuals also potentially vulnerable to the risk for HIV infection. These include unmarried young people who are not sexually active; unmarried, sexually active young people; married young people; mature women exposed to risk from their partners; men choosing condoms, vasectomy, or information; and couples seeking family planning advice and services.

Family planning providers adept at counseling can help clients assess and minimize their risk for HIV. Clients should receive information on unsafe sex and safer sex practices from family planning providers, educators, and counselors. Effective counseling requires special training of health workers in communication and technical skills. Programs in Brazil, Honduras, Jamaica, and Egypt have demonstrated the feasibility and efficacy of sexuality counseling as part of routine family planning services.<sup>2,3</sup>

No single strategy will be effective for all individuals. Abstinence, monogamy, fidelity, and delayed sexual activity will be the right answer for some. But the vast majority of individuals seeking family planning are sexually active and married, and some are exposed to the risk for HIV infection. These individuals must be afforded the opportunity to choose condoms for their own health and that of their sexual partners. This is especially true for couples in which one partner is HIV-infected and the other is not. Family planning services are able to promote **condom use for dual protection** to prevent both undesired pregnancy and sexually transmitted infections, including HIV.

## Preventing Mother-to-Child Transmission of HIV through Family Planning

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The most effective way to prevent vertical transmission of HIV, from the mother to the newborn, is to ensure that the mother does not become infected in the first place. Although family planning services have been underutilized as a means of reaching women with HIV prevention services, this strategy should receive greater attention and resources.

Women who are HIV-infected remain vulnerable to unintended pregnancy, which contributes to the high incidence of maternal-to-child transmission of HIV. Family planning is an important method of reducing this transmission. And many women with an unmet need for family planning are either HIV-infected or at risk for infection, and thus need family planning information, services, and choices. Preventing undesired pregnancy could reduce the number of children born with HIV. While increasing access to HIV treatment for pregnant women is critically important, it is only one part of a broader strategy for preventing transmission. HIV-infected women who wish to avoid or delay pregnancy must have ready access to family planning.

In the U.S. Agency for International Development's 14 priority countries for preventing childhood HIV infection, the aggregate unmet need for family planning is 16% of all women of reproductive age. Making voluntary family planning services widely available in these countries could avert 155,000 unintended pregnancies among HIV-infected women, 55,000 child deaths, and the birth of 32,000 children born infected with HIV.<sup>4</sup> The World Health Organization strategy for preventing childhood HIV infection, therefore, emphasizes both family planning and the administration of anti-retrovirals to pregnant women.

## Family Planning, Voluntary Counseling and Testing, and Treatment

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In addition to counseling and prevention, family planning services provide the opportunity to identify those who are HIV-infected and guide them to services, including treatment. Voluntary counseling and testing (VCT) is a critical element of HIV/AIDS prevention and care. VCT programs counsel individuals and couples on preventing and managing HIV infection, test clients for infection, and refer them for continuing care and other services as needed. In highly affected countries, the sheer number of HIV-infected individuals requires creative use of every available resource to make VCT easily accessible. As care and treatment become more readily available, the demand for VCT will grow quickly. Access to VCT should be a standard part of family planning services.

Conversely, VCT services should respond to the family planning needs of individuals, whether they are HIV-positive or -negative. Currently, most VCT programs omit family planning. Program managers may fear that including family planning counseling would weaken the focus on HIV prevention, divert limited time and money, and be unacceptable to clients and staff. But there is little evidence that these fears are warranted. Family planning and VCT are mutually supportive, since both aim to manage and reduce the risks associated with sex. HIV programs can and should routinely offer family planning counseling, services, and referrals.

People living with HIV and AIDS must be able to exercise their reproductive rights, without facing stigma or discrimination. HIV-infected men and women must have the information and means to engage in safer sex and to make informed choices about becoming a parent. To respond effectively to the needs of individuals, health providers need technical updates on the interactions between contraceptives, antiretrovirals, and treatment for opportunistic infections.

### *Kenya Case Study*

In Kenya, 61% of the 2.5 million people living with HIV or AIDS are women. Every year, about 120,000 HIV-infected women become pregnant. At the same time, 24% of married women lack access to family planning. Kenyan women have an average of five children during their lifetime, and maternal mortality rates are among the highest in the world.

The EngenderHealth-managed AMKENI Project, in collaboration with the Kenyan Ministry of Health and Family Health International, investigated the feasibility of integrating family planning counseling and commodities into the country's VCT program. The study demonstrated the viability of integrating family planning into HIV counseling and testing. As a result, national policy has been reformed, and the AMKENI Project is helping the Ministry of Health to implement this new policy.

## No Missed Opportunities

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Family planning has been an enormously successful public health intervention and has significantly improved global health, including reduction of unintended pregnancy, child mortality, and maternal deaths.<sup>5,6</sup> Given adequate funds and political support, voluntary, quality family planning programs yield important health, social, and economic benefits.

Family planning services contribute in well-documented ways to HIV prevention<sup>7</sup> and should be recognized as an essential strategy for reducing the toll of the HIV/AIDS pandemic, especially among women, as these services have the skills, human resources, and infrastructure critical to reducing vulnerability to HIV/AIDS. Conversely, HIV prevention and care programs have the opportunity and responsibility to help individuals make informed decisions about family planning.

## References

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