ADAPTING THE FRAMEWORK

Swaziland’s Experience

Lindiwe Malaza

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Swaziland Context

- HIV prevalence: 26%
  - 38% in women
  - 23% in men
- HIV incidence: 2.38%
  - 3.1% in women
  - 1.7% in men
- Contraceptive prevalence is 66.1% (2014), increased from 65.6% (2010)
  - Injections most common method at 17.2%
  - Followed by pill at 9.9%
- Unmet need for contraceptives is 15.2% (2014), increased from 13% (2010)
  - Among girls 15-19 it is 24.6%
Adaptation Consultative Meeting

- Meeting held **March 30th and 31st, 2015** in Ezulwini, Swaziland
- **27 stakeholders** with representation from:
  - Ministry of Health; SRH Unit, Health Promotion Unit, Swaziland National AIDS Program
  - Swaziland National Network of People Living with HIV/AIDS (SWANNEPHA)
  - Swaziland Business Coalition on Health and AIDS (SWABCHA)
  - mothers2mothers
  - Family Life Association of Swaziland
  - Elizabeth Glazer Pediatric AIDS Foundation
  - UNFPA
  - WHO
  - Health Communication Capacity Collaborative
  - USAID Swaziland
  - USAID Washington
Discussions

- As evidence is inconclusive, many questions as to whether it would be more detrimental than helpful to release this information to the general public.

- Stakeholders concerned about potential drop in contraceptive use if information was widely distributed without people fully understanding it (for both WLHIV and those HIV negative).

- Since injection is most common in Swaziland, important to ensure any information provided does not compromise the use of the injection for those seeking to prevent pregnancy.

- Important to balance risk with benefits of contraceptive use.

- Concern that men may begin to blame women for transmitting HIV as they are the users of hormonal contraception.
Outcomes

- Encourage dual protection rather than distributing information on inconclusive studies
  - *Important to strengthen family planning counseling in this regard*
  - *Any materials produced should stress the importance of dual protection*

- Still important for providers to understand the risks and they should be made aware of the concerns around some hormonal contraception
  - *Information should be provided in trainings and guidelines for providers*
Materials Produced

- Updates to the National Family Planning Guidelines
- Updates to the Family Planning Training Manual for providers have been completed and disseminated
- Adapted materials from the South Africa ZAZI campaign on dual protection have been completed and are finalizing translations and printing
  - Brochure
  - Poster
<table>
<thead>
<tr>
<th>METHODS TO PREVENT HIV, STIs AND PREGNANCY</th>
<th>METHODS THAT PREVENT ONLY PREGNANCY</th>
<th>METHODS THAT PREVENT ONLY HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MALE CONDOM</strong></td>
<td><strong>FEMALE CONDOM</strong></td>
<td><strong>INTRAUTERINE DEVICE (IUD)</strong></td>
</tr>
<tr>
<td>This is a thin sheath made of latex or another material that covers the penis.</td>
<td>This is a flexible sheath made of latex or another material that covers the penis.</td>
<td>This is a thin sheath made of plastic or metal that is inserted into the uterus.</td>
</tr>
<tr>
<td><strong>WHY IT WORKS?</strong></td>
<td><strong>HOW DOES IT WORK?</strong></td>
<td><strong>WHAT ARE THE ADVANTAGES?</strong></td>
</tr>
<tr>
<td>Acts as a barrier to keep body fluids (semen, blood, etc.) from entering or leaving the reproductive tract.</td>
<td>It prevents sperm from entering the female reproductive tract.</td>
<td>It prevents pregnancy and is effective for up to 10 years.</td>
</tr>
<tr>
<td><strong>WHEN SHOULD I USE IT?</strong></td>
<td><strong>SIDE EFFECTS</strong></td>
<td><strong>COMPILATIONS</strong></td>
</tr>
<tr>
<td>It is used for every sexual encounter.</td>
<td>There may be slight irritation or discomfort.</td>
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</tr>
</tbody>
</table>

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**NOTES:**
- HIV: Human Immunodeficiency Virus
- STIs: Sexually Transmitted Infections
- HIV: Human Immunodeficiency Virus
- PEP: Post-Exposure Prophylaxis
- IUD: Intrauterine Device
- ART: Antiretroviral Therapy

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Thank You

Lindiwe Malaza

lindzmalaza@gmail.com