

Integrate Family Planning, Reproductive Health to Combat HIV/AIDS in China

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I. Background

As the most populous country in the world, China has established a very strong reproductive health infrastructure, which can provide the IEC, management and technological service in deferent level over the past three decades. The infrastructure can be used to get instant result in HIV/AIDS prevention, by combining AIDS activities into reproductive health programs in advocacy, health promotion, service provision, research, and information communication.

With the HIV/AIDS epidemic is spreading from high-risk populations to the general population, female infect risk is increasing, the way of sexual transmitted exacerbating, the Chinese government reaffirms its commitment to the implementation of the ICPD Program of Action, and to emphasizing the comprehensive measures to combat the HIV/AIDS. So, it is very important that to tackle Reproductive Health and HIV/AIDS within an integrated framework. And, we will generate the political will needed to develop and integrate HIV/AIDS policies into national reproductive health policies. Integrating

reproductive health programs with HIV/AIDS prevention and treatment is a principle set by the ICPD Program of Action. It has proven to be the most cost-effective practice. Consistent with this principle, we are seeking an integrated approach to combat HIV/AIDS.

II. Rationale for integration of HIV/AIDS prevention and control with reproductive health services

1. HIV/AIDS transmission is a very important part of reproductive health issues.

Firstly, the transmission ways of HIV/AIDS is closely related with Reproductive system; secondly, reproductive tract infections (RTIs) will increase the risk of contracting HIV/AIDS; Thirdly, Condom use can reduce the infection risk of HIV/AIDS.

2. China boasts a strong public education and RH technical service network.

The current six-tier family planning network, linking FP service providers at national, provincial, prefecture, county, township and village levels, is capable of providing publicity, education, technical services, information collection and analysis, distribution of condoms and quality control. The network, including 400,000 professionals, nearly one million village FP workers and tens of millions of volunteers, is working vigorously in urban and rural communities providing basic reproductive health services and conducting public education campaigns in an effective and interactive way.

3. China has years of experience in population and reproductive health promotion, a great advantage for HIV/AIDS prevention and control.

Since the ICPD held in Cairo in 1994, reproductive health/family planning organizations at all levels have conducted various public education campaigns, increasing public awareness of reproductive health issues. Over the past few years, with the unfolding of the Quality of Care Project, the introduction of the "human-centered" approach has helped to transform both the form and content of publicity and education campaigns. In addition to conventional methods such as training sessions, wall newspapers, posters and exhibitions, new methods like face-to-face counseling, peer education, community services and voluntary participation have been introduced and have begun to change people's behaviors. Its content has shifted from focusing merely on reproductive health knowledge to integration of this information with practical knowledge and skills.

4. The grave HIV/AIDS situation calls for dissemination of knowledge through multiple channels.

The prevalence of HIV/AIDS in China has shown alarming features. The epidemic is increasing dramatically. Although there is low prevalence nationally, there is high prevalence in specific populations and certain regions. The HIV/AIDS epidemic is spreading from high-risk populations to the general population. High risk behavior has seen an increasing trend. There is a lack of HIV/AIDS related knowledge and severe social discrimination. A high RTI prevalence rate among rural women is increasing the risk of HIV transmission. And, some areas still have cases of HIV infection through blood transfusion and iatrogenic infection.

5. Integrating RH/Family Planning and HIV/AIDS desensitize the sensitive HIV/AIDS issue.

Many such facilities, while providing these services, have introduced voluntary counseling and testing (VCT) and voluntary counseling and referral (VCR) into HIV/AIDS prevention efforts, enabling clients to access HIV/AIDS counseling and testing on a voluntary basis. This move has helped to desensitize the sensitive issues and is easily accepted by the clients. The new, integrated service is instrumental in increasing the HIV testing rate and obtaining an understanding of the real HIV/AIDS situation.

III. The practices in reproductive health and HIV/AIDS prevention and control in China

In order to benefit from the latest international experience and to develop strategies for integration of reproductive health and family planning with HIV/AIDS prevention and treatment programs, the Chinese government, in collaboration with non-governmental organizations and relevant enterprises, implemented a pilot project. Major measures include:

1. Advocate with policy makers, managers and service providers at all levels and provide them with systematic training; with support from UNFPA and the Ford Foundation, provide systematic training to family planning service providers across the country in order to introduce the human-centered approach and reinforce capacity building in HIV/AIDS prevention and control and related counseling services; conduct massive

publicity and education campaigns to increase people's awareness and knowledge about HIV/AIDS and promote condom use.

2. Integrate resources and efforts, including integration of RH/FP services with HIV/AIDS prevention. Specifically, efforts have been made to integrate resources such as service providers, service facilities and service delivery; and to integrate HIV/ AIDS messages into RH/FP public education and behavior change communication efforts, such as the need for regular check-ups for HIV/AIDS carriers. Attention has also been paid to prevention of HIV/AIDS transmission through RH-related channels such as sex and mother-to-child transmission.

3. Care for disadvantaged groups. The Chinese government is exploring ways to conduct HIV/AIDS intervention projects among disadvantaged groups such as migrants, adolescents and women, to increase their awareness about HIV/AIDS through peer education and provide relevant services to them in order to improve their reproductive health conditions; and to implement RTI intervention projects to help reduce HIV/AIDS risks. Practice at eight pilot sites has to some extent helped raise the reproductive health level of local people and reduce their chance of contracting HIV/AIDS.

4. Integrate religious and cultural activities with reproductive health and anti-HIV/AIDS efforts. Many of the eight pilot sites are ethnic-inhabited areas. Taking into account local cultural and religious traditions and customs, we develop forms of public information and education accepted by local people. In Gansu, a province with many Muslims, the efforts we made to prevent HIV/AIDS and improve reproductive health of local people through religious leaders have achieved notable results.

5. Advocate for respect and care for the HIV infected and their families. The China Population Welfare Foundation implemented a project to help impoverished mothers in AIDS-affected regions, setting a good example for integrating HIV/AIDS prevention with poverty alleviation and reproductive health projects.

IV . The facing challenge in integrating reproductive health and HIV/AIDS prevention

1. Inadequate service capacities. Certain numbers of service providers are still unclear as to the ways of HIV/AIDS transmission. In the condom marketing project, for example, a considerable number of service personnel were satisfied with mere distribution of

condoms, but don't know how to help target groups use condoms properly and effectively.

2. Ineffective intervention in the knowledge/behavior patterns of target groups/clients. Baseline surveys indicate that an overwhelming majority of people are ill-informed of HIV/AIDS prevention and of potential risks. Despite massive awareness campaigns, a considerable number of people were still not covered; even among those that were covered in the campaigns, many were limited in their knowledge of HIV/AIDS to a basic understanding of the ways of transmission. They don't know exactly how to reduce the risks of HIV/AIDS.

3. Difficulty in ensuring interagency collaboration and resource development.