Should ART clinics be offering sexual & reproductive health services? Provider perspectives on the integration of sexual & reproductive health care in Swaziland

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**1) Study background & aims**

The integration of sexual and reproductive health (SRH) with HIV services has become a policy focus in recent years, yet little attention has been given to the perspective of HIV providers to delivering integrated care. Findings elsewhere suggest that HIV providers are resistant to integrating SRH in their practices, and may have little time or will to provide a comprehensive package of care to clients.1

A mixed methods study is being conducted in four HIV clinics in one town (Manzini) in Swaziland to explore the process of health care delivery at stand-alone and integrated sites (see Figure 1). The study will also assess integrating HIV and SRH services is an effective model of health care for HIV patients, through a comparative analysis of integrated and stand-alone HIV service delivery models. This paper presents findings from the first part of the study, interviews with health care providers. The sub-aim was to contribute to integration research and to offer a broader perspective on the SRH needs of clients and service response, and the contextual factors influencing integration success.

**2) Methods**

- **Participants**: The sample consists of 25 providers from 4 clinics in different models. Participants were recruited through list sampling (integrated and stand-alone). Participants are providers from Antiretroviral therapy (ART) clinics and also clinic services. Providers were recruited to the study if they identified as providing SRH and HIV services on a regular basis. Providers were also recruited if they identified as providing integrated or stand-alone services.

- **Data collection tools**: Open-ended interviews were conducted with providers from the different integrated and stand-alone sites, and form the basis of this paper. Interviews were conducted with providers from the same facilities and from different facilities to offer a broad perspective on the practices and challenges faced by providers. A total of 4 interviews were conducted with providers from the same facilities and from different facilities to offer a broad perspective on the practices and challenges faced by providers. A total of 4 interviews were conducted with providers from the same facilities and from different facilities to offer a broad perspective on the practices and challenges faced by providers. In the interviews, providers were asked about their experiences and perceptions of the integration process from their own perspective.

**3) Results**

**i) Provider perceptions on integration**

- **Most providers were enthusiastic about the concept and potential benefits of integration**. One provider stated that integration was “a win-win situation” and that it “makes sense to integrate health services because they are all offend.”

- **However, integration was challenging**. Providers identified several barriers to integration, including time constraints, lack of space, and lack of resources.

**ii) The process of care in different models**

- **While all providers promote condoms for FP and transmission prevention, few explicitly mention contraception.** Providers are asked about their experiences and perceptions of the integration process from their own perspective.

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