

Contraception Choices and Questions

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**Meeting the HIV Prevention Needs
of Adolescent Girls and Young Women
Zimbabwe Stakeholders Meeting on REACH**

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Overview

- Why is contraception required in REACH?
- Choice is important
- Some basics about reproductive health
- Understanding the different contraceptive methods to be offered in REACH

Why is contraception required?

- We don't know whether the ring is safe to use during pregnancy
 - The dapivirine ring is an investigational product
 - Some women in ASPIRE and The Ring Study became pregnant when they were using the ring, and they had normal pregnancies -- they also stopped using the ring as soon as they learned they were pregnant
 - MTN hopes to conduct studies in pregnant and breastfeeding women here in Africa

MTN's Mantra: Expand the Method Mix

- MTN is committed to providing its study participants a range of effective contraceptive methods from which to choose
- Created the Contraceptive Action Team (CAT) in 2012:
 - In VOICE, most women used either the pill or injectable contraceptives, especially DMPA.
 - Potential HIV risk associated with use DMPA
 - Women were counseled on other methods but sites did not provide them directly – it may have been easier to take what was available onsite than to follow through on a referral
- The goals of the CAT were to develop contraception experts at each site and for sites to offer at least four methods
- The assumption: With access to a variety of methods, women would naturally diversify their uptake.

Methods offered in REACH



- Participants must use an effective method of contraception
- Site staff will counsel participants on the different options
- All options will be available directly at the site.
- Specific methods that will be offered :
 - Copper-T IUD
 - Implanon Implant (single rod)
 - Jadelle Implant –(2 rods)
 - DMPA Injectable
 - Oral contraceptives

Only one new thing at a time



- Must use one of these contraceptives for at least two months prior to enrollment
 - We will start them on a method if they are not already on one
- Want to be sure she has time to get accustomed to the contraceptive – and that initial side effects subside – before she begins use of the vaginal ring or oral PrEP
 - Don't want her experience using the contraceptive to overshadow her experience with the study products
 - The study team can be more certain that any side effects or changes that occur during product use are attributable to the ring or PrEP and not the contraceptive.



The Zimbabwean Context

Among unmarried sexually active girls age 15-19:

- 67% are not using a method of contraception
- The most common methods by those using contraception are:
 - Male condoms (16.4%)
 - Implants (5.8%)
 - Injectables (5.6%)
 - Pill (4.8%)

Among sexually active girls age 15-19 in a union:

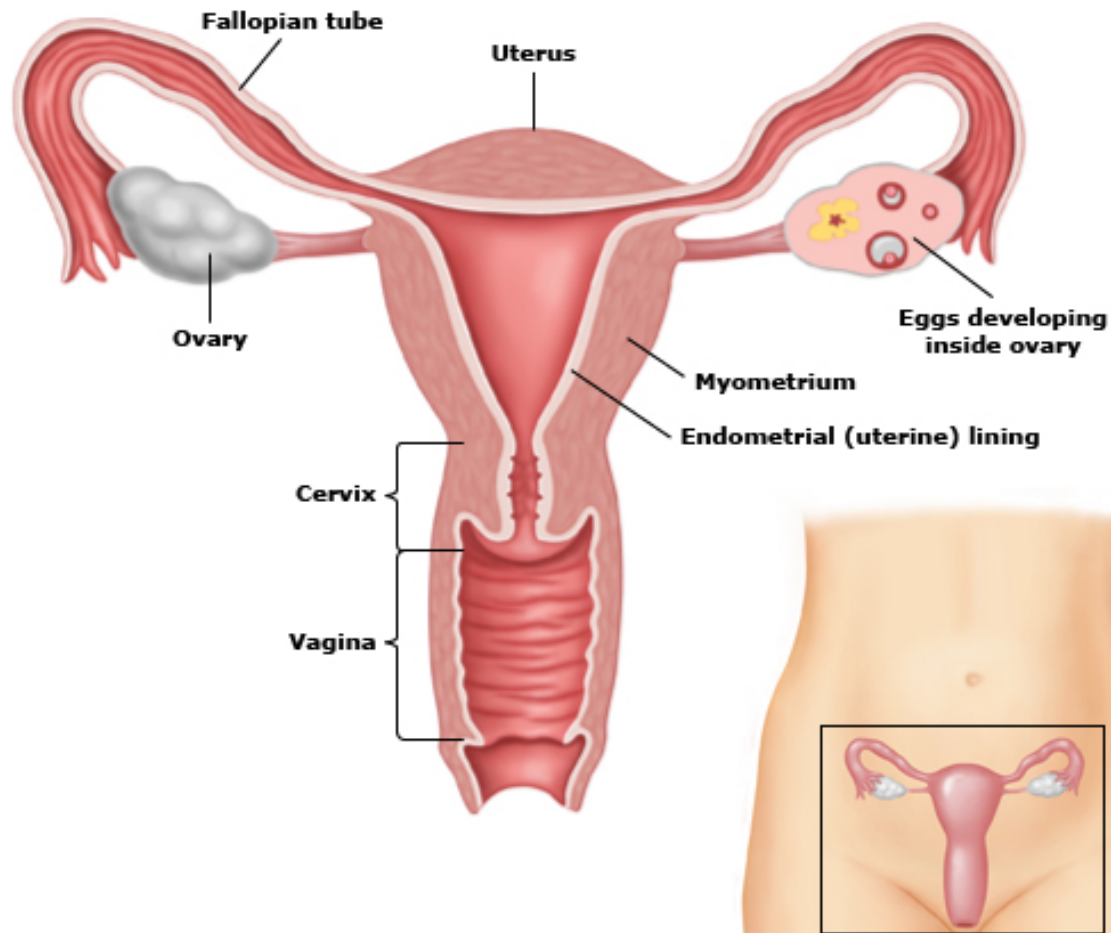
- 54% are not using contraception
- The most common methods of those using are:
 - Pill (31.7%)
 - Injectable (8%)
 - Implants (3.6%)

The National Family Council is promoting use of LARCs – implants and IUDs

Where Do Babies Come From?

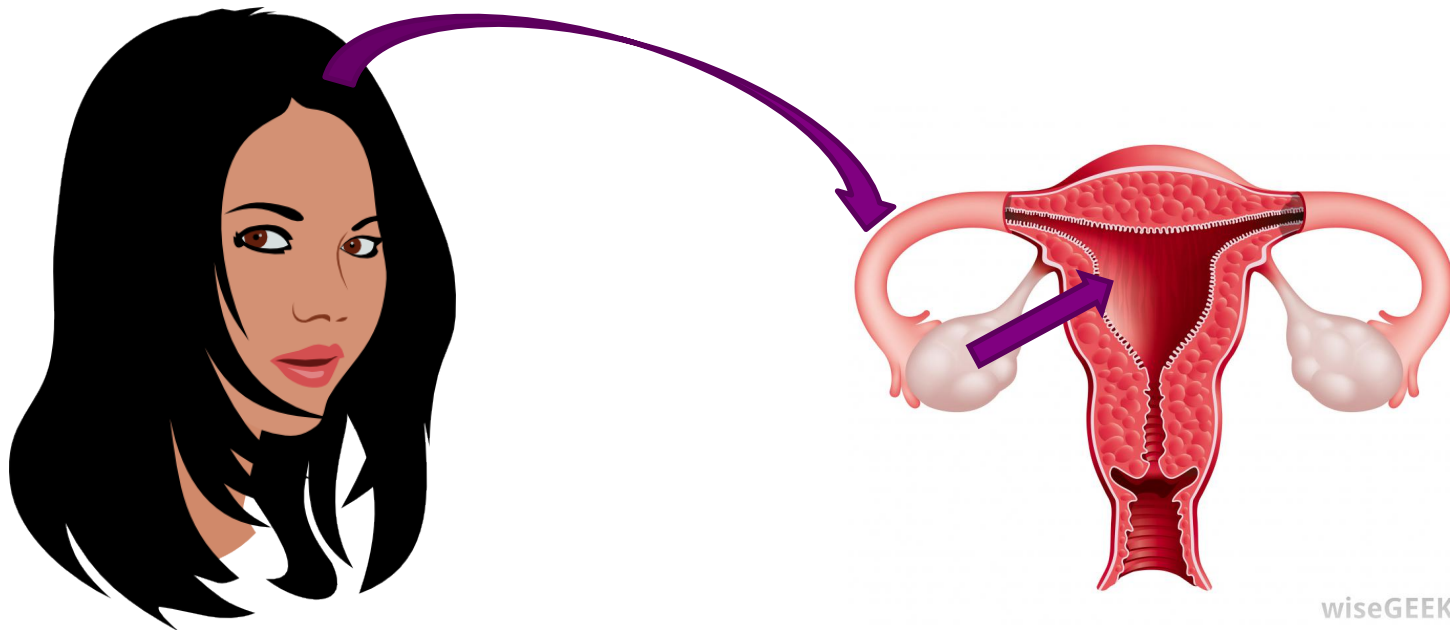
A quick review!

Anatomy Overview



Hormones!

- Hormones regulate the menstrual cycle
 - Hormones in the brain, develop an egg in the ovary and signal hormones in the ovaries
 - Ovarian hormones affect the uterine lining



Two Most Important Hormones

- Estrogen
- Like fertilizer
- Makes the lining of the uterus thick



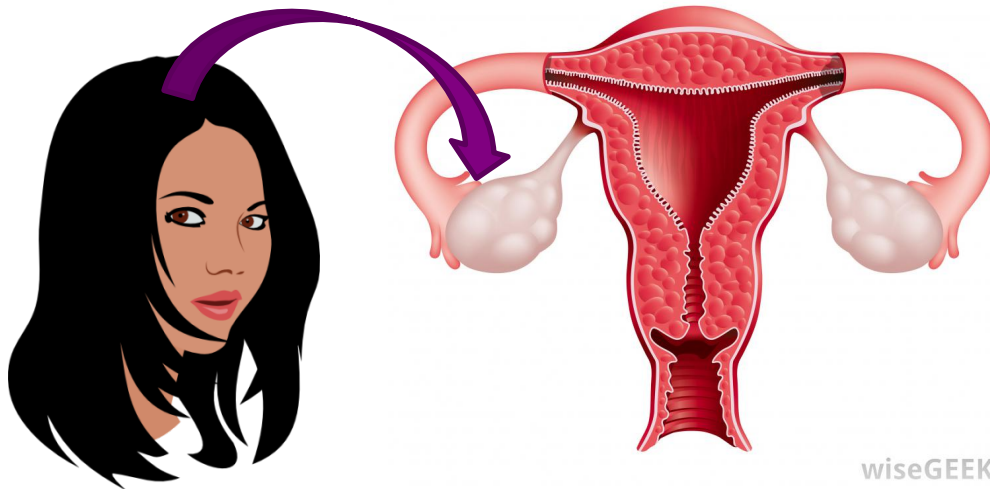
- Progesterone
- Like a lawn mower
- Thins the lining of the uterus



How to Fall Pregnant

Step 1

- Brain stimulates “follicle” (early egg) in the ovary
- Egg is released from the ovary (ovulation) and it is swept into the tube



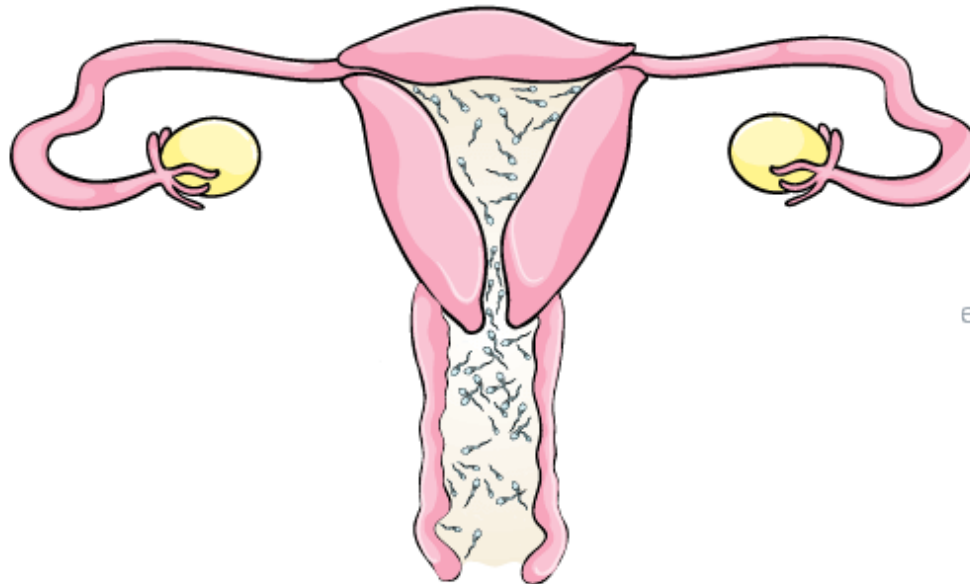
wiseGEEK



How to Fall Pregnant

Step 2

- MEANWHILE...
- Sperm travel through the vagina and up into the uterus



e

How to Fall Pregnant

Step 3

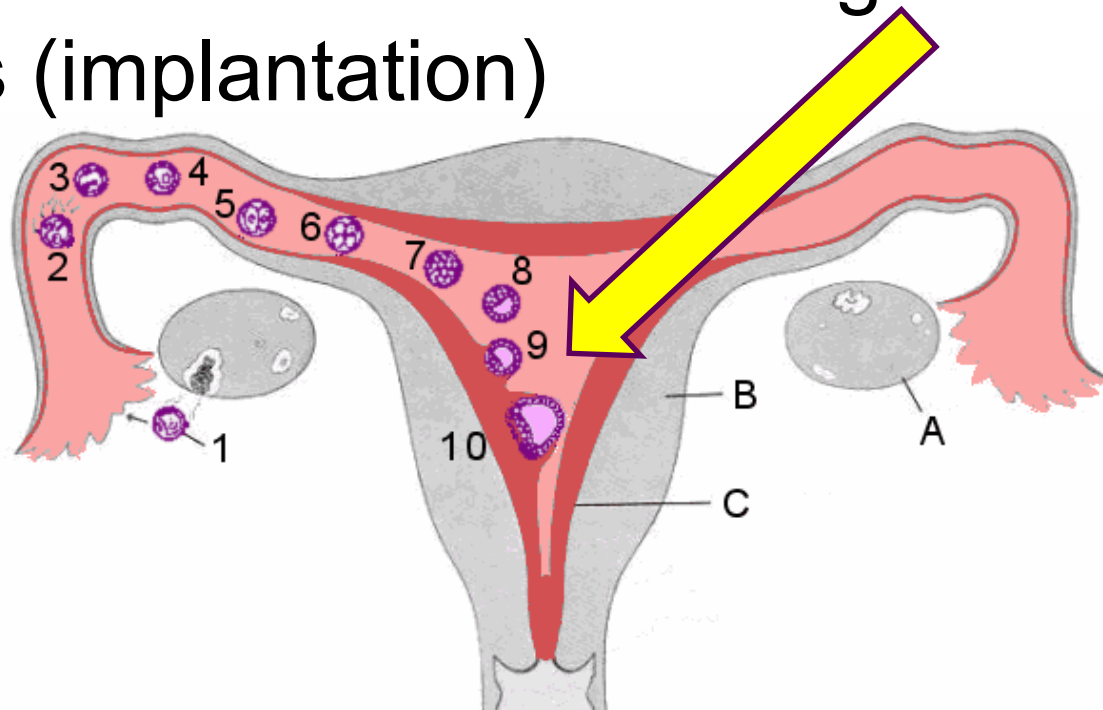
- Sperm and egg unite (fertilization)



How to Fall Pregnant

Step 4

- The united egg and sperm travel through the tube and land in the lining of the uterus (implantation)



Nine Months Later



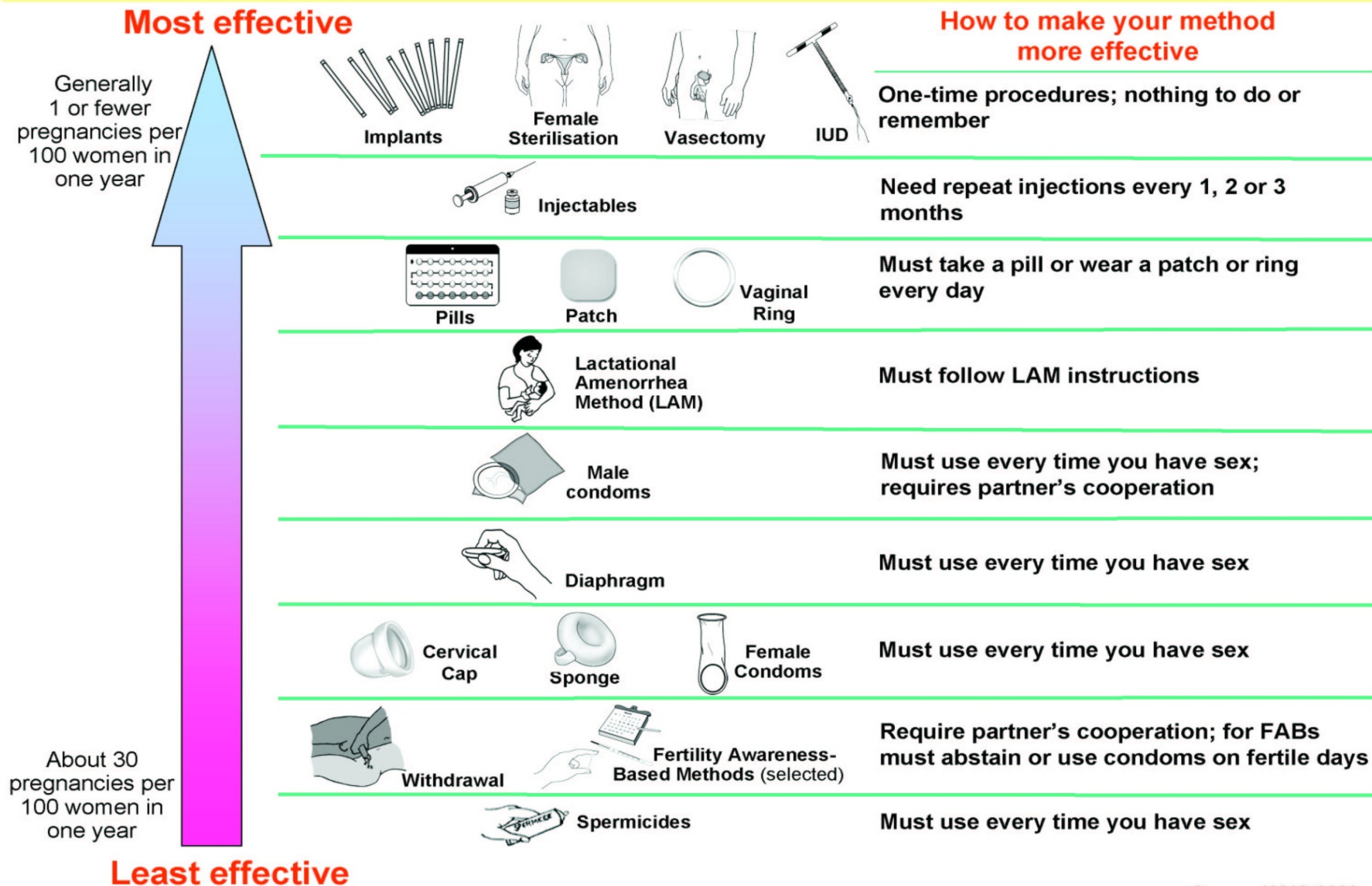
Contraception

- Different ways to prevent pregnancy
 - Remove the tubes
 - Remove the sperm
 - Thicken mucus so that sperm can't swim to the egg
 - Prevent ovulation
 - Make the uterine lining hostile to a developing pregnancy
 - LOTS OF WAYS!

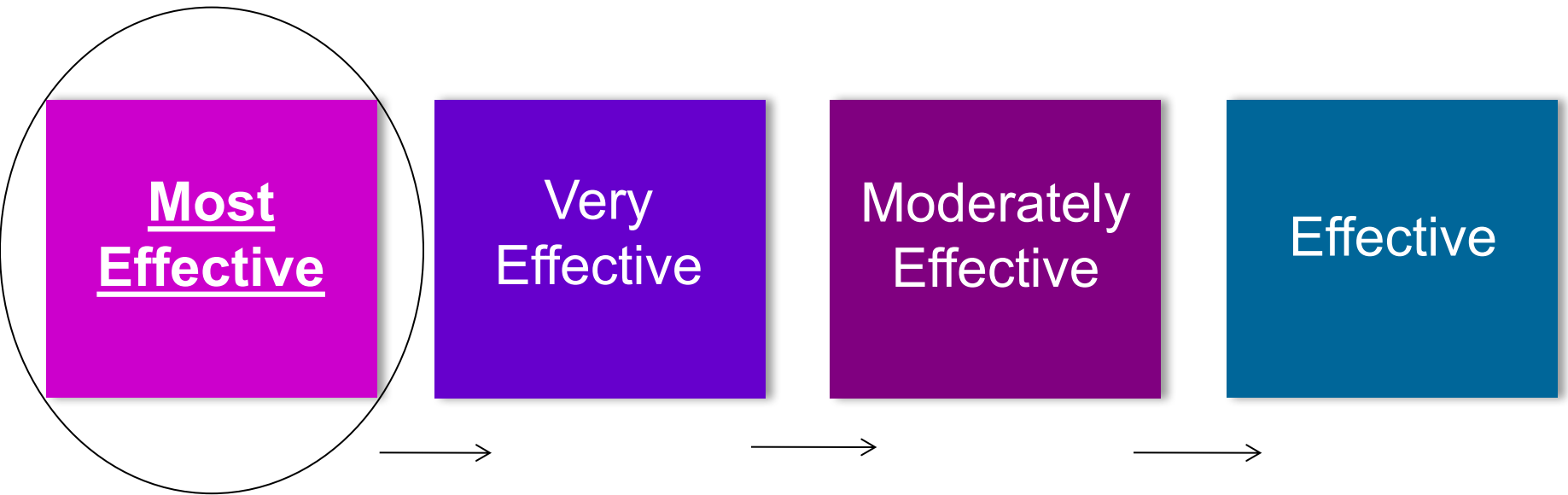


Overview of Methods

Comparing Typical Effectiveness of Contraceptive Methods



Current Contraceptive Options in REACH



Long-Acting Reversible Contraception

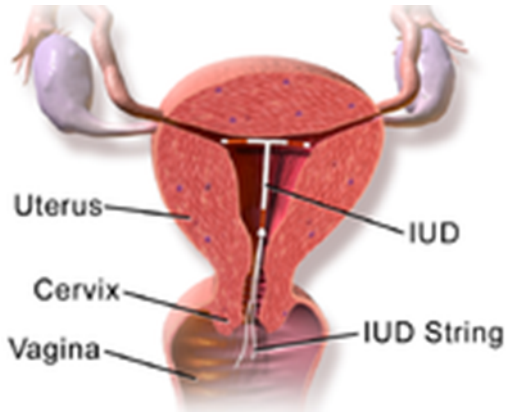
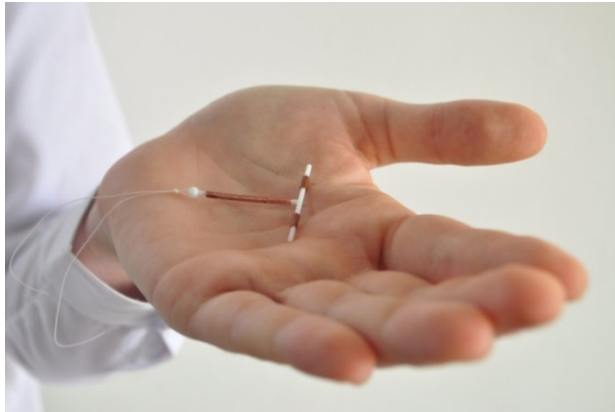
Most
Effective

Long Acting Reversible Contraception (LARC)

- The MOST effective contraception that is NOT permanent
- LARC methods include
 - IUCD
 - Implant
- The World Health Organization (WHO) supports promoting LARC use amongst adolescents because LARCs are SAFE and EFFECTIVE

IUCD- Copper

**Most
Effective**



Intrauterine Device (IUD)

Intrauterine Contraceptive Device

- ❑ Made of flexible plastic
- ❑ Releases copper ions that are toxic to sperm
- ❑ No hormones
- ❑ Inserted in the clinic in 5 minutes
- ❑ May have spotting or cramping the first few months
- ❑ Periods may be longer (+1-2 days) and may have more cramps
- ❑ Works for 10 years
- ❑ Once the IUCD is removed, return to fertility is immediate

Failure rate <1%

Implanon Implant

Most
Effective



- ❑ Progestin medication
- ❑ Single plastic rod placed under the skin
- ❑ Releases a hormone
- ❑ Works for 3 years
- ❑ Thickens mucus, prevents ovulation, and alters the lining of the uterus
- ❑ Takes 5 minutes to insert in the clinic
- ❑ May have less bleeding compared to regular periods
- ❑ May have unpredictable bleeding
- ❑ Weight gain (less than 3 kg on average)
- ❑ Return to fertility is immediate

Failure rate <1%

Jadelle Implant

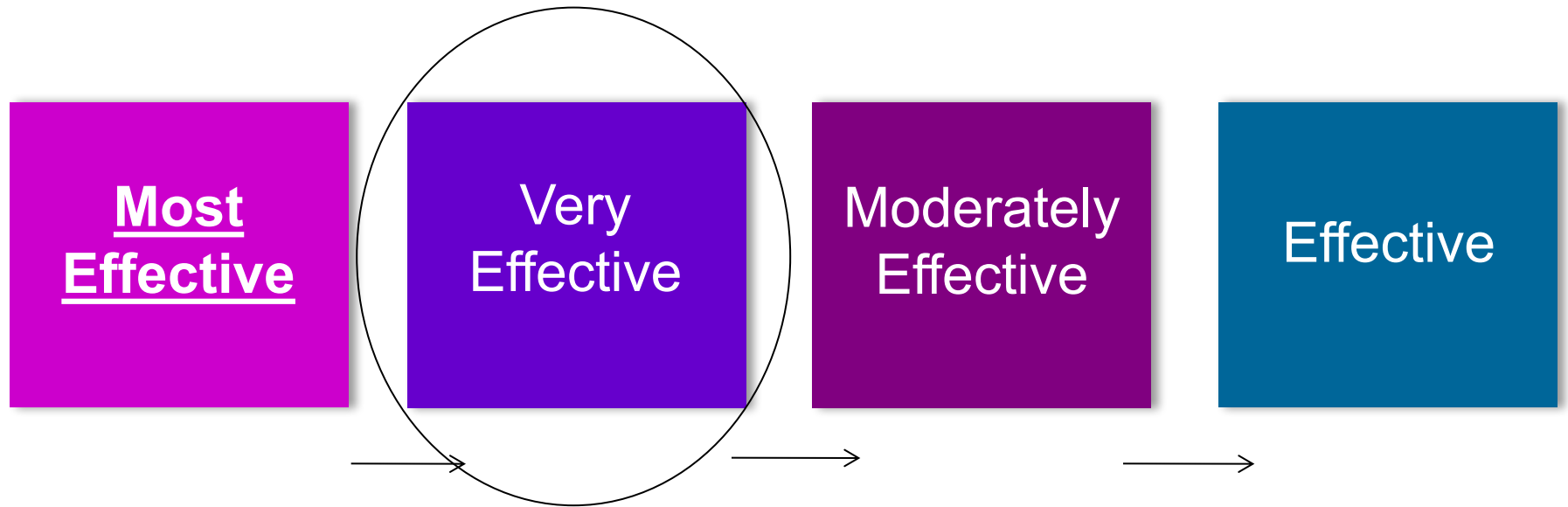
Most
Effective



- Progestin medication
- 2 plastic rods inserted under the skin
- Releases a different hormone than Implanon
- Works for 5 years
- Thickens mucus, prevents ovulation, alters the lining of the uterus
- 5 minutes to insert
- Similar side effects as Implanon
- Return to fertility is immediate

Failure rate <1%

Current Contraceptive Options in REACH



Injectable- Depo (DMPA)

Very
Effective



- Progestin medication
- Injection every 12 weeks
- Prevents ovulation
- May have less amount of bleeding compared to regular periods
- Unpredictable bleeding or skipped periods or no periods
- Weight gain (average of 4 kg)
- Once discontinued, return to fertility is typically several months but can be as long as a year

Failure rate= 3%



DMPA and HIV

- ❑ Some studies suggest that DMPA may increase a woman's risk of getting HIV through sex
- ❑ WHO reviewed the studies and concluded that there was not enough data to advise against using the method; however, WHO advise women using DMPA be counseled about condom use
- ❑ The ECHO study is designed to answer the question of whether DMPA increases a woman's risk of getting HIV

(combined) Oral Contraceptive Pills

Very
Effective

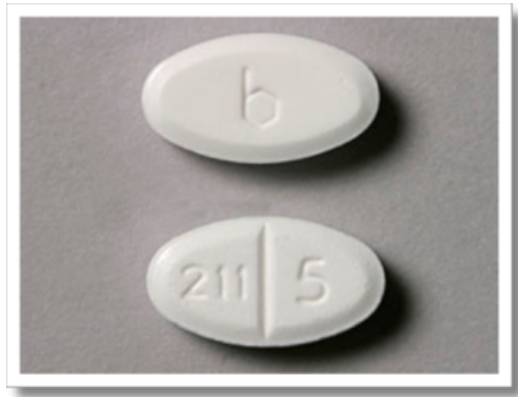


- ❑ Contain estrogen & progestin
- ❑ Must take a pill DAILY
- ❑ Inhibits ovulation
- ❑ Periods may be lighter (but still be regular)
- ❑ Nausea or headache
- ❑ Breast tenderness
- ❑ Decreased sexual desire
- ❑ After discontinuation, return to fertility takes about 1 month

Failure rate= 8%

Very
Effective

Progestin Only Contraceptive Pills



- Progestin hormone
- Must take at the same time every day
- Thickens mucus, prevents ovulation and alters the lining of the uterus
- After discontinuation, return to fertility takes about 1 month

Failure rate= 3%

Other Methods Not Available at REACH Sites

- ❑ Female sterilization
- ❑ Vasectomy
- ❑ IUCD with progestin medication (Mirena)
- ❑ Contraceptive patch
- ❑ Contraceptive ring

Contraception in REACH

- Will provide a range of family planning options
- Young women will choose the method they want
- We will encourage LARCs - IUDs and implants - because they are the most effective and because they are reversible

Questions and Discussion
