

Contraception Choices and Questions

Betty Kamira, MBChB

Makerere University- Johns Hopkins University Research Collaboration
MU-JHU CARE LTD

**Meeting the HIV Prevention Needs
of Adolescent Girls and Young Women
Uganda Stakeholders Meeting on REACH
25 August 2017, Kampala**





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?

- The ring has not been evaluated in pregnant women
 - 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

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

The experience must be welcoming and positive



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.

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



The Ugandan Context

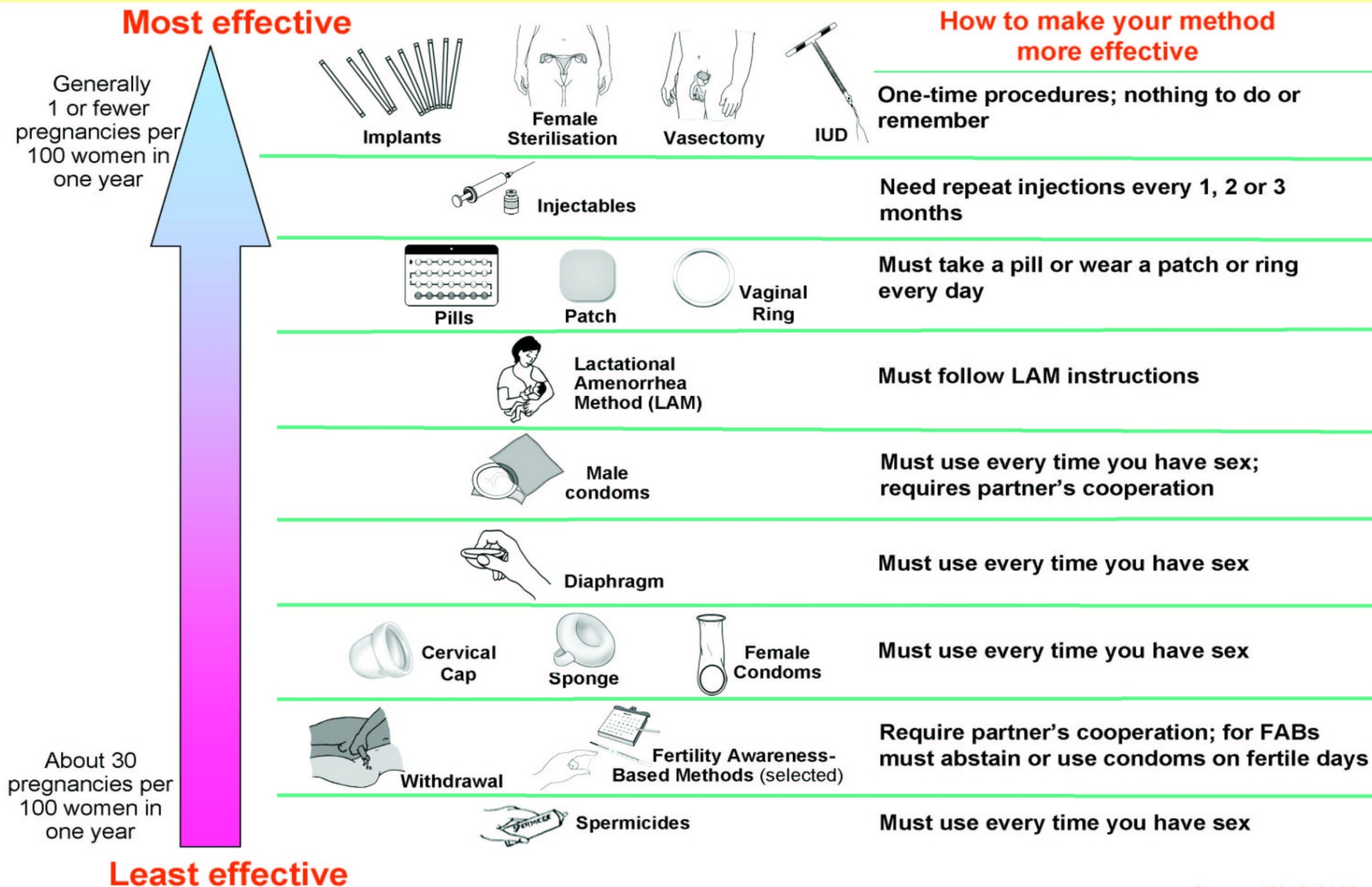
Among unmarried sexually active girls age 15-19:

- 78.2% are not using a method of contraception
- The most common methods by those using contraception are:
 - Injectable (13.4%)
 - Implants (2.7%)
 - Male condoms (2.2%)
 - Pill (1.3%)
 - IUD (0.8%)
- The MoH and the Leadership of Uganda are promoting use of modern contraceptive family planning methods

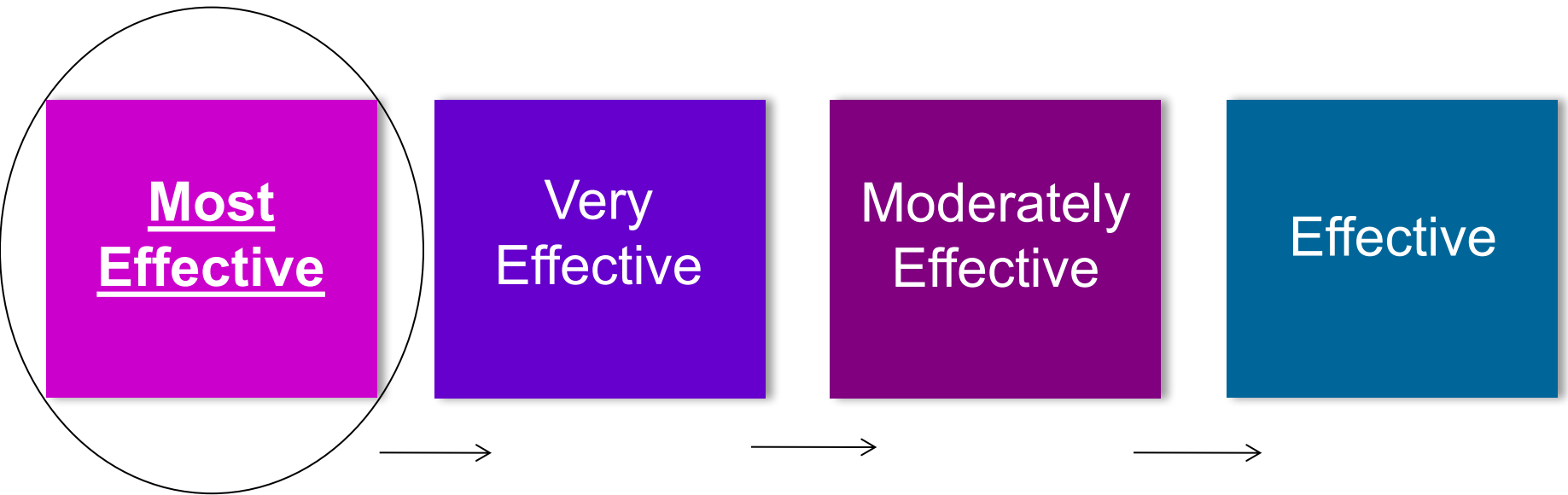


Overview of Methods

Comparing Typical Effectiveness of Contraceptive Methods



Current Contraceptive Options in REACH



Long-Acting Reversible Contraception

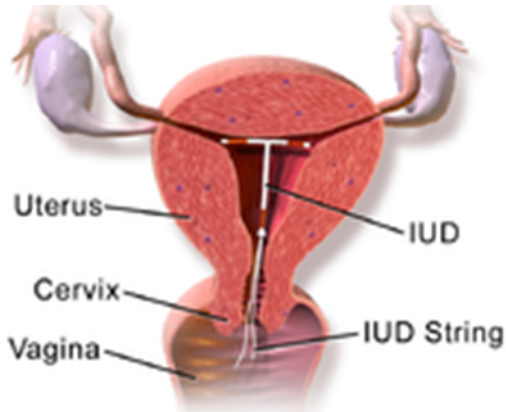
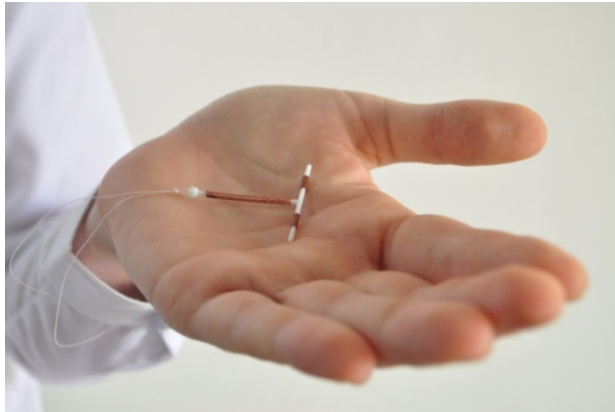
Most
Effective

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)

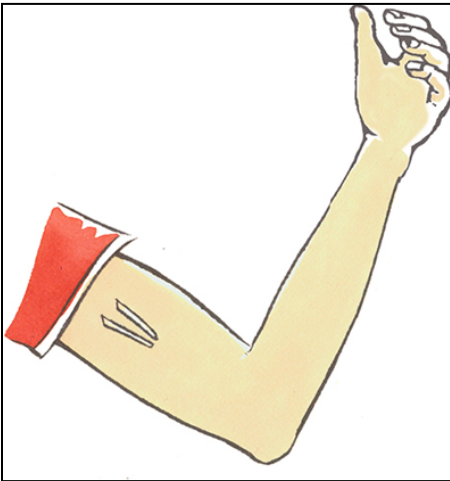
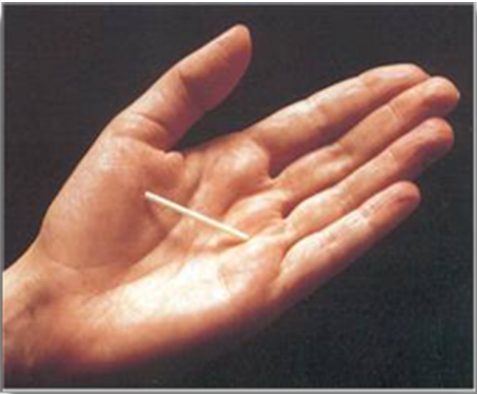
Intrauterine Contraceptive Device

- ❑ 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%

Implants

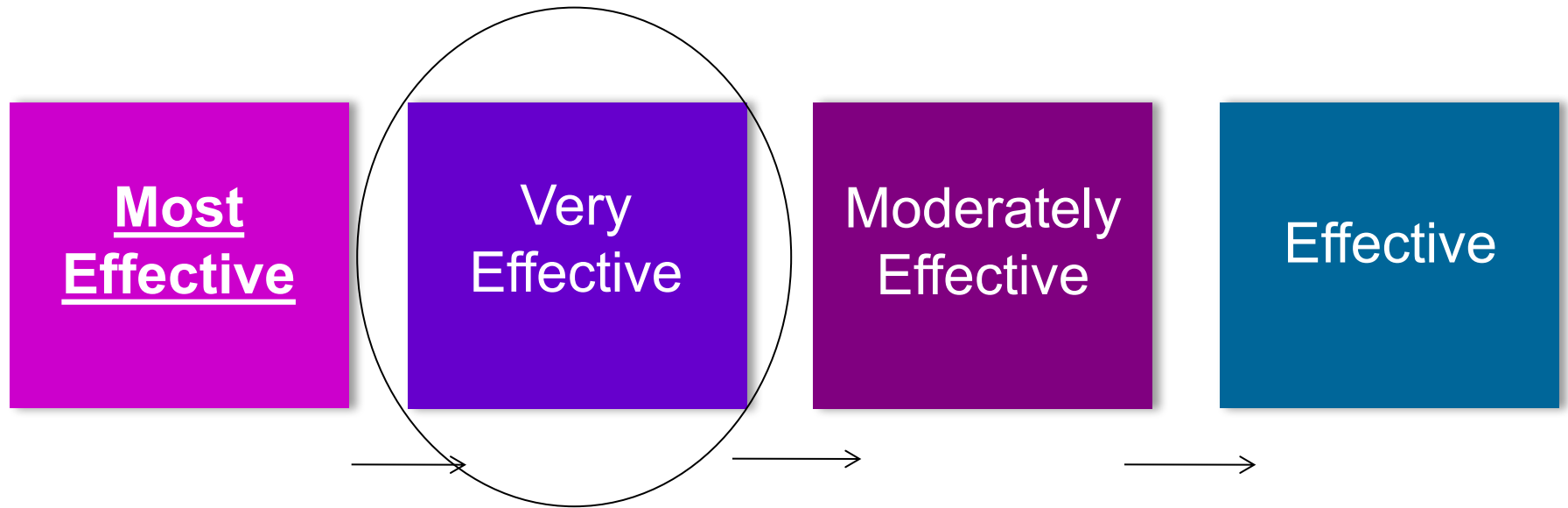
Most
Effective



- Plastic rod(s) containing progestin placed under the skin
 - 1 rod (Implanon) effective for 3 years
 - 2 rods (Jadelle) effective for 5 years
- How does it work?
 - Release a hormone - 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 or may have unpredictable bleeding
- Weight gain (less than 3 kg on average)
- Return to fertility is immediate when removed

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%

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%

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
