Contraceptive use and uptake

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BACKGROUND

• MDP 301 is a phase III clinical trial testing the efficacy and safety of 0.5% and 2% PRO 2000/5 vaginal microbicides in preventing HIV infection.
• High pregnancy rates continue to pose a challenge impacting on the power of study to show efficacy.
OBJECTIVES

To determine reasons for lack of contraceptive use among women of reproductive age.
METHODOLOGY

• Contraception data collected during sexual behaviour interviews was analysed.
• This was a retrospective review of the sexual behaviour interviews of the first 1007 eligible women screened.
Methods of Contraception
RESULTS

N = 1007
Eligible women at screening

49 %
n = 493
Not on Hormonal Contraception

20 %
n = 201
NOT on any contraception

29 %
n = 292
Condoms ONLY

51 %
n = 514
Hormonal Contraception

REASONS:
See Graph
Reasons for Lack of Contraception Use

Percentage (%) per Reason

Reasons Volunteered by Participants

- Side effects
- No Reason
- No Thought
- Menopause
- Personal Choice
- Other
- Misconception about Fertility
- Breastfeeding
- Insufficient Knowledge
- Defaulted Injectables
- Misconception about Age
OTHER included the following:

- Partner opposition
- Parental Opposition
- Hypertension
- Religious reasons
- Assumption partner is infertile
- Previous pregnancy whilst on contraception
Most Common Side Effects

- General (constitutional / systemic)
- Menorrhagia
- Amenorrhea
- Weight gain
- Watery vaginal discharge

% participants reporting side effects
CONCLUSIONS

• 49% of participants are not on hormonal/reliable contraception.
• Side effects are a common concern for participants.
• A significant percentage of participants provided no reason for lack of contraception use or admitted to not having given it much thought.
• Insufficient family planning education is available to women in our communities.
• HIV prevention trials should invest in family planning issues to ensure safety of participants and minimal drop outs.
• Hormonal contraceptives with low side effect profiles eg. the hormonal patch and new generation oral contraceptives should be made available.
• Quality of care is important in ensuring women make informed decisions that they will be able to adhere to.
• In the first few months after initiation of a new contraceptive method, regular clinic visits are important as some side effects may appear more severe early on and influence a participant’s decision to discontinue the method.
• Field education visits can increase community awareness of family planning and address common myths.
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