



Bixby Center
for Global
Reproductive
Health

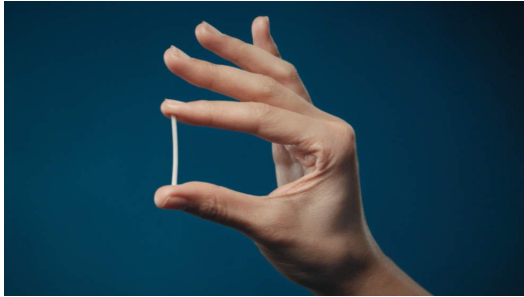


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San Francisco

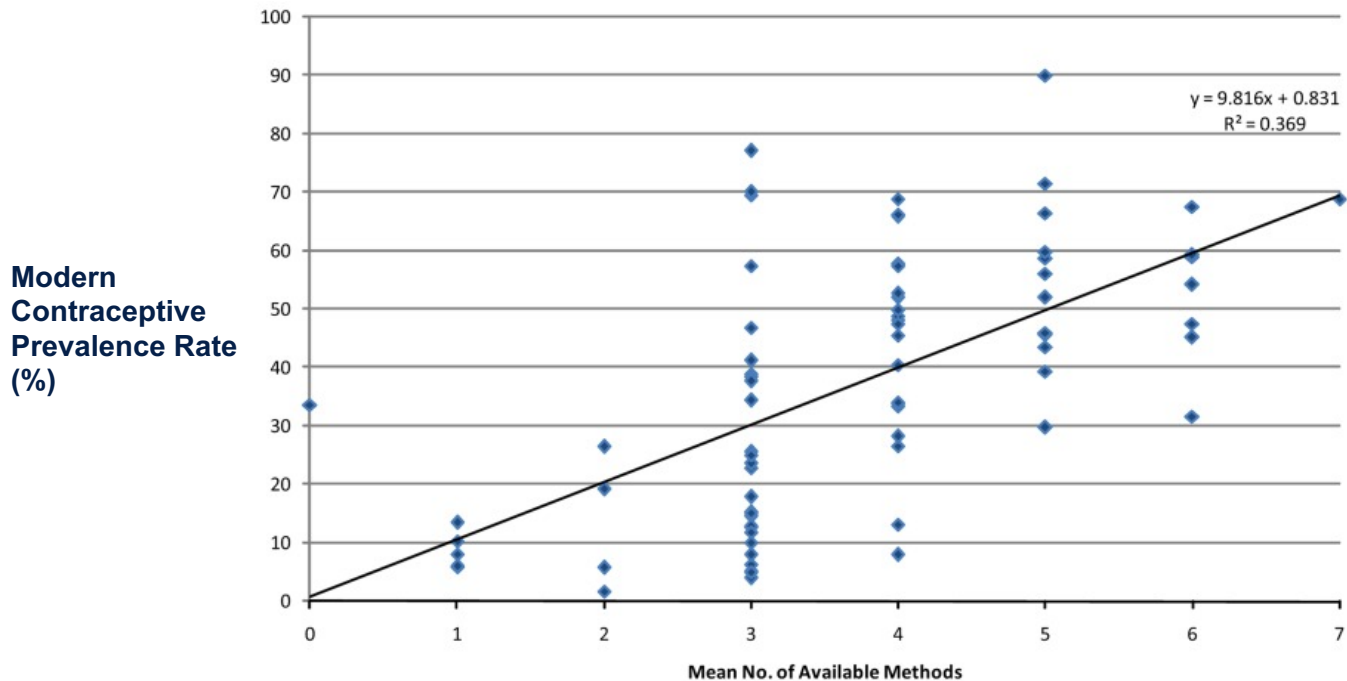
Efficacy is not the only HIV prevention attribute that matters – lessons learned from contraception

Dominika Seidman, MD MAS

We finally have HIV prevention *choices*, with more on the horizon.



Contraception: more choices → greater use



So, have we arrived? Do more methods guarantee choice?



Lessons learned from long-acting reversible contraception (LARC): (not) a public health panacea.

- Highly effective
- Don't require daily/weekly/monthly maintenance → near-perfect adherence
- Acceptable, sometimes desirable, side effect profile
- Reversible
- Cost effective

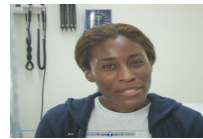
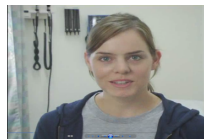
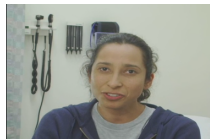
LARC campaigns focused on people who can't reliably take a daily pill

Unintended consequences of implicit pressure:

- dissatisfaction with method
- discontinuation
- negative impact on future healthcare interactions

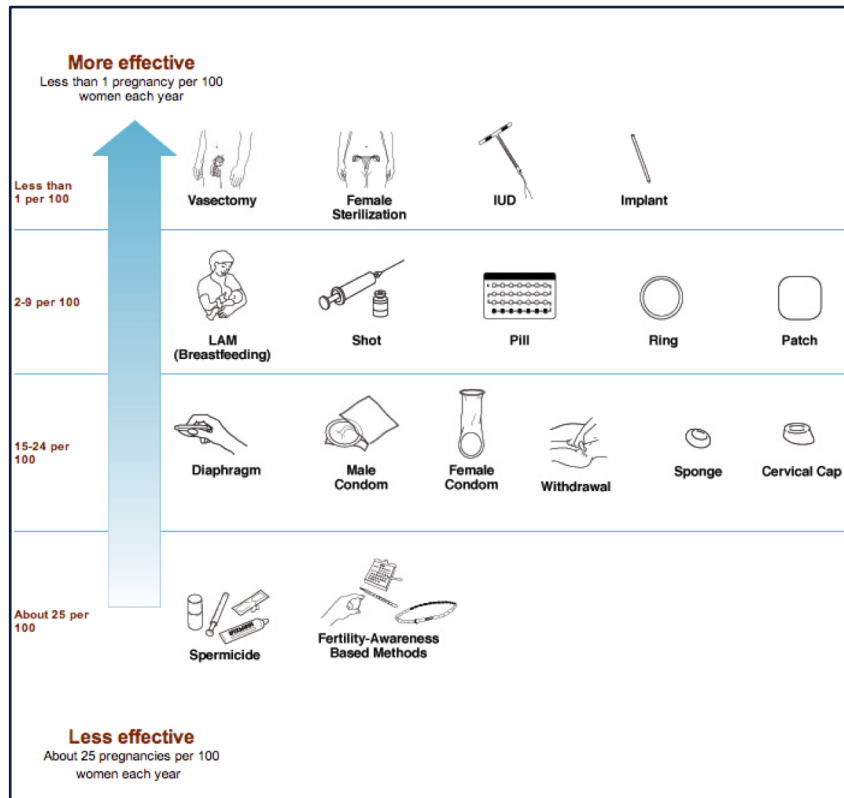
Pressured LARC use: placement

- Providers recommend LARC more frequently to poor women of color than to poor white women and to poor white women more than middle-class women



- Young women more likely to report providers expressed a preference about contraceptive methods; perceived provider preference associated with decreased method satisfaction
- Qualitative studies: young Black and Hispanic women perceive subtle provider preferences, negatively affecting contraceptive use & future interactions with providers

Implicit pressure in tiered-effectiveness counseling



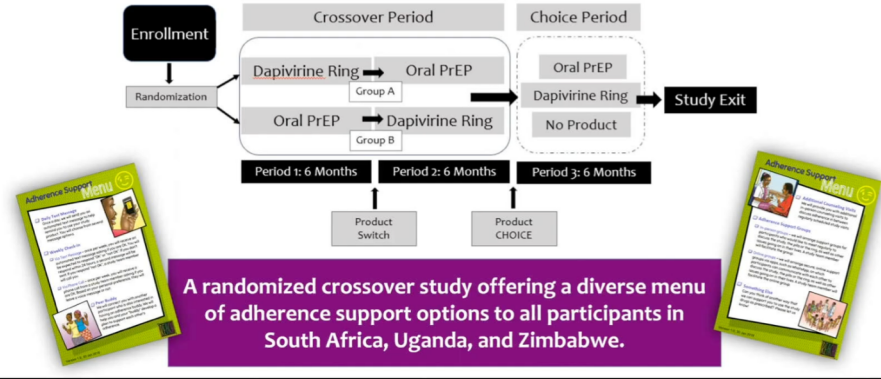
Pressured LARC use: refusing removal

My provider was really hesitant to remove the [IUD]. She kept telling me, “Well, we should wait 3 months and see if your symptoms have worsened.” And I waited 3 months and she’s like “Well, you should wait some more.” And I’m like “No. So take it out or I’m going to a different doctor.”

I don’t know if it makes them [providers] look bad if you have an IUD removed ... I don’t know if they have some chart somewhere, like a contest board in the breakroom...

LARC demonstrated effectiveness is important, but not the only variable; REACH showed just that for PrEP.

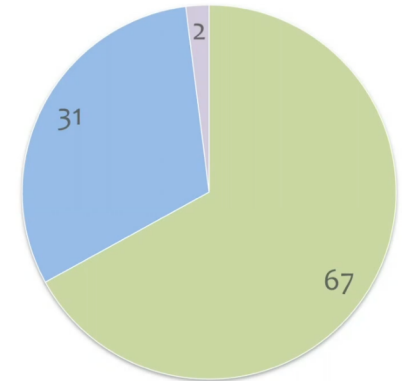
REACH Study Design



Product Choice in Period 3

Of 227 (92%) participants who reached the choice period, more than 2/3 (152) chose the ring

Randomization sequence in the crossover period was not associated with product choice



■ Ring (67%) ■ Oral PrEP (31%) ■ Neither product (2%)

How can we incorporate these lessons into care?

Birth Control Method Options

	Most Effective				Least Effective										
	Female Sterilization	Male Sterilization	IUD	Implant	Injectables	Pill	Patch	Ring	Diaphragm	Male Condom	Female Condom	Withdrawal	Sponge	Fertility Awareness Based Methods	Spermicides
Risk of pregnancy*	5 out of 100	15 out of 100	LNG: 2 out of 100 CopperT: 8 out of 100	.05 out of 100	6 out of 100	9 out of 100			12 out of 100	18 out of 100	21 out of 100	22 out of 100	12-24 out of 100	24 out of 100	28 out of 100
How the method is used	Surgical procedure		Placement inside uterus	Placement into upper arm	Shot in arm, hip or under the skin	Take a pill	Put a patch on skin	Put a ring in vagina	Use with spermicide and put in vagina	Put over penis	Put inside vagina	Pull penis out of the vagina before ejaculation	Put inside vagina	Monitor fertility signs. Abstain or use condoms on fertile days.	Put inside vagina
How often the method is used	Permanent		Lasts up to 3-12 years	Lasts up to 3 years	Every 3 months	Every day at the same time	Each week	Each month		Every time you have sex				Daily	Every time you have sex
Menstrual side effects	None		LNG: Spotting, lighter or no periods CopperT: Heavier periods	Spotting, lighter or no periods	Spotting, lighter or no periods	Can cause spotting for the first few months. Periods may become lighter.				None					
Other possible side effects to discuss	Pain, bleeding, infection		Some pain with placement		May cause appetite increase/weight gain	May have nausea and breast tenderness for the first few months.			Allergic reaction, irritation	None			Allergic reaction		
Other considerations	Provides permanent protection against an unintended pregnancy.		LNG: No estrogen. May reduce cramps. CopperT: No hormones. May cause more cramps.	No estrogen	No estrogen. May reduce menstrual cramps.	Some clients may report improvement in acne. May reduce menstrual cramps and anemia. Lowers risk of ovarian and uterine cancer.			No hormones	No hormones. No prescription necessary.	No hormones. Nothing to buy.	No hormones. No prescription necessary.	No hormones. Nothing to buy.	No hormones. Nothing to buy.	No hormones. Nothing to buy.

Counsel all clients about the use of condoms to reduce the risk of STDs, including HIV infection.

*The number of women out of every 100 who have an unintended pregnancy within the first year of typical use of each method.
Other Methods of Birth Control: (1) Lactational Amenorrhea Method (LAM) is a highly effective, temporary method of contraception; and (2) Emergency Contraception: emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy. Reference for effectiveness rates: Trussell J. Contraceptive failure in the United States. Contraception 2011; 83: 397-404. Other references available on www.fpnrc.org.

WHAT ARE MY OPTIONS TO PREVENT HIV?

People who are HIV-negative can use HIV prevention methods to lower their chance of getting HIV. These may be best used in combination!

Tap any method below to get more information.



PrEP: an HIV prevention pill that I can take daily



Condoms (male & female)



Decreasing my sex partners



HOW OFTEN DO I HAVE TO REMEMBER IT?

Click the icons below to learn about how often each method is used.

Using your birth control correctly and consistently is extremely important if you don't want to get pregnant. (That means every time, all the time.) It's best to go with a method that you find convenient and easy to use.

<< more effort



less effort >>

Ring: Leave it in for three weeks, then take it out for the fourth week. (BTW, you can take it out during sex, but most men say they find it unnoticeable.)

Counseling approaches



Consumerist
Counseling

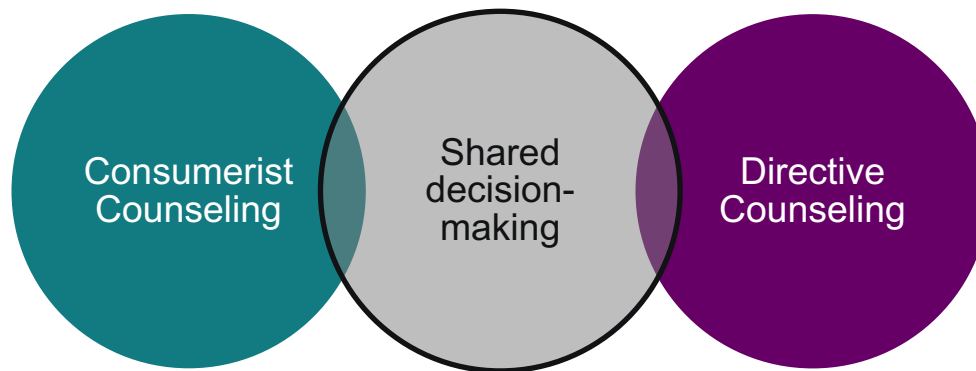
- **Informed Choice**
 - Only provide objective information; counselor does not participate in method/treatment selection itself



Directive
Counseling

- **Method Promotion**
 - Examples: Tiered-effectiveness; “LARC first”; motivational interviewing
 - Rooted in the healthcare provider’s preferences and/or assumptions about patient priorities

Counseling approaches



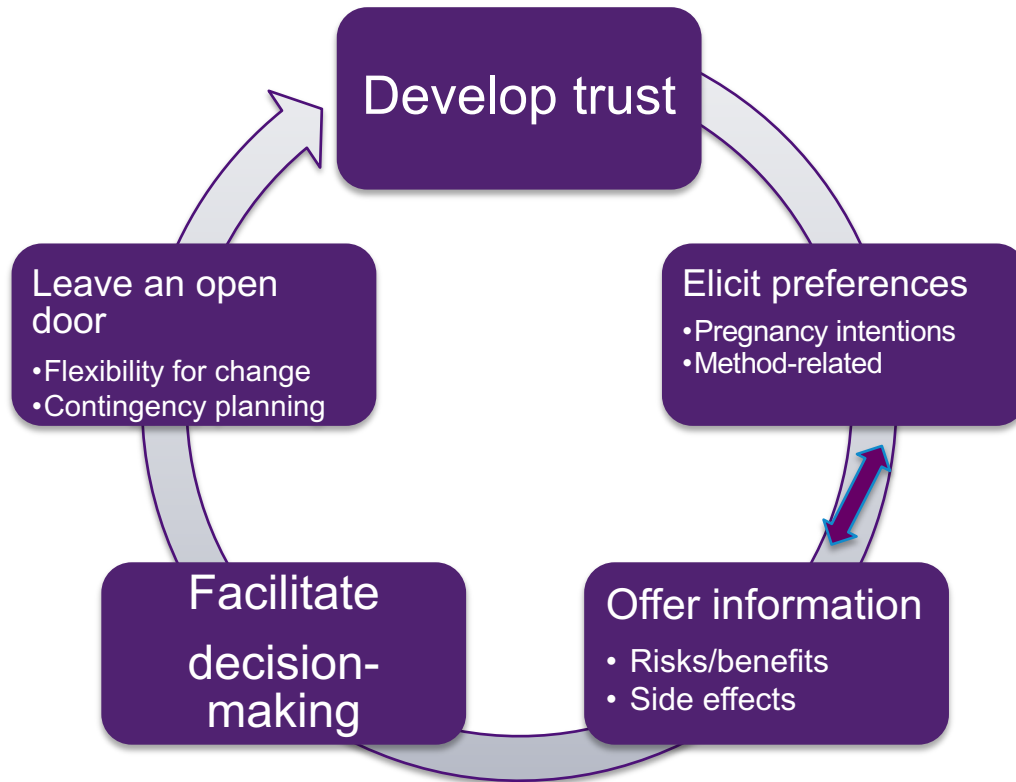
Best method for an individual depends on their preferences

- Individuals will weigh effectiveness differently relative to other characteristics

Associated with higher satisfaction with decision-making

May not be best for everyone, but provides starting point for counseling

Shared decision making



Reproductive justice

The right to maintain personal bodily autonomy, have children, not have children, and parent in safe and sustainable communities

- *SisterSong*



Sexual & reproductive justice

Broadening the reproductive justice framework to include sexual justice – the right to sexual health and well-being. –*SisterLove*

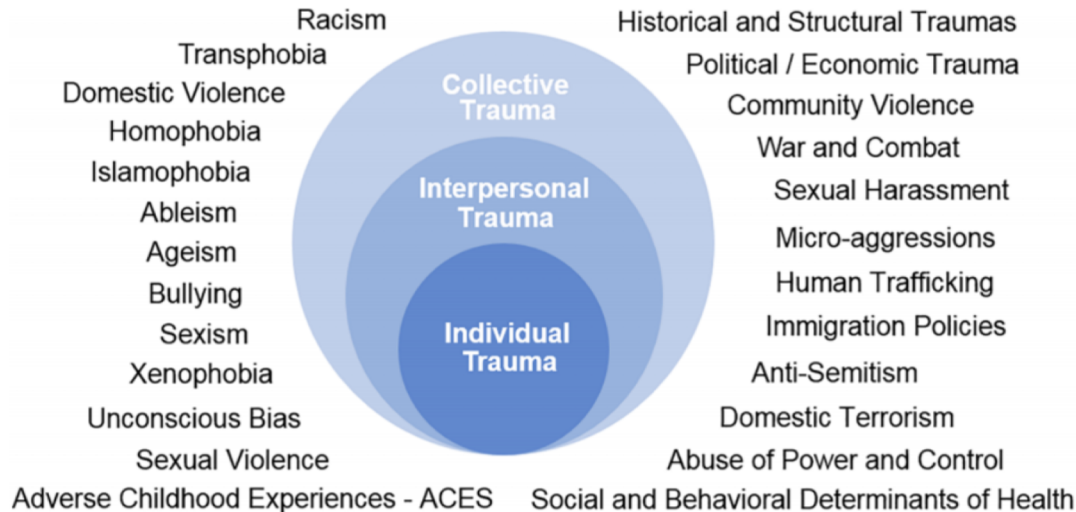
- Specifically includes HIV prevention & PrEP
- Specifically includes the right to sex and sexual pleasure, free from stigma, shame, and the “risk narrative”

A sexual & reproductive justice lens applied to PrEP

- Acknowledge historical & social context – leaving out pregnant/lactating people, trans people, youth from trials
- Acknowledge individuals' lived experience
- Eliminate barriers to access
- Describe what PrEP is (and what it is not)
- Make HIV prevention methods readily available to those who want them
- Respect the decision of those who chose not to use PrEP
- Respect the decision of those who chose to discontinue PrEP
- Maintain focus on whether an HIV prevention method meets the individual's needs, rather than a public health goal.

Taking a step back: what do people bring into their health care visits for HIV prevention?

Types of trauma



Health care experiences can cause trauma; medical settings can be a trigger.


Physical triggers

- Touch
- Removal of clothing
- Invasive procedures/tests/exams
- Vulnerable positions
- Closed spaces

Emotional triggers

- Personal, invasive questions
- Power dynamics/loss of power
- Loss of privacy
- Coercive or stigmatizing language
- **Lack of choice**

Advice to healthcare providers from a pregnant person who was unsheltered and had a substance use disorder in San Francisco:



**“Don’t try and push anything
...if someone doesn’t agree
(and you push it), they will
completely shut down about
anything you have to say
afterwards.”**

How can we respond?

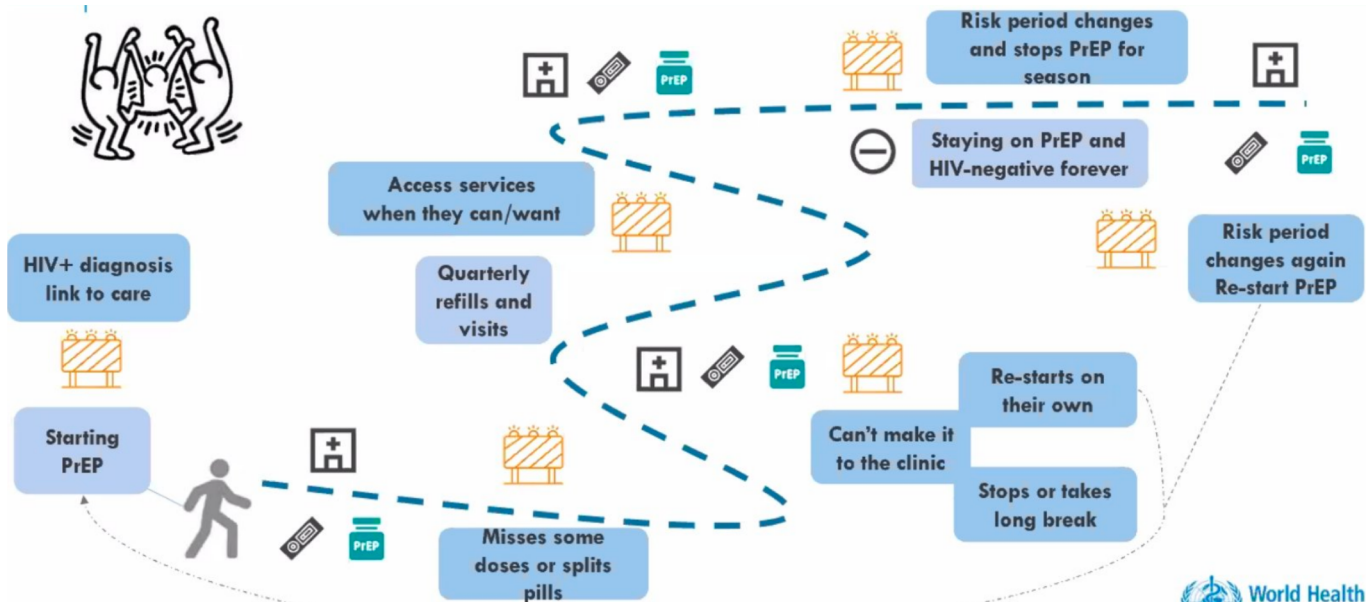
Overarching principles of trauma-informed care

- Use universal precautions
 - Healthcare may be particularly triggering
- Welcome people into care
 - Reframe: *Where have you been?* → *Welcome back. We're glad you're here.*
- Goal is to have a trauma-informed system, starting the moment people walk in

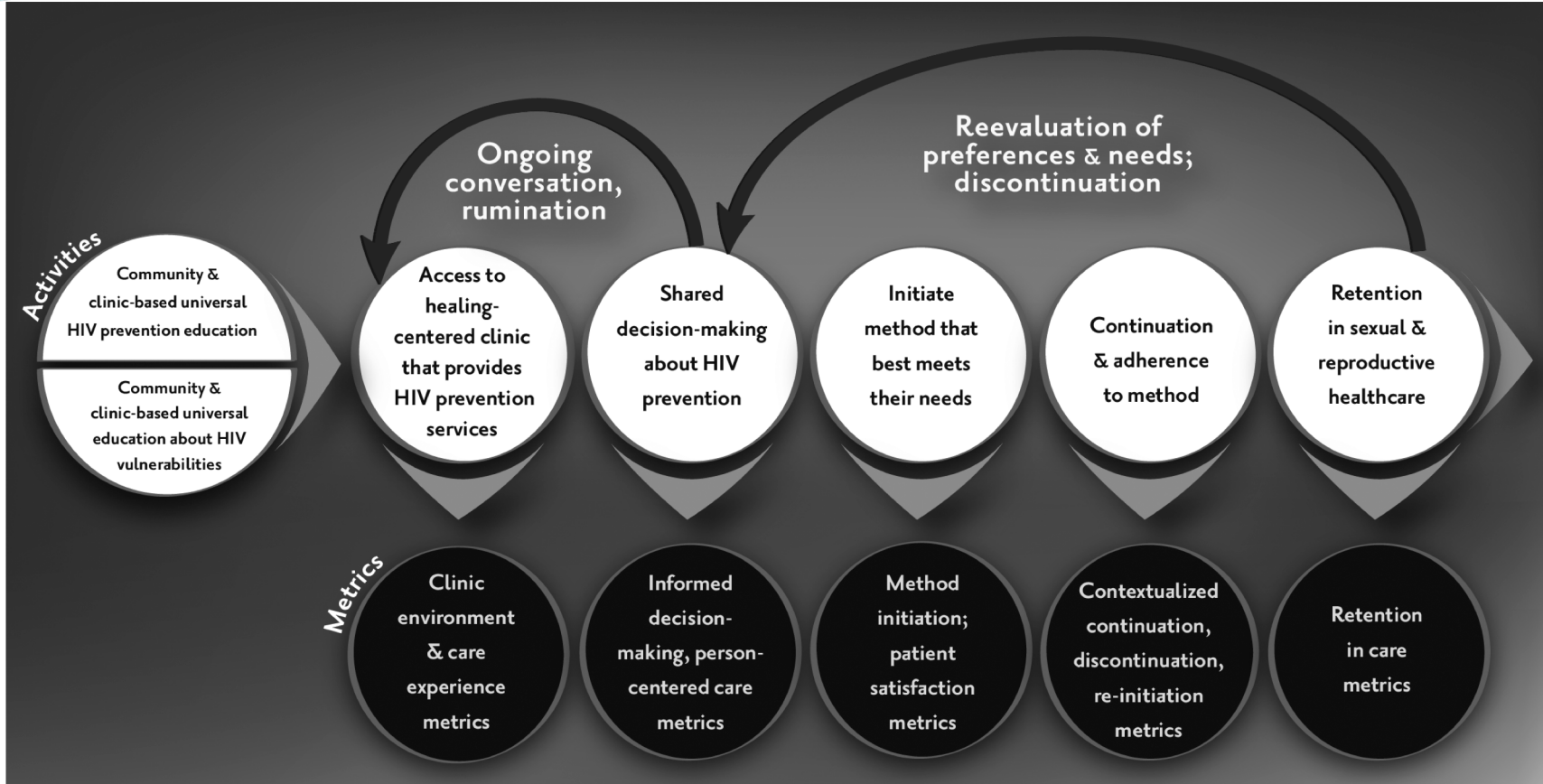
Trauma-informed care → healing centered engagement

- *“I am more than the worst thing that happened to me”*
 - Trauma-informed care can be a slippery slope to deficit-based thinking
- Healing centered engagement – developed by Dr. Shawn Gingwright
 - Highlights importance of collective trauma and therefore need for a collective response
 - Only treating individuals → miss opportunities for advocacy & structural change
 - Suppressing symptoms of trauma is limiting; also need to focus on healing, strengths, and wellness

The PrEP journey: if we get it wrong, that journey can end abruptly.



What could a *PrEP* journey look like?



Acknowledging social context: social & structural determinants of health drive so many HIV diagnoses.
Therefore, addressing health determinants remains a critical form of HIV prevention.

Social Determinants of Health



Structural forms of HIV prevention

- Housing
- Food
- Transportation
- Education / job training

Ensuring our research reflects our values

How do we measure success?

- HIV cases prevented?
- PrEP initiation?
- PrEP continuation / discontinuation?



Patient-reported performance measures

Please rate the provider you saw with respect to:

Respecting me as a person

PrEP

Letting me say what mattered to me about my ~~birth control~~ method

PrEP

Taking my preferences about my ~~birth control~~ seriously

Giving me enough information to make the best decision about my ~~birth control~~ method

PrEP

Acknowledgements

The Choice Agenda

Jim Pickett

Sexual & reproductive justice organizations & advocates

Family planning researchers, advocates & providers



Bixby Center
for Global
Reproductive
Health

UCSF

University of California
San Francisco

Thank you!

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