



Contraception Choices and Questions

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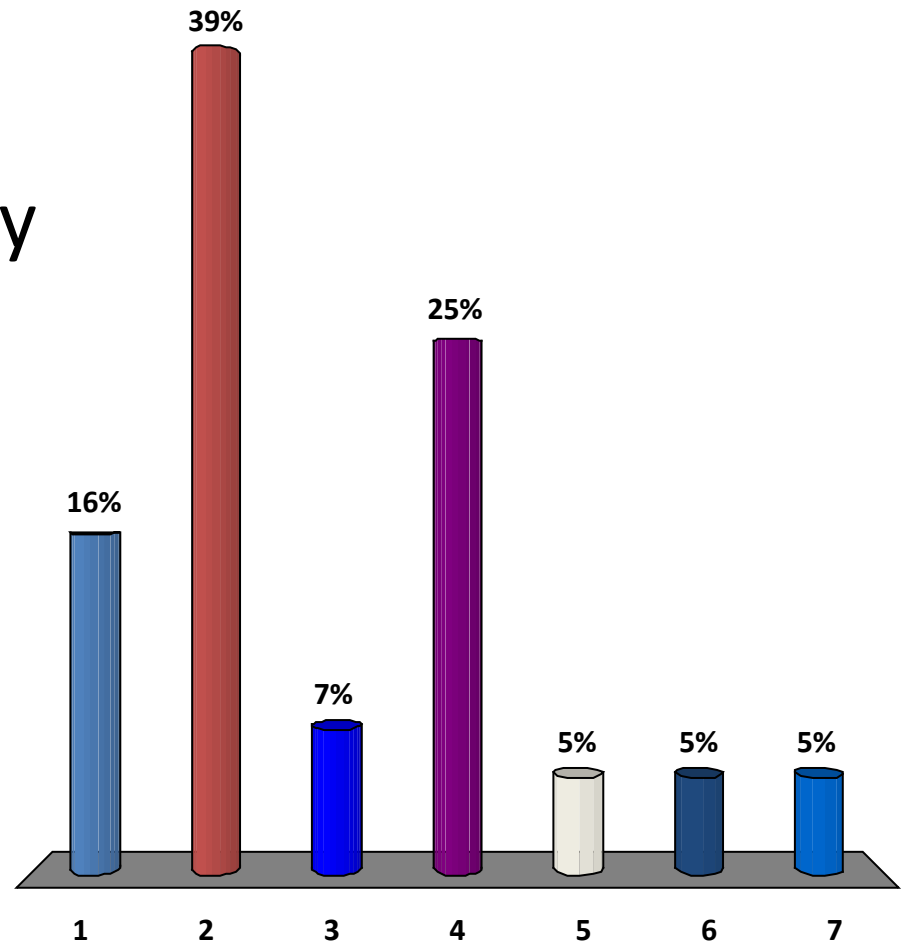
**Meeting the HIV Prevention Needs of Adolescent Girls and
Young Women**

Kisumu– 9 February 2018



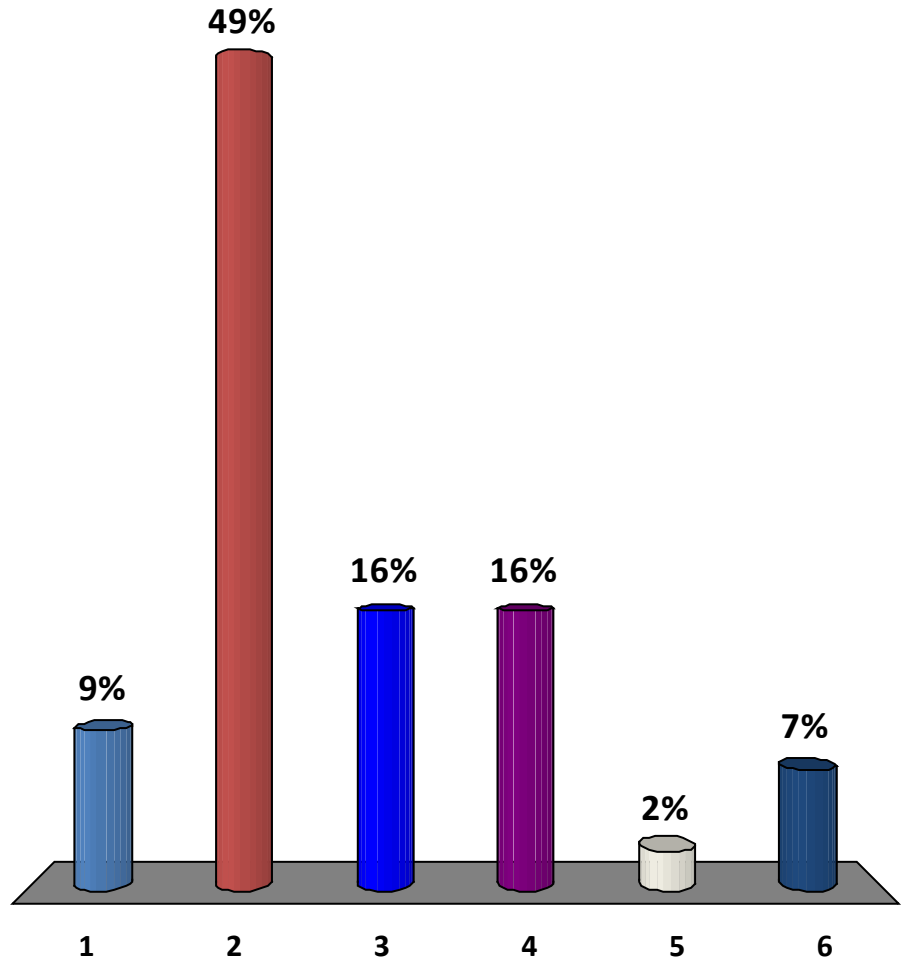
Please identify yourself

1. Youth CAB member
2. Young woman
3. Advocate/Civil Society
4. NGO representative
5. Government
6. Site staff
7. Other



How old are you?

1. Under 21
2. 21-25 yrs old
3. 25-30 yrs old
4. 30-40 yrs old
5. 40-50 yrs old
6. Over 50

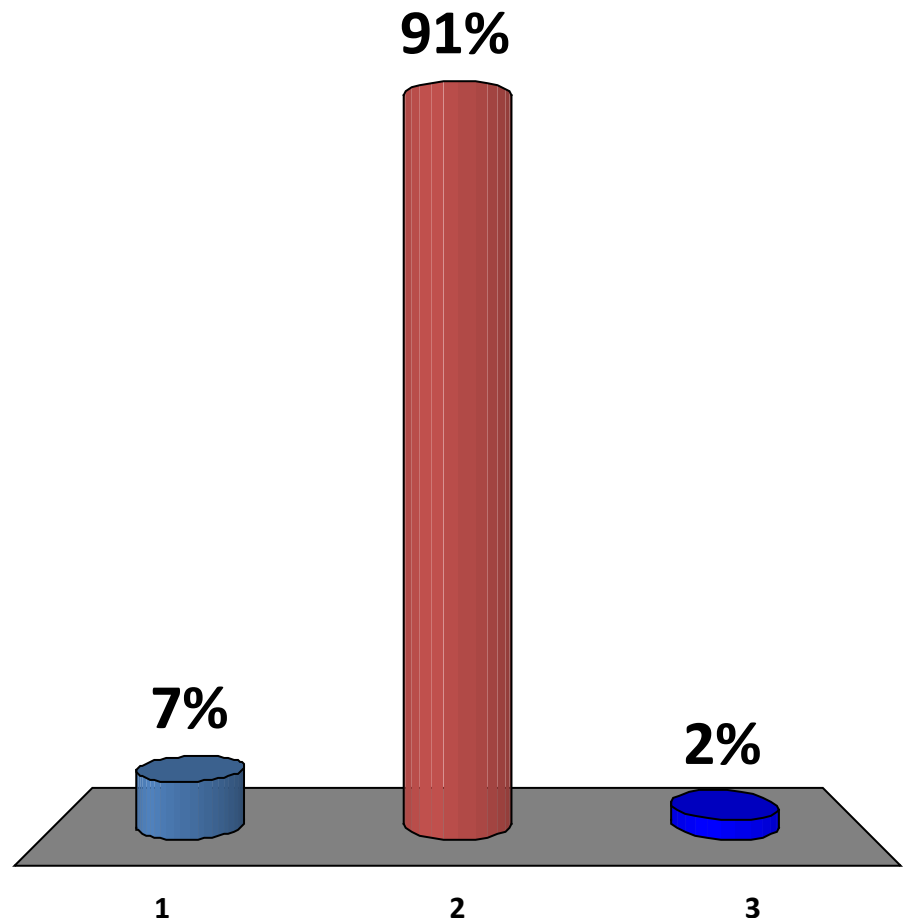


Consider this...

- Oral pills and Injectable Depo (DMPA) are the family planning methods most widely available in the community AND they are the methods most familiar to young women.

In REACH, investigators should:

1. Encourage use of Depo and oral pills for family planning because that is what women are used to using.
2. Encourage use of LARCs (implants and IUCDs) because they are better at preventing pregnancy and can offer faster return to fertility.
3. Stop worrying about contraception! This is an HIV prevention study.



Consider this...

- Janet and Sarah live in your community.
- They are both having sex regularly with their male partner.
- Both are currently using condoms as their primary form of birth control.
- They are interested in a more effective method of contraception.
- Neither wants to fall pregnant this year.

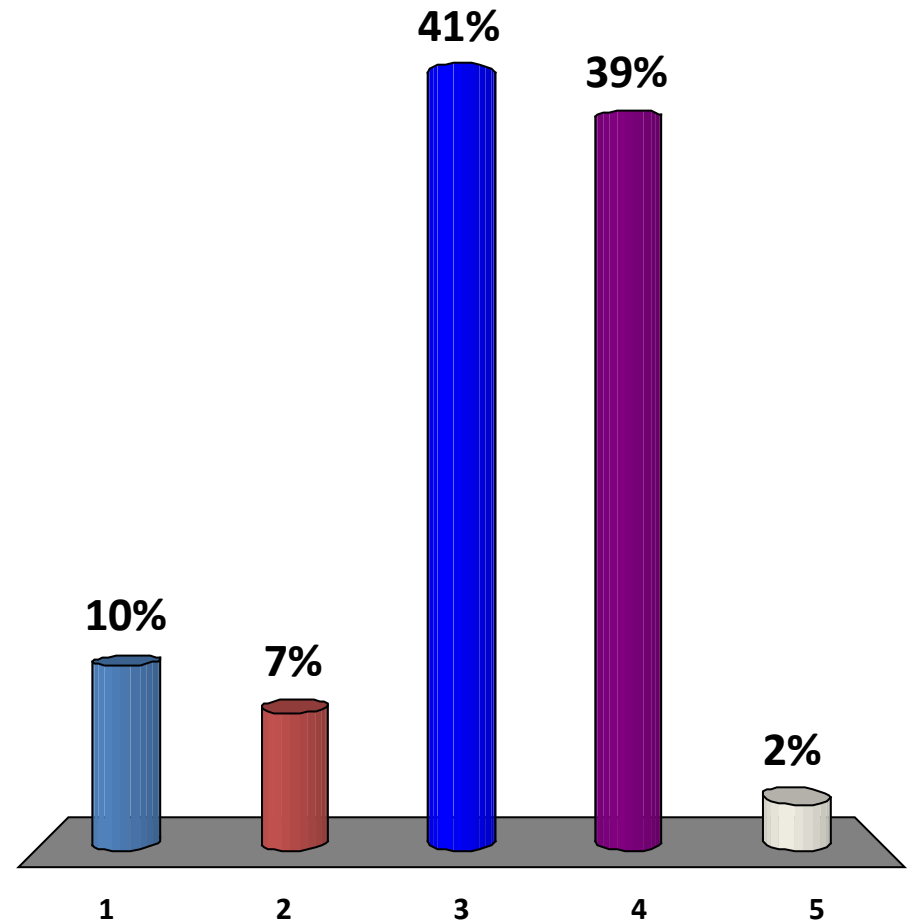
Janet

- 17 years old
- In secondary school
- No children
- 19-year-old boyfriend
- Lives with her mom and younger siblings



Which method do you think Janet should use?

1. Oral contraceptive pill
2. Injectable
3. Implant
4. IUCD
5. Nothing, she's too young



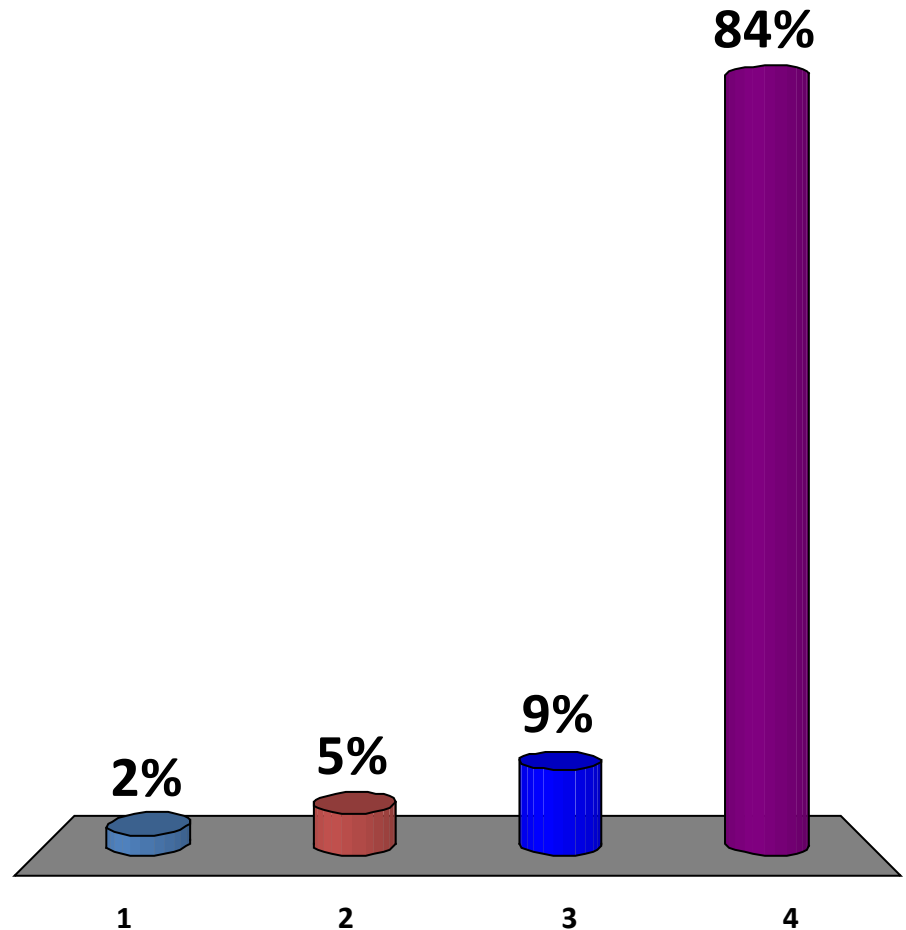
Janet doesn't care what you think -- she wants an IUCD



- **But of course, you have an opinion...what do you say to her?**

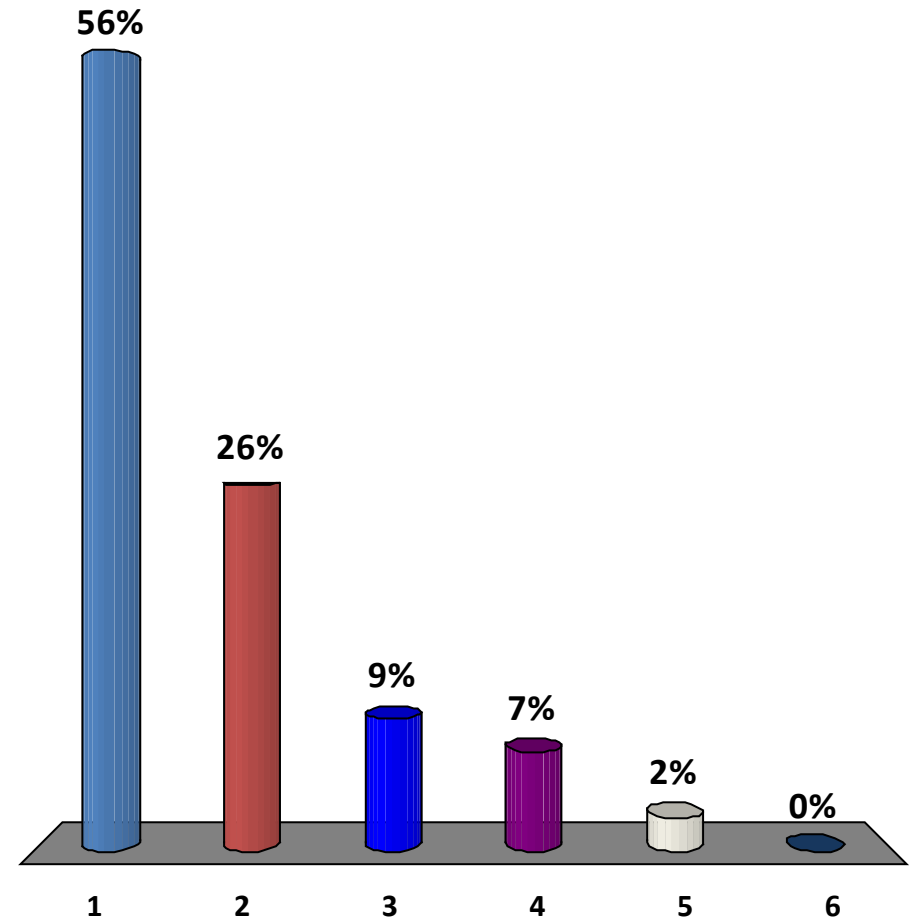
It is not a good option for her because...

1. Janet has never had children
2. Janet is not married
3. Janet is too young
4. Actually, it is a good option for Janet



The most likely side effect from an IUCD for a 17 year old is....

1. Heavier menses
2. Infection
3. Infertility
4. Sexual promiscuity
5. The IUCD travelling to the heart
6. The IUCD falling out



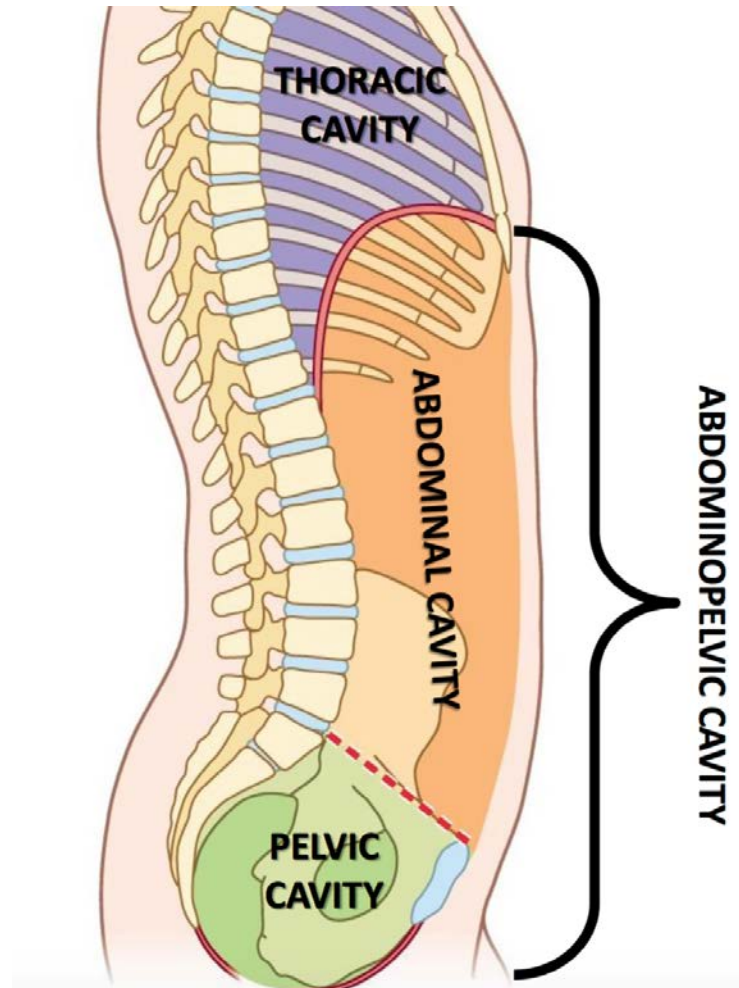
Bleeding and IUCD

- The most common side effect of the IUCD is heavy menses and irregular bleeding, but only for 1-2 months after insertion
- Unlike the birth control pill, the IUCD does not regulate the timing of menses
- If women have irregular menses, they will continue to have irregular menses
- Counseling before insertion is very important!

What about the other things?

- Uterine infection - pelvic inflammatory disease
- is rare and is most likely to occur in the weeks following insertion
- Infertility due to an IUCD is exceptionally unlikely
- IUCD does not lead to sexual promiscuity
- IUCDs can be expelled through the vagina (in about 1 out of 20 women)
- The IUCD does NOT travel to the heart

This is Impossible!

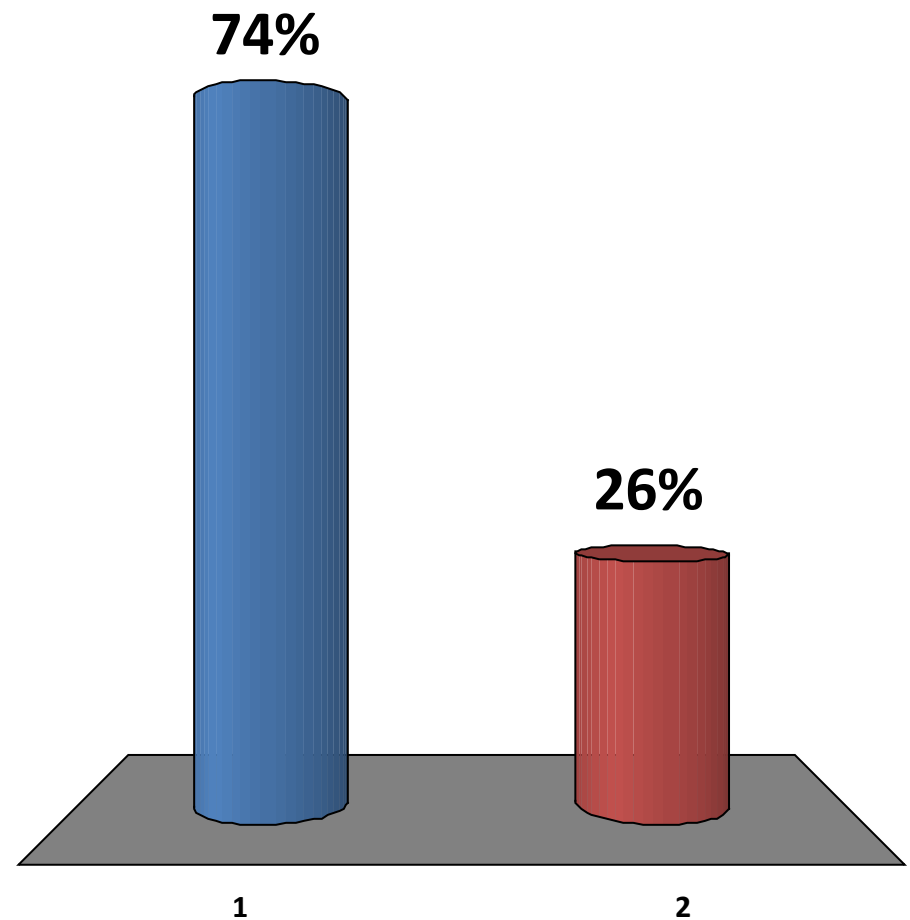


- The heart is in a different compartment from the uterus

True or False

The IUCD can be used at the same time as the vaginal ring.

1. True
2. False



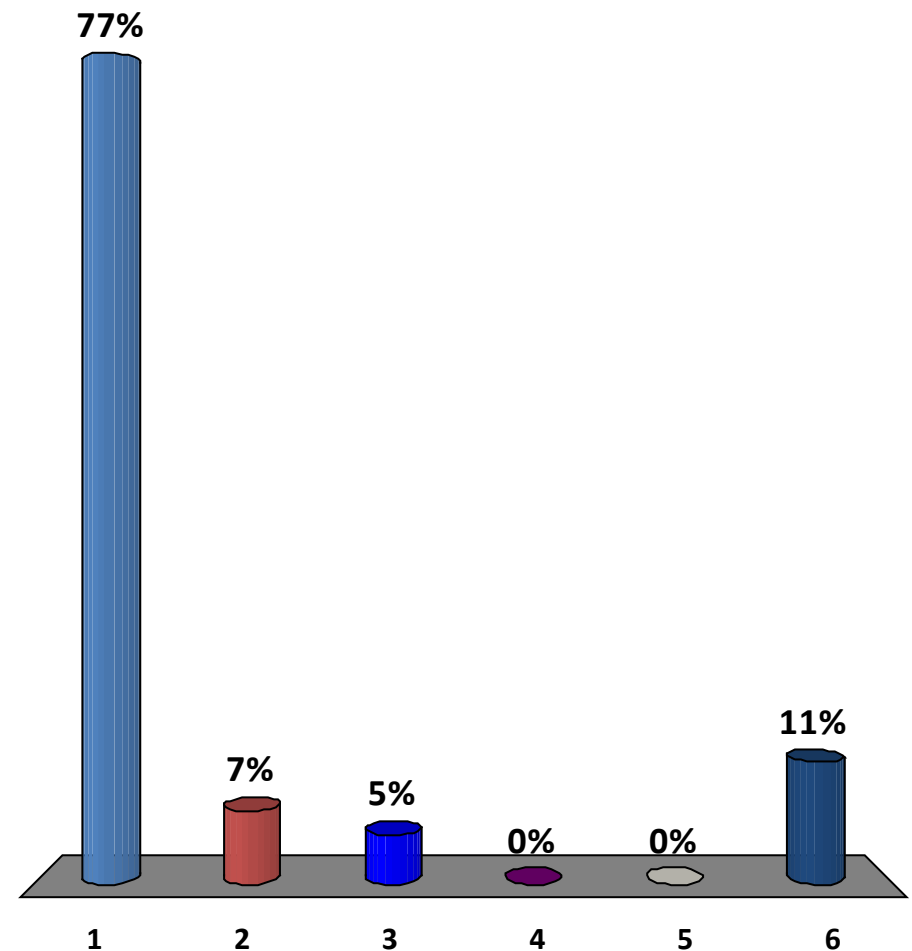
Now imagine that instead of an IUCD, Janet wants to get an implant.



You tell her what you've heard about implants

The most likely side effect from placing an implant in a 17 year old is...

1. Irregular bleeding
2. Infertility
3. Skin infection
4. Sexual promiscuity
5. Depression
6. Weight gain



Irregular bleeding from implants

- Progesterone thins the lining of the uterus
- This causes irregular bleeding as soon as the implant is inserted
- Often the bleeding stops altogether and menses also stop
- Sometimes irregular bleeding does not stop

What about the other things?

- The implant does not cause Infertility
- Implants do not protect against HIV
- The implant does not lead to sexual promiscuity
- Skin infection at the insertion site is a rare complication
- The implant can migrate deeper into muscle, but this is not common
- Minor weight gain is common

What about Sarah ???

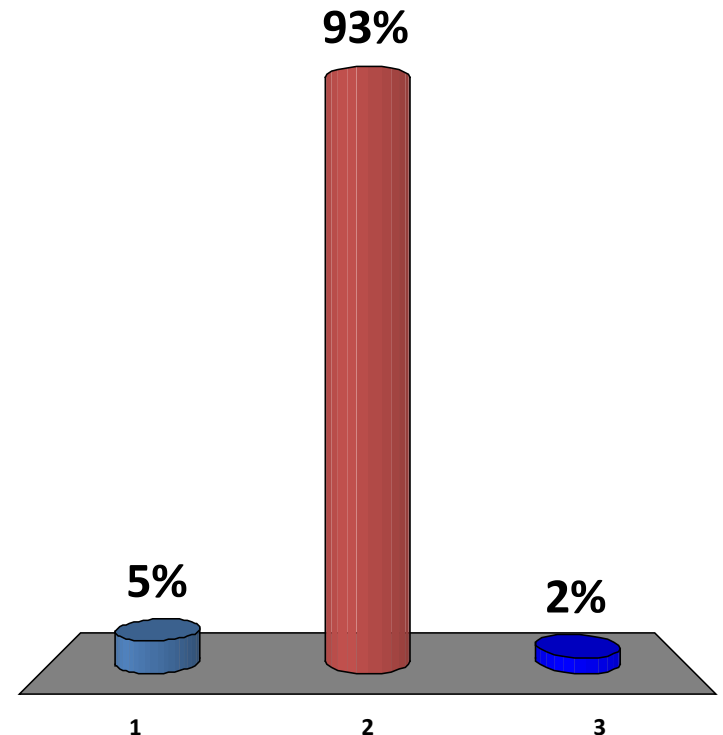
- 25 years old
- Lives with grandmother
- Working at the market;
wants to earn enough to
live alone
- 2 children



Sarah doesn't have a steady partner but she says she wants to start an effective method of birth control.

What do you tell her?

1. She should wait until she is sexually active again to start a birth control
2. She should start a method now
3. Rely on emergency contraception

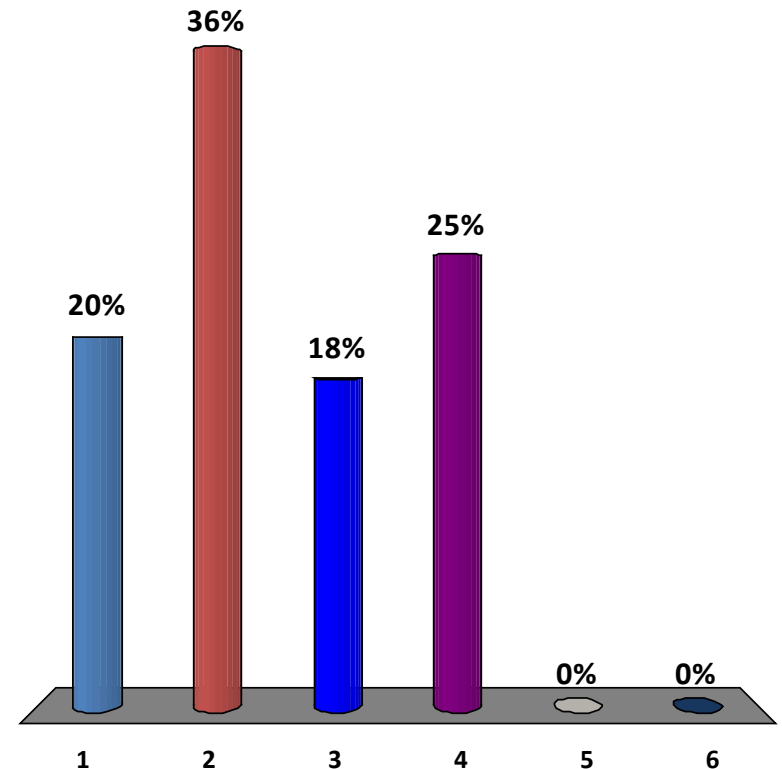


Consider this situation:

- Your neighbor is 25 years old. Her husband is living in Nairobi for the next year. When he returns she intends to start a family. Although she says she does not have sex with anyone else while her husband is away, she is nonetheless eager to start an effective method of contraception.

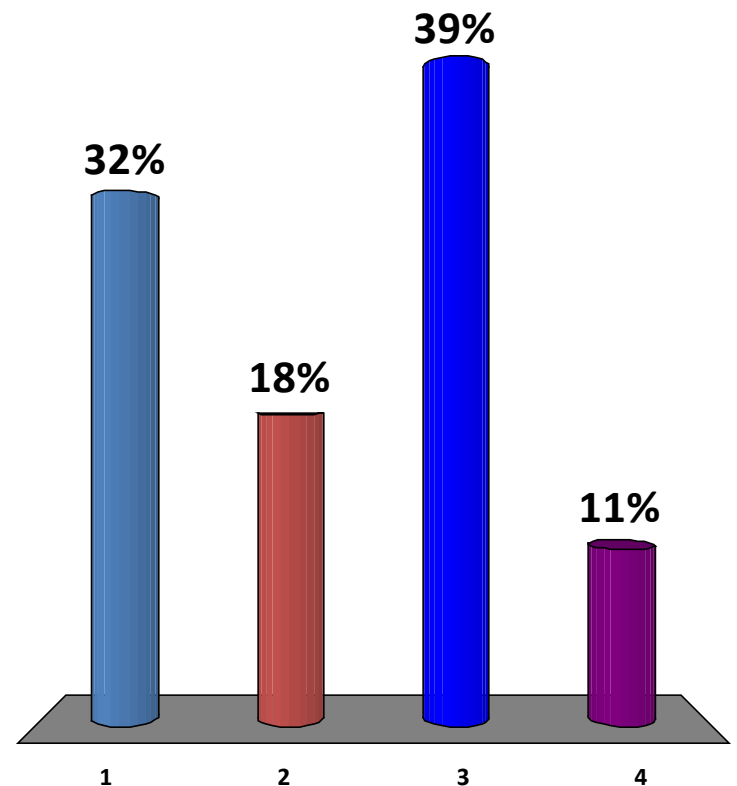
Which method is best for her knowing that she wants to get pregnant in a year?

1. None. Her partner is living in Nairobi.
 - They should just use condoms when he comes home
2. LARC - IUD or implant
3. Oral contraceptive pill
4. Injectable DMPA (Depo)
5. Other



When considering whether a woman should use a LARC for birth control, this is the most important question:

1. How many children does she have?
2. How old is she?
3. Would it be ok if she fell pregnant right now?
4. How much pain can she tolerate?

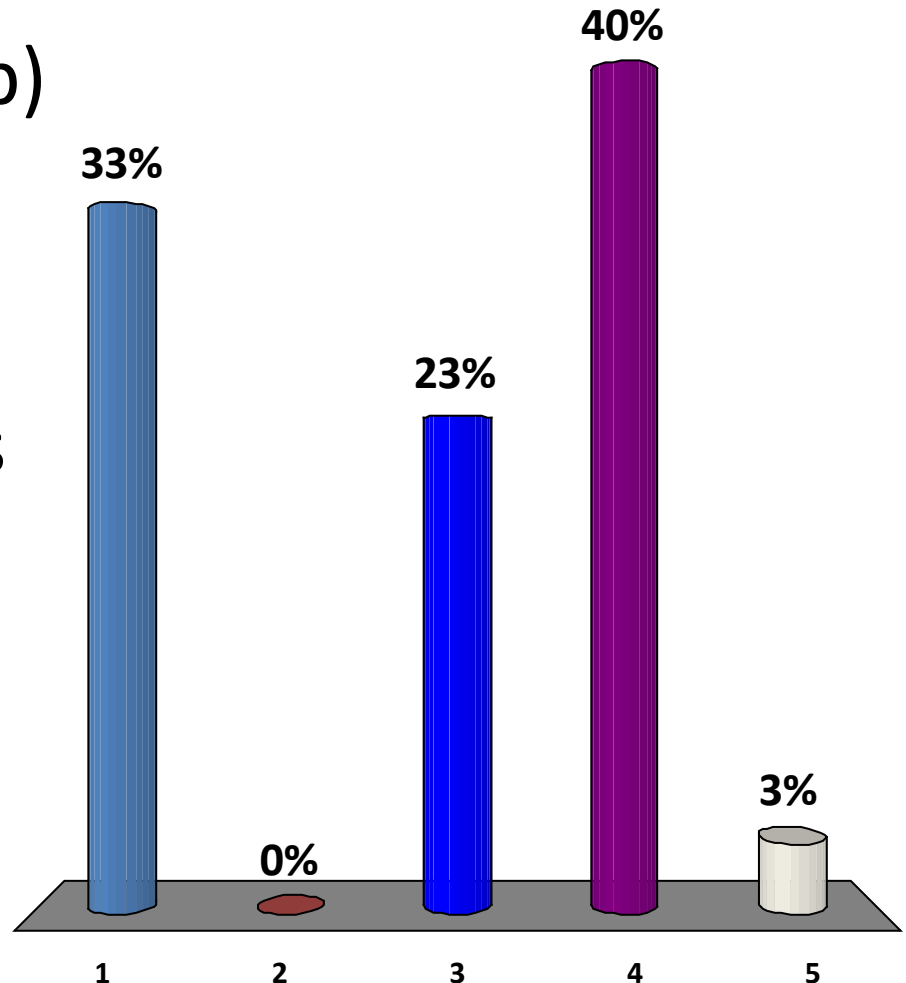


Let's hear from the young
women!!

ONLY ANSWER IF YOU ARE 25 YEARS
OLD OR YOUNGER

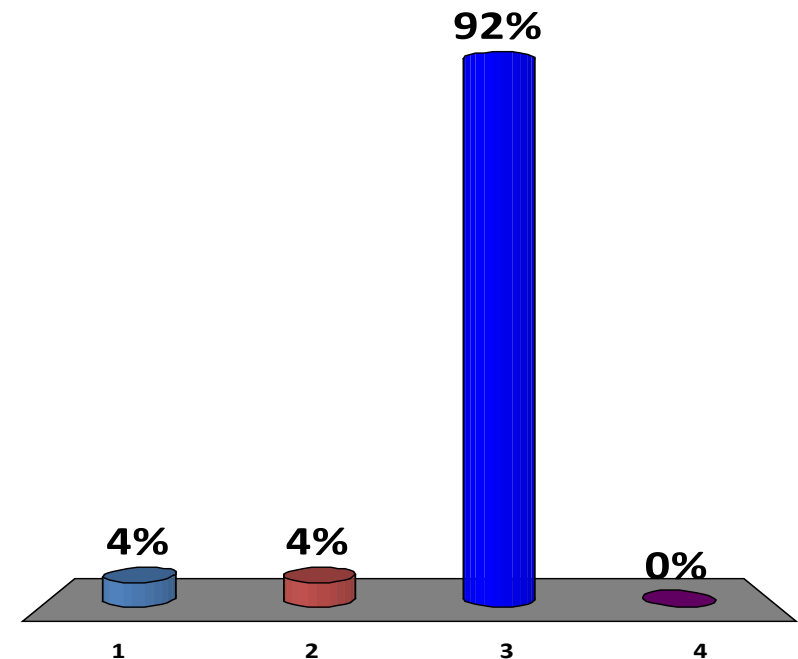
Where do you currently get most of your information about birth control?

1. Media (TV, radio, web)
2. School
3. Girlfriends
4. Health care providers
5. Male partners



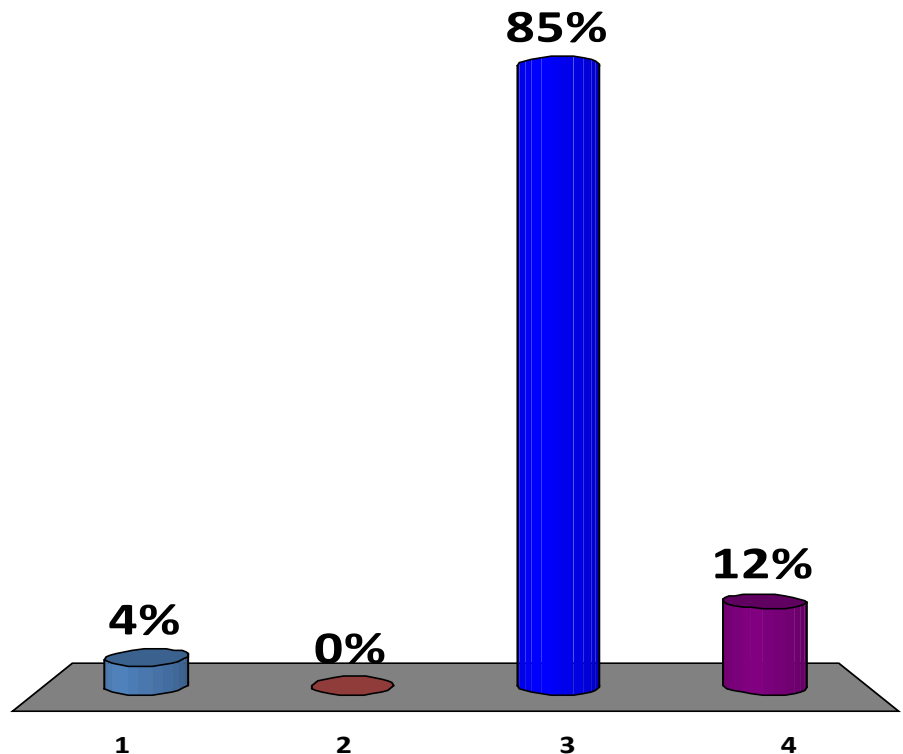
What, in your opinion, is the most important aspect of contraceptive counselling?

1. The nurse should share her experience with different methods
2. The nurse should ask me about my goals
3. The nurse should tell me about how each method works
4. Other



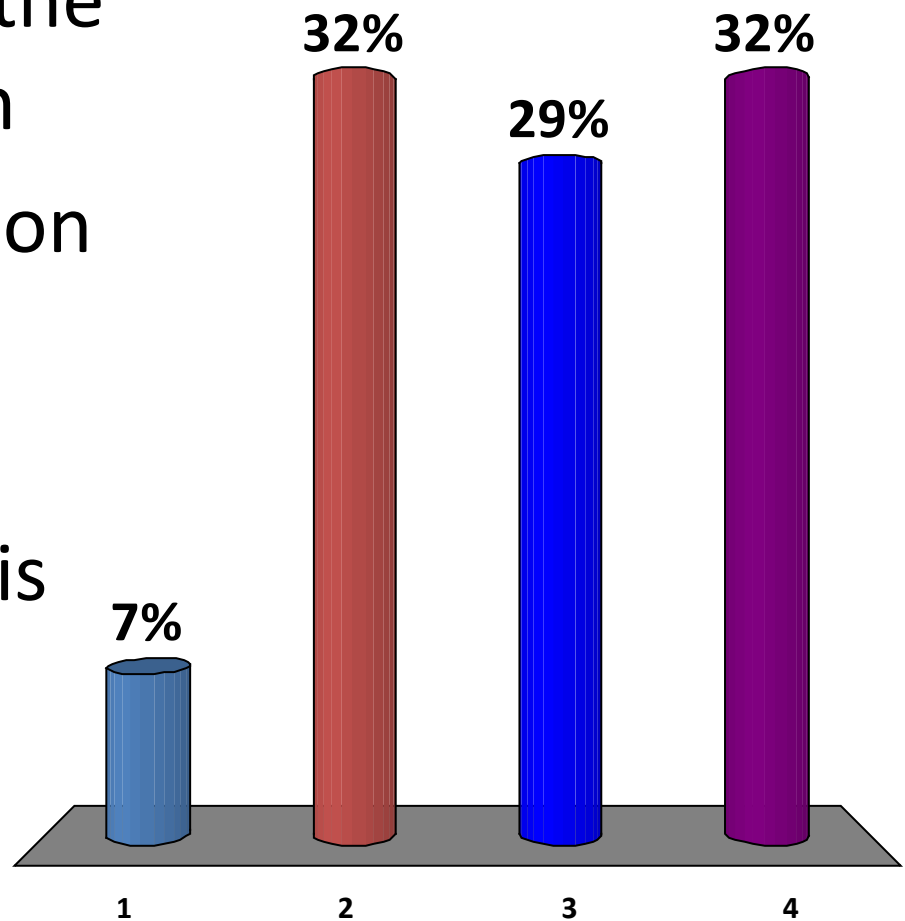
Suppose you went to your nearest family planning clinic and requested an IUCD. What do you anticipate the response would be?

1. No. You are too young for contraception
2. No. You are too young for an IUCD
3. Sure!
4. Are you certain? Insertion will be painful.



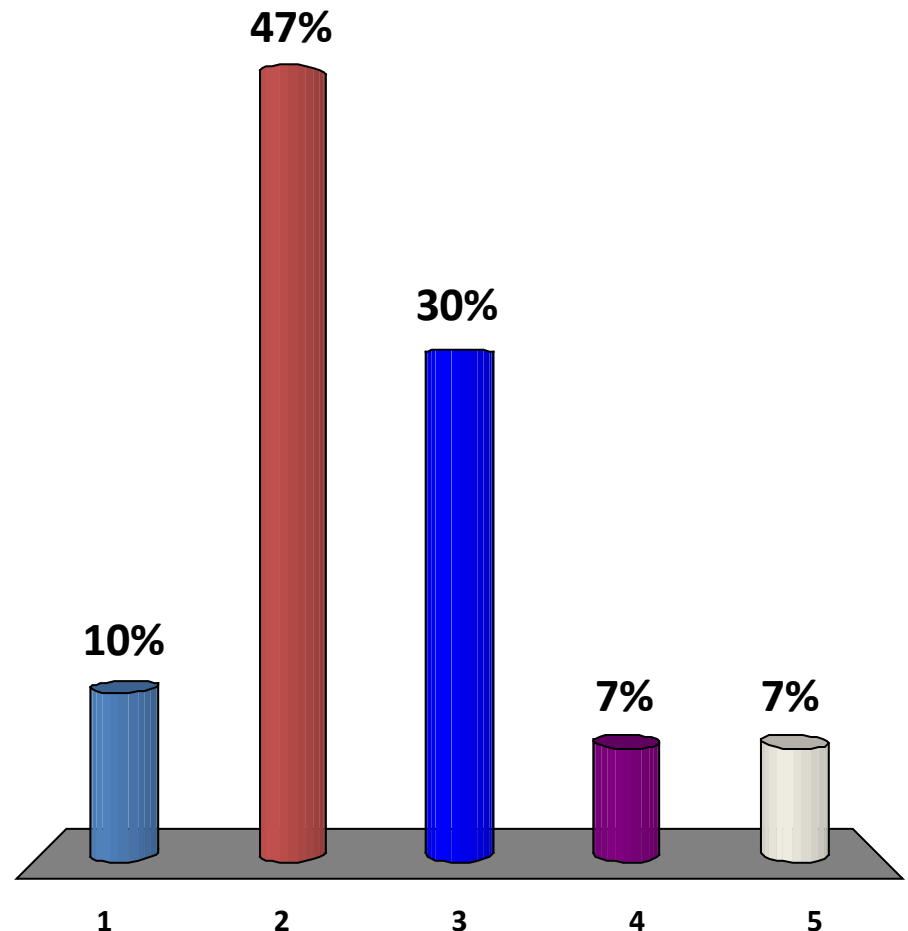
What do you think adolescents in your community fear most about the IUCD?

1. The IUCD getting to the heart, lungs, or brain
2. The pain with insertion
3. Infertility
4. They probably don't know what an IUCD is



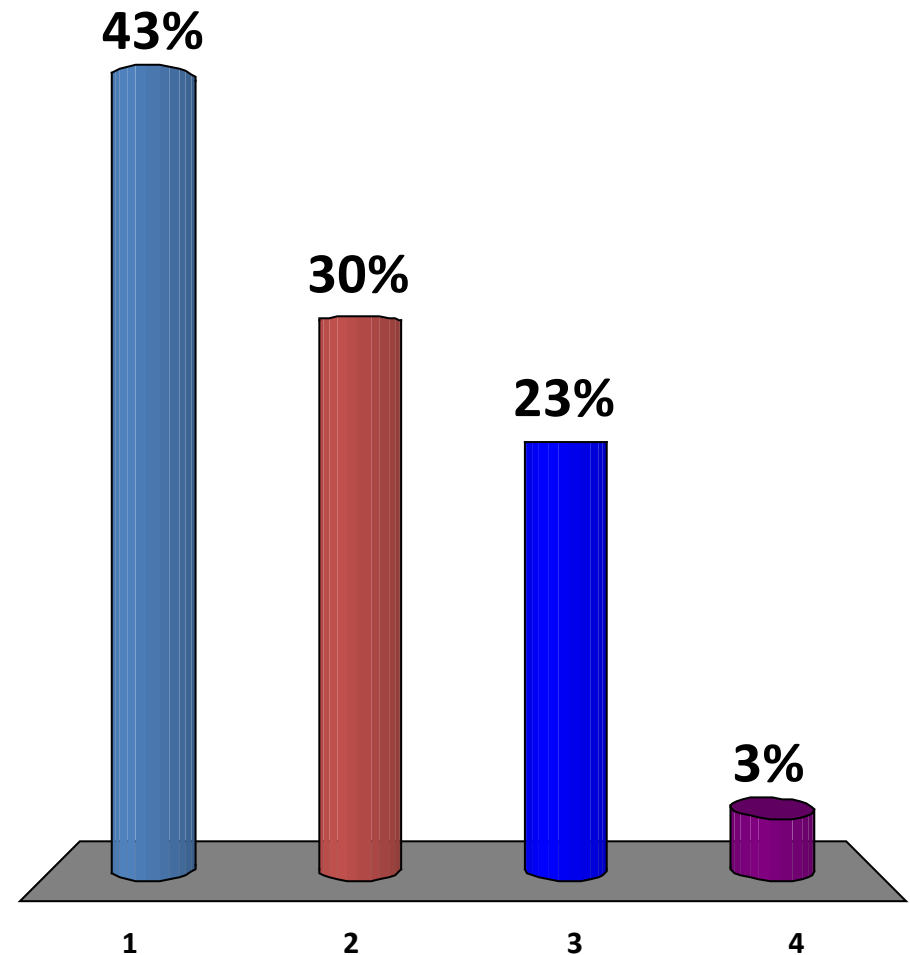
What do you think their biggest fear is concerning the implant?

1. Arm weakness
2. Irregular bleeding
3. Weight gain
4. The implant moving to the heart
5. I don't think they know what one is



In your experience, how easy is it to discuss family planning with your health care provider? (and why...)

1. Easy
2. Moderately easy
3. Somewhat difficult
4. Very difficult



This next question is for everyone!

- Beatrice is a 17 year old who broke up with her boyfriend 2 months ago. She was on the pill but stopped taking it after she broke up with her boyfriend. She just heard about the REACH study and wants to join, but she does not want to have to take birth control pills again because they gave her nausea. She tells you that her plan is to tell the clinic staff that she is taking the pill but she won't really take them.

What advice do you give Beatrice?

1. The dapivirine ring is a research product, so we don't know if it is safe to use if a woman falls pregnant. It is for her own safety that she uses contraception.
2. It is best to be honest with study staff about her plans.
3. Other non-hormonal types of family planning like the IUCD are available which do not cause nausea.
4. All of the above.

