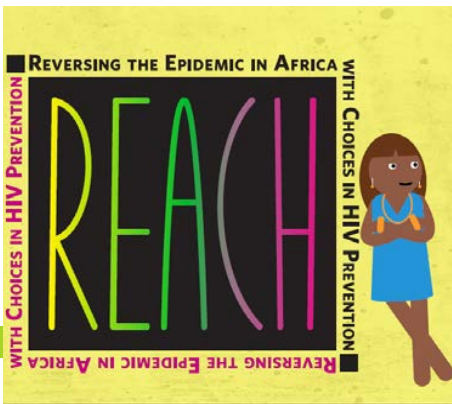


What We Are Learning From Working with Adolescents in Uganda



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MU-JHU Research Collaboration

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Presentation Outline

Learnings from;

- Accrual
- Contraception provision
- Study procedures
- Adherence
- Retention



Accrual of Minors

Recruitment of minors has been possible!

Concern 1: Sex, parents and consent

Girls must have had sex, and if under 18 in Uganda, must also have a parent's permission to enroll –how to enroll the **25** 16-17 year-olds?

- Parental waiver not requested as Ring is an IND
- Sexual activity disclosure considered a cultural taboo in our setting
- **Parental consent perceived as a principal barrier to study participation**



Accrual.

- **Surprise!!!** Minors' having sex was an open secret!
 - Parents (mothers) embraced REACH for HIV prevention and contraception!
 - *Despite misgivings that REACH would promote promiscuity and provision of contraception to girls who had not yet given birth??*
- **Other Issues;** busy parents/ guardians ?possibility of offsite consenting for future trials



Accrual...

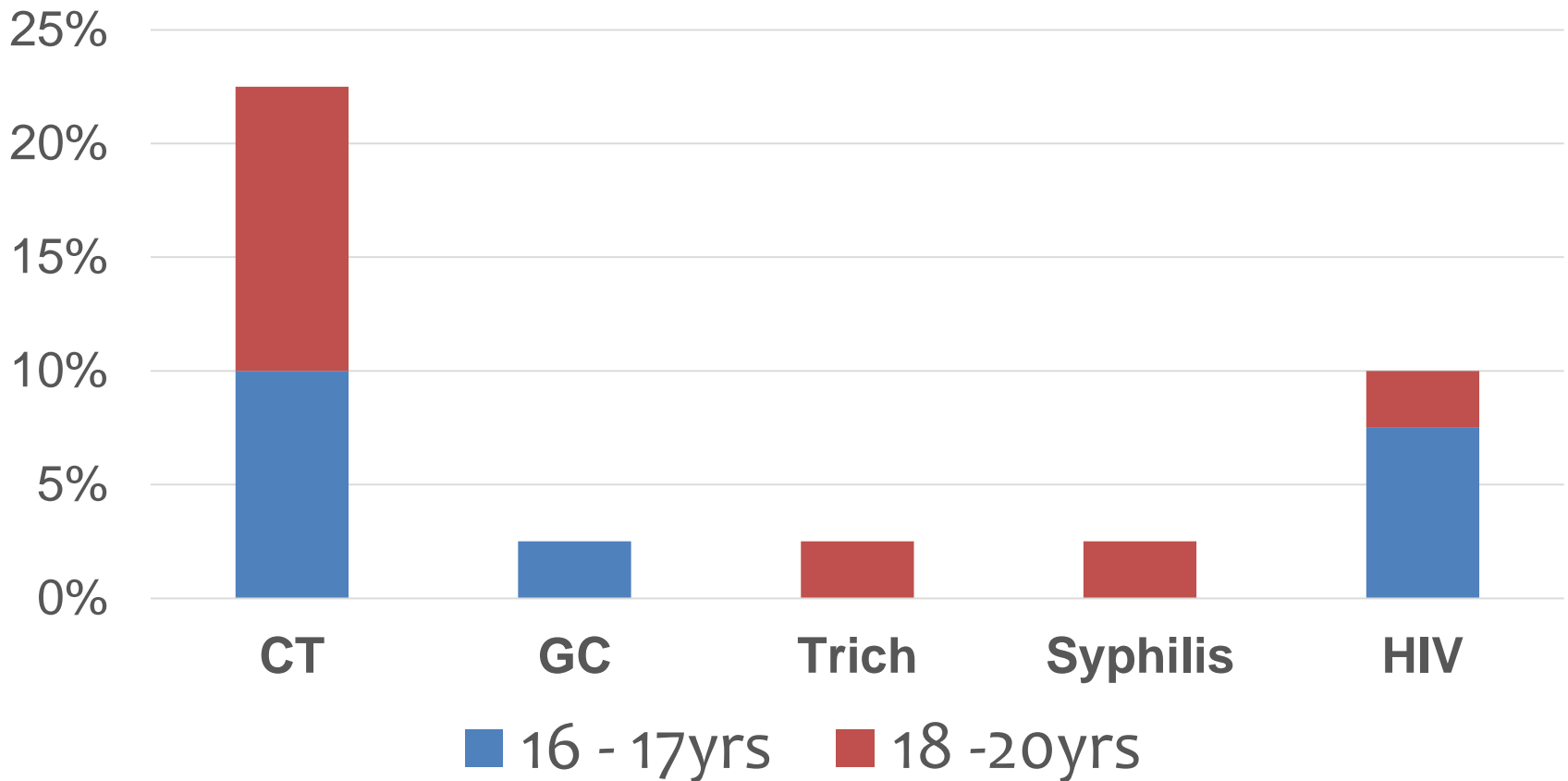
Concern 2: Does Uganda have high risk minors?

- Regulatory bodies, Community stakeholders, Parents/Guardians strongly recommended;
 - In Uganda, REACH should be conducted among **high risk adolescents**; benefit from HIV prevention & contraception
 - **Emancipated minors** should be targeted
 - **School going adolescents** should **NOT** be recruited (retention challenges & may **“contaminate”** others!)
- Site developed a risk assessment tool based on modified VOICE risk score – prescreening checklist

Modified VOICE Risk Score parameters	N
Does not live with Parent/Guardian*	3
Currently sexually active*	18
Partner >25 yrs*	4
Never tested for HIV*	2
Has other sexual Partners**	12
Not Living with partner **	18
Partner has other sexual partners**	8
Unknown partner HIV status**	8
Previously treated for STIs**	2
Has no income**	4
Occupation (Sex Work =6, factory=2, Dancer=2, Sales girl =4, Food Vendor=2, cook-1, electrician -1)	

STIs at Screening

STI Prevalence by Age

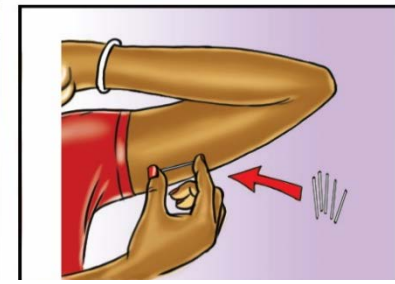
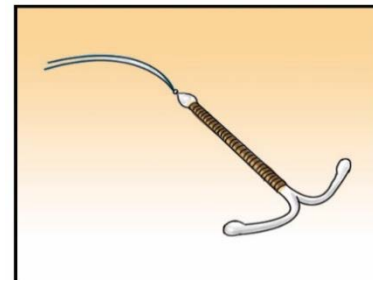


Contraception

During recruitment, we have noted that;

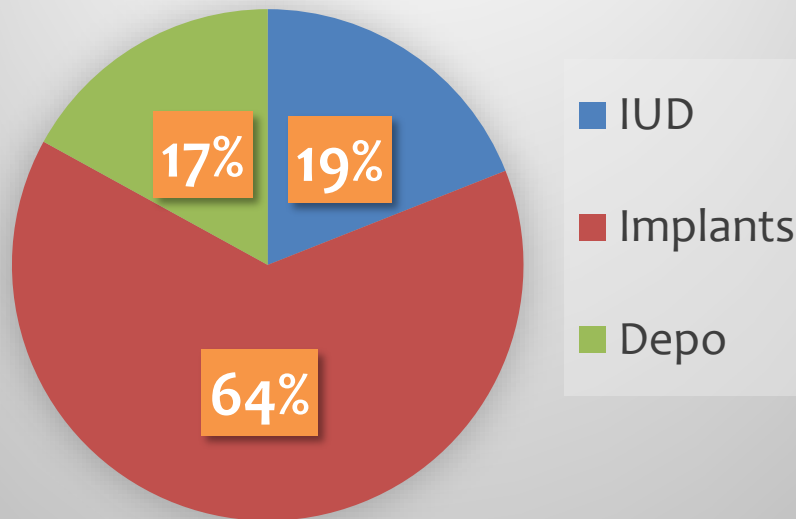
- There's low contraceptive uptake among adolescents!
- Girls from the **community have little/no information** about contraception! Undecided about method...
- Myths/Misconception
 - *FP provided before one gives birth “burns the eggs!”*
 - *IUCD and implants may move to the heart, lungs and one may die!*
 - *IUCD causes cancer because of the copper released*
 - *Depo results in uterine swellings*

Contraception..

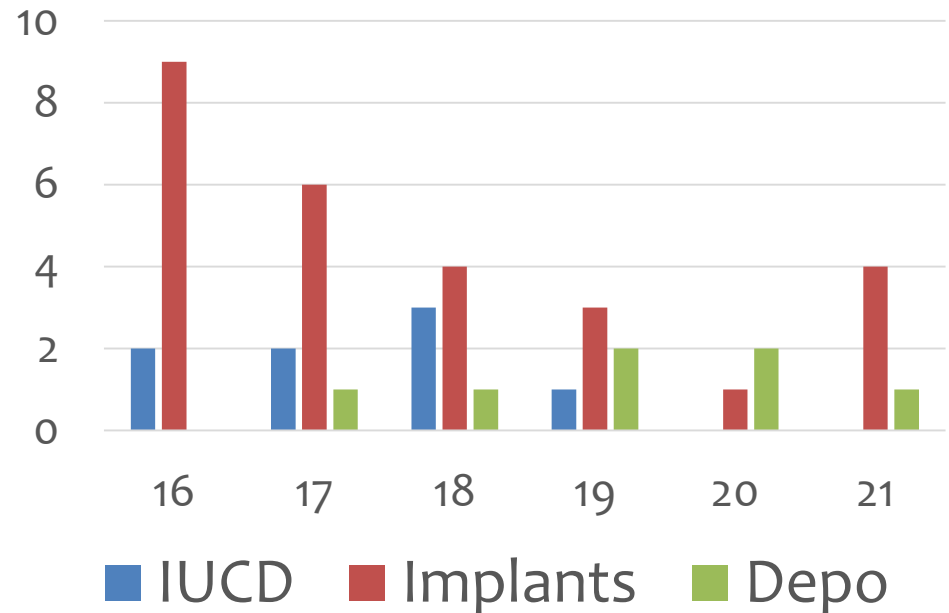


Adolescent girls are opting for LARCs!

Contraceptive Method Mix



Contraceptive Method Mix by age Group



Minimal/no side effects, 70 day screen window

Study Procedures

Pelvic Exams (PE) have been a challenge...



- Screening PE is usually the first ever!
 - *Shy, scared - fear is “palpable”*
 - Uncomfortable (cold speculum, many staff in the room, feel naked)
 - Initially procedure too long!
 - **3 minors** Screened out – declined PE
- Myths/Misconception
 - *Some body organs may be removed during PE – procedure explained + instruments/swabs*



Study Procedures..

Counselling has been well appreciated...

REACH has been a study of many firsts for me, however what has stood out for me is the counselling! This has been my first time talking to a counsellor about my life issues and I like it!



Study Products

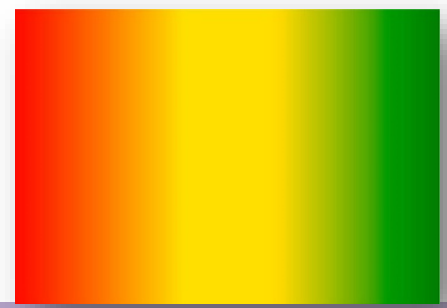
Adolescent girls are willing to use both products; inquisitive



- Ring is new, most are skeptic about it's **size..** but willing to try it
- PrEP not widely available in Uganda
 - Little or no information about PrEP among girls
 - Myths/Misconception
 - *PrEP makes someone disfigured!*
 - *PrEP results in liver damage!*
 - *Oral PrEP doesn't prevent HIV; tablets have HIV!*
- Cross-over study design is appreciated by girls
 - experience both methods then **CHOOSE!**



Adherence



Girls can be supported to adhere to HIV prevention products!

- For better adherence, more frequent visits/interactions needed +++
- Group sessions helpful+++
- Peer influence can be positive (ambassadors)
- **Resilient** – initial struggles, quickly improve...!
- **Disclose easily** to partners that they are in a study & are using products for **HIV prevention!**
- AGYW are **unique** and have to be treated thus..

Participant Persistence in the study

Girls can be retained and have shown high motivation to continue with REACH!

- **Crossover design** great – the hope to try out a new product in second period then **choose!**
- Young women like being engaged
 - Engagement events – birthday, x-mas, movies etc.
 - Skills – crocheting, plaiting hair, make-up etc.
 - Monthly visits/adherence support sessions
- Had 4 relocations out of Uganda – beyond our control



Conclusion

REACH IS PROVING THE STRENGTH AND DETERMINATION OF THE GIRLS OF UGANDA

“High Risk“ for HIV/STIs

Using FP despite issues

Issues with study products



Finding support in peers

Resilient

Adhering for themselves

Learning From And Empowering The Next Generation of women

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