

EXPERIENCES WITH BROADENING THE CONTRACEPTIVE MIX AT THE CAPRISA ETHEKWINI CRS

MTN REGIONAL MEETING

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Background

- ❑ **ASPIRE currently being conducted at the CAPRISA Ethekwini Clinical Research Site (ECRS).**
- ❑ **ECRS is centrally located in the Durban CBD.**
- ❑ **Several municipal clinics in the local vicinity.**
- ❑ **All CAPRISA studies provide free on-site contraception.**
- ❑ **General pharmacy at Ethekwini CRS stocks primary health care medication – accessed from municipality through ARV treatment programme**

Background

- ❑ **Until the latter half of 2012, contraceptive choices at Ethekwini CRS were limited to:**
 - **oral contraceptives**
 - **injectable hormonal contraceptives**

- ❑ **Contraceptive Action Team (CAT) was established in June 2012.**

- ❑ **To align the contraceptive service offered with CAT goals, the contraceptive programme was reviewed and revitalised.**

IUCD Implementation Plan

3 main elements needed for a successful IUCD programme

**Participant and
community
education**

**Staff
training**

Logistics



IUCD Implementation:

(i) Participant and Community Education

- ❑ Level of knowledge pertaining to IUCD's is low in the broader community.**
- ❑ Key step in successful promotion of the IUCD: Education of both participants as well as the local community.**
- ❑ Emphasis on contraception during all education sessions.**
- ❑ Community education started before site activation for ASPIRE**
- ❑ Conducted at many different levels**

IUCD Implementation:

(i) Participant and Community Education

□ Levels of Education

- Recruitment team in the community
- Study staff during group education sessions at site
- One-on-one with nurse / doctor and participant



IUCD Implementation:

(i) Participant and Community Education

❑ Challenges with Education:

- Fear of an unknown entity
- Myths and misconceptions
- Socio-cultural barriers



As knowledge breeds acceptance, the only way to overcome these challenges is Education, Education, Education.....



IUCD Implementation:

(ii) Staff Training

Identification of a trainer:

- Gynaecologist based at DoH FP Clinic – 3km from ECRS

Training Programme:

- Group theoretical session → group practical session using pelvic model dummy → Hands-on training

Guidelines for competency:

- 5 observations followed by 5-10 insertions under supervision

IUCD Implementation:

(ii) Staff Training

❑ Challenges with staff training:

- Limited availability of DoH Trainer
- Shortage of sterile packs / IUCD's local clinic
- Can only train on site participants as much “competition” at the local clinic for IUCD clients by DoH nurses, registrars.

❑ Overall, the training programme was not ideal and underwent many minor adjustments along the way.

❑ Staff initially “IUCD naive” and nervous – confidence has since grown.

IUCD Implementation:

(iii) Logistics

□ Acquisition of IUCDs

- Initially: relied on supply from local municipality
- CAPRISA pharmacy now purchasing stock privately

□ Other reusable items:

- Sterile packs
- Metal sounds
- Suture pack/ suture material



□ Service delivery:

- Initially, insertions done by appointment only. Now done immediately upon request.

IUCD Implementation:

Participant feedback

- ❑ Despite education challenges, interest in the IUCD is shown in a fair number of participants.**

- ❑ Great variability in the profiles of participants who have opted for the IUCD:**
 - no previous contraception to those on injectables for many years**
 - nulliparous to multiparous**
 - wide range in age and social background**

- ⇒ encouraging that it has appeal across a wide spectrum of participant demographics.**

IUCD Implementation: Participant feedback

Adverse Events experienced:

- Abnormal Uterine Bleeding
- Missing strings
- Pain post insertion
- Pelvic Inflammatory Disease

Reasons for removal:

- Prolonged pelvic pain
- Recurrent expulsion
- Pelvic Inflammatory Disease – at participant request
- Partner Complaint: “strings poking him during intercourse”

IUCD Implementation:

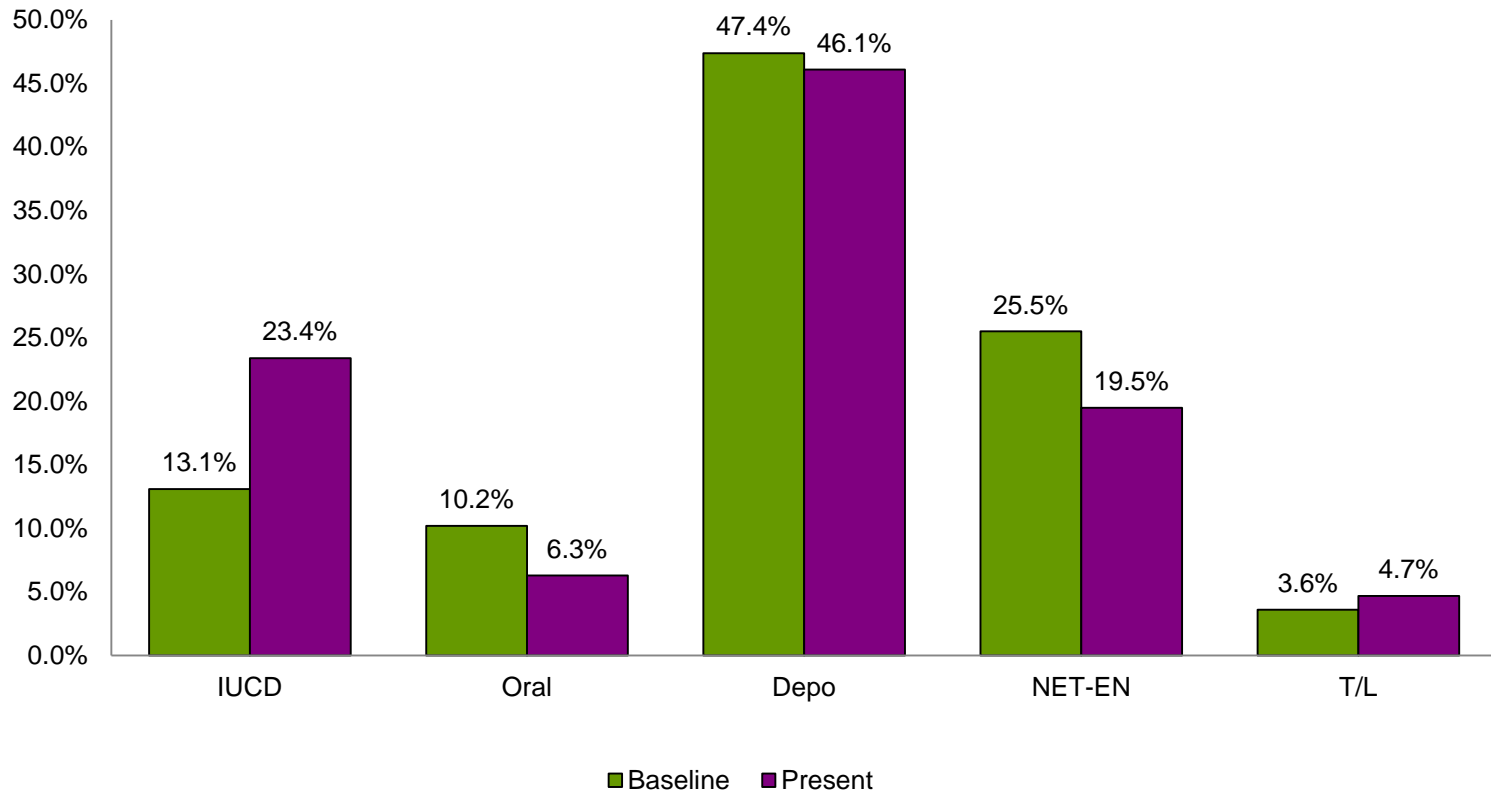
Participant feedback

□ Overall participant response:

- Positive!**
- Adverse events (such as bleeding, pain) that do occur accepted as normal/expected events and are well-tolerated.**
- Proper counselling prior to procedure, and continued counselling post-insertion play a great role in acceptability.**
- Some participants have encouraged friends and family to opt for this method**

IUCD Implementation: Where are we now?

ECRS Contraceptive Use in ASPIRE



Tubal Ligation:

- ❑ Most ASPIRE participants are in the younger age group – very few opt for this method (only 3 to date).
- ❑ The first 2: Given standard referral letters to their local healthcare facilities. Neither referral taken up.
- ❑ DoH trainer recently provided an expedited and direct means of acquiring a T/L booking.
- ❑ 3rd ASPIRE participant with request for T/L was 25 yrs old with 4 children. Booking made easily, however, not done because informed she was “too young”.

Implants:

- ❑ The Zimbabwe and Uganda sites have shared much of their insight and experience with respect to implants at past CAT meetings.
- ❑ MTN CAT representatives have arranged Implant demonstration sessions.
- ❑ Knowledge on implants purely theoretical so far - training on implant insertion will begin once national go-ahead by DoH is given, to implement use.
- ❑ Anticipate that implant training be easier than that of the IUCD – training framework is already in place.

Conclusion:

- ❑ Efforts of the ECRS team to broaden the contraceptive options, have inspired other research teams.
- ❑ CAT initiatives have thus had positive influence beyond ASPIRE!
- ❑ All staff members believe in and actively strive towards contraceptive goals.
- ❑ Broadened contraceptive choices = woman empowerment, improved quality of life and improved socio-economic status of the community at large.

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