



Contraceptive Method Switching in ASPIRE

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Overview

- Background
- Objectives
- Analysis approach
- Definitions
- Preliminary results
- Summary



Background

- In SSA, contraceptive prevalence is low at < 50% in most countries (MDG Report 2012) & unmet FP needs are high at ~ 20% (UNFPA 2012).
- There are many reasons why contraception needs are unmet.
- Limited data on method switching esp. for SSA.
- Method switching is thought to occur frequently amongst women globally.
- Important to understand the rates of switching and why.

Background (cont)

- Better understanding → improved counselling → more appropriate choices → women continue longer on methods.
- LARCs have high initial costs & frequent discontinuation means high costs for health system. SARCs less expensive initially but less effective as require adherence effort.
- CHOICE Study (USA): Higher continuation rates with LARC vs SARC (86.2% vs 54.7% at 12 months; 76.6% vs 40.9% at 24 months)
- In ASPIRE LARC methods were accepted, but we do not know for how long they were continued.

Objectives

- Determine the frequency of contraceptive method switching overall and by contraceptive method.
- Describe the most common reasons for contraceptive method switching overall and by contraceptive method.
- Characterize the demographic factors associated with contraceptive method switching.

Analysis Approach

- Study population: all enrolled ASPIRE participants
- Data abstraction was done retrospectively from participant binders: Pre-screening records, FP card, Contraception Flow Sheets & Chart notes.
- Abstracted data captured on CAT Screen & Switch form and uploaded to REDCap data capture system.

Analysis Approach (cont)

- Parameters:
 - *Identify cases of contraceptive method switching:*
FP-1 CRF; CM-1 CRF; Abstracted data
 - *Identify reasons for each contraceptive method switch:*
Abstracted data
 - *Demographic factors:*
DEM-1 CRF; BFP-1 CRF; BBA-2 CRF

Analysis approach (cont)

- **Statistical Analysis Plan:**

1. Enrolment characteristics and contraceptive use at screening and enrolment.
2. Discontinuation of injectable methods
3. LARC initiation during follow-up
4. LARC discontinuation during follow-up

Definitions specific to analysis

- **Modern Contraceptive methods:** Use of any of the following: Injectables, OCP, Implants, IUDs.
- **“No method/None” at screening:** No current method OR those who defaulted last due date by any duration.
- **“No method/None” at follow-up:** Includes participants who stopped any/all methods and those who defaulted last dose by MORE THAN ONE MONTH from due date.
- **Baseline:** Enrolment

Definitions specific to analysis (cont)

- **New user (at baseline):** Was not on same method at screening and enrolment.
- **Established user (at baseline):** Was on the same method of contraception at both screening and enrolment.
- **“Switch”:** Refers to both change from one method to another or to no method

Characteristics at enrolment per country

Parameters analysed

- Median Age
- Marital Status
- Level of education
- Travel time to clinic
- Earns own income
- Prior pregnancies
- Prior live births
- Primary partner last 3/12
- Non-primary partner last 3/12
- Condom use during last vaginal sex act

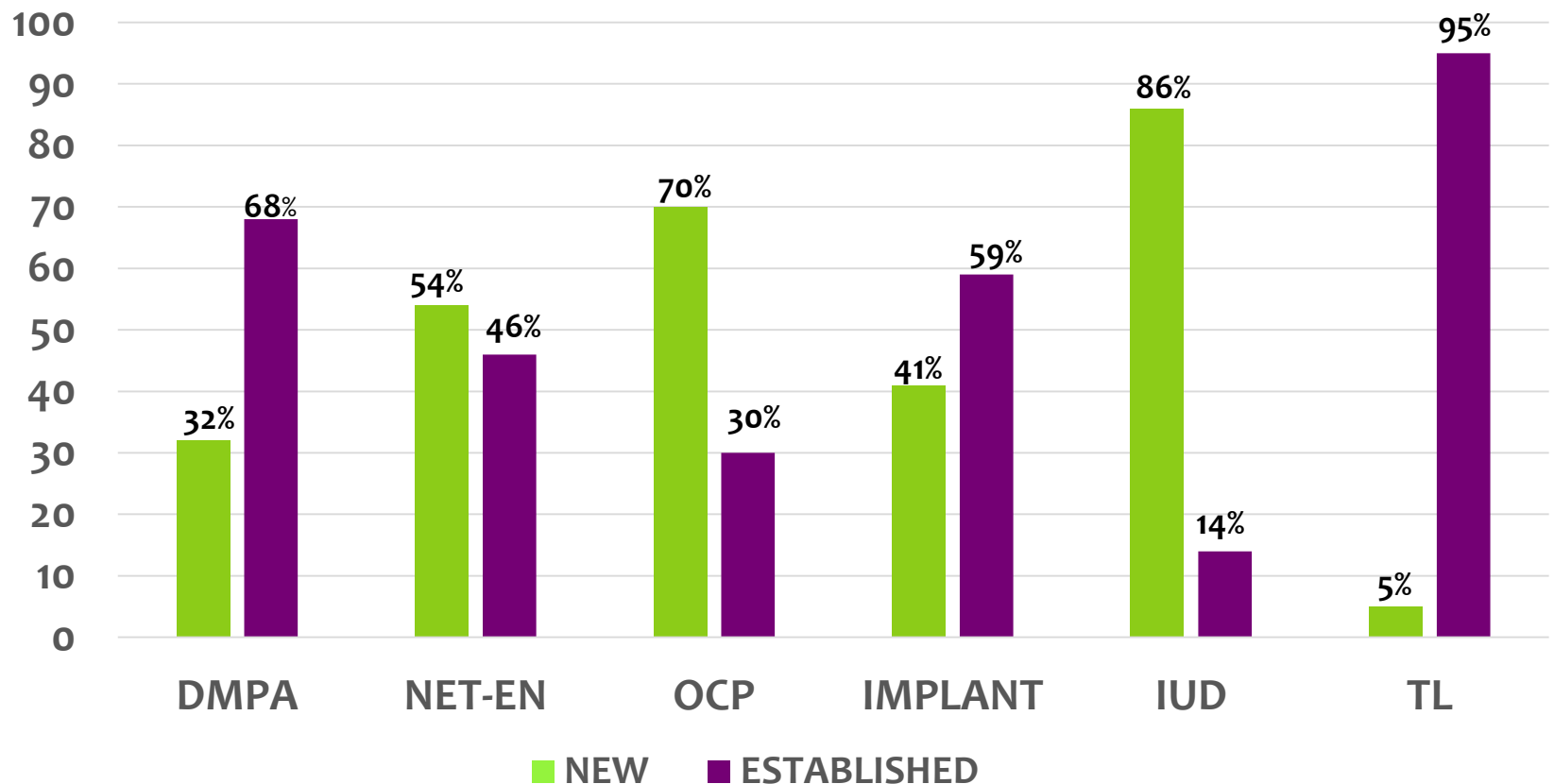
| | Malawi | SA | Uganda | Zim |
|---|--------------|--------------|--------------|--------------|
| Age in years (median, IQR) | 28 (24.3) | 24 (21.3) | 28 (24.3) | 28 (25.3) |
| Currently married | 85% | 8% | 66% | 83% |
| Education level | 11% | 46% | 5% | 51% |
| Earns own income | 55% | 37% | 83% | 45% |
| Prior live Births/preg (median, IQR) | 3 (2.4) | 1 (1.2) | 3 (2.4) | 2 (2.3) |
| Condom use (male) | 35% | 66% | 32% | 51% |

Contraception: Screening vs Enrolment

| SCREENING | ENROLMENT | | | | | | |
|-----------|-----------|-----------|-----------|-----------|-----------|----------|-------|
| | DMPA | NET-EN | OCP | IMPLANT | IUD | TL | TOTAL |
| DMPA | 729 (92%) | 11 (1%) | 4 (<1%) | 17 (2%) | 35 (4%) | 1 (<1%) | 793 |
| NET-EN | 5 (2%) | 176 (95%) | 2 (1%) | 0 (0%) | 4 (2%) | 0 (0%) | 186 |
| OCP | 115 (25%) | 3 (<1%) | 95 (20%) | 132 (28%) | 128 (28%) | 0 (0%) | 465 |
| IMPLANT | 4 (1%) | 0 (0%) | 0 (0%) | 298 (96%) | 9 (3%) | 0 (0%) | 310 |
| IUD | 0 (0%) | 0 (0%) | 0 (0%) | 1 (2%) | 44 (98%) | 0 (0%) | 45 |
| TL | 1 (1%) | 0 (0%) | 0 (0%) | 0 (0%) | 0 (0%) | 74 (99%) | 75 |
| OTHER | 0 (0%) | 0 (0%) | 0 (0%) | 1 (33%) | 0 (0%) | 2 (67%) | 3 |
| NONE | 217 (29%) | 191 (26%) | 186 (25%) | 52 (7%) | 100 (13%) | 1 (<1%) | 747 |
| UNK | 0 (0%) | 0 (0%) | 0 (0%) | 0 (0%) | 5 (100%) | 0 (0%) | 5 |
| TOTAL | 1071 | 381 | 287 | 501 | 325 | 78 | 2629 |

New vs. Established Users: Enrolment

New Users vs Established Users at Enrolment



Switch from injectables in follow-up

| INJECTABLE METHOD AT ENROLMENT | VALID FIRST SWITCH | | INVALID FIRST SWITCH | | CONTINUED METHOD | |
|--------------------------------------|-----------------------|-----|-------------------------|-----|---------------------|-----|
| | N | % | N | % | N | % |
| All users | | | | | | |
| DMPA | 423 | 40% | 56 | 5% | 592 | 55% |
| NET-EN | 203 | 53% | 41 | 11% | 137 | 36% |
| New Users | | | | | | |
| DMPA | 126 | 36% | 19 | 5% | 201 | 58% |
| NET-EN | 110 | 53% | 32 | 16% | 64 | 31% |
| Est. users | | | | | | |
| DMPA | 297 | 41% | 37 | 5% | 391 | 54% |
| NET-EN | 93 | 53% | 9 | 5% | 73 | 42% |

Method Following First Switch

| Baseline injectable users who switch methods | Method switch to | | | | | | |
|--|------------------|--------|-----|---------|-----|------|------|
| | DMPA | NET-EN | OCP | Implant | IUD | TL | None |
| ALL USERS | | | | | | | |
| DMPA (n=423) | 0 | 13% | 22% | 29% | 31% | 0.7% | 5% |
| NET-EN (n=203) | 21% | 0 | 25% | 32% | 26% | 0.5% | 6% |
| NEW USERS | | | | | | | |
| DMPA (n=126) | 0 | 10% | 24% | 21% | 29% | 0 | 6% |
| NET-EN (n=110) | 12% | 0 | 26% | 31% | 23% | 0.9% | 7% |
| ESTABLISHED USERS | | | | | | | |
| DMPA (n=297) | 0 | 13% | 16% | 33% | 32% | 1% | 4% |
| NET-EN (n=93) | 9% | 0 | 24% | 32% | 30% | 0 | 5% |

Reasons for switching (injectables)

| REASON FOR SWITCHING | DMPA | | NET-EN | |
|--|------------|------|------------|------|
| | N | % | N | % |
| Interested in forgettable option after counselling | 170 | 40% | 85 | 42% |
| No reason given | 90 | 21% | 48 | 24% |
| Bothered by bleeding side effects | 67 | 16% | 34 | 17% |
| Wanted a break from hormones | 34 | 8% | 3 | 1% |
| Weight gain | 26 | 6% | 3 | 1% |
| Contraception of choice not available | 17 | 4% | 10 | 5% |
| Other | 10 | 2% | 7 | 3% |
| Expressed interest in getting pregnant | 9 | 2% | 4 | 2% |
| Amenorrhoea | 8 | 2% | 3 | 1% |
| Difficulty with adherence/poor adherence | 7 | 2% | 7 | 3% |
| Bothered by pain | 5 | 1% | 6 | 3% |
| Pregnancy | 3 | 0.7% | 1 | 0.5% |
| Partner objection | 2 | 0.5% | 0 | |
| Friend and/or family member suggested change | 2 | 0.5% | 0 | |
| Hypertension | 2 | 0.5% | 3 | 1% |
| Vaginal dryness | 1 | 0.2% | 0 | |
| TOTAL | 423 | | 203 | |

Correlates of discontinuation: Injectables

Parameters analysed

- Median Age
- Marital Status
- Level of education
- Travel time to clinic
- Earns own income
- Prior pregnancies
- Prior live births
- Primary partner last 3/12
- Non-primary partner last 3/12
- Condom use during last vaginal sex act

NET-EN

- No statistically significant correlates found with discontinuation

DMPA

- **Travel time to clinic** (*p-value 0.0003*): Higher no. of continued users had >1hr travel to clinic vs. no that discontinued (31% vs. 21%)
- **Highest level of education** (*p-value 0.0027*): Higher no. in highest education category discontinued vs continued (47% vs. 37%)

Incidence rates of discontinuation of method reported at enrolment

| | Incidence rate (per 100 p-y) | 95% CI | No. who switched | Total Follow-up time (p-y) |
|------------------------|------------------------------|--------------------|------------------|----------------------------|
| DMPA (n=1015) | 30.8 | 27.9 - 33.9 | 423 | 1372.9 |
| NET-EN (n=340) | 49.4 | 42.9 - 56.7 | 203 | 410.6 |
| OCP (n=242) | 77.4 | 66.0 - 90.3 | 162 | 209.2 |
| IMPLANT (n=470) | 15.1 | 12.3 - 18.3 | 103 | 682.8 |
| IUD (n=290) | 16.0 | 12.5 - 20.1 | 72 | 450.2 |
| TL (n=78) | 0 | N/A | 0 | 140.9 |

Summary

- Rationale for analyzing method switching is to better understand contraceptive behaviour and to better meet FP needs.
- Key findings thus far:
 - 40% of DMPA users & 53% of NET-EN users had a valid first switch.
 - 58% to 60% of injectable users chose LARC at first switch.
 - Most frequent reason for switching from injectables was interest in a forgettable option after site counselling. Other frequent reasons included bleeding side effects, wanting a break from hormones, weight gain, contraception of choice not available.
 - Incidence rates of discontinuation were lower for LARC as compared with SARC.

The challenges are ongoing...

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News Politics Apr 15, 2016 • Written by: Ole!Media Content Hub

Speaking in Soweto on Thursday ahead of his party election manifesto launch in Orlando, Malema accused white people of trying to discourage blacks from breeding because whites wanted to reduce black numbers so they could take over politically.



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