

# **Changes in Contraceptive Use Among Women in Microbicide Trials: The Zimbabwe Experience**

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FG MHLANGA

SPIILHAUS CRS, HARARE, ZIMBABWE

# INTRODUCTION

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- ❑ Microbicide trials require participants to be on effective contraception
- ❑ Recent attention to hormonal contraception and HIV risk acquisition makes it imperative for MTN sites to broaden their contraceptive mix.
- ❑ Ideally no single method should comprise >50% of the mix

# DEMOGRAPHICS

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- Zimbabwe now has about 13 million people of which about 6.7 million are females  
**ZDHS 2010 -2011**
- Modern Family Planning Programme in Zimbabwe started in 1953
- Availability of contraception throughout the country managed by ZNFPC with assistance from some NGOs
- Current national contraceptive prevalence use is 59%

# ZNFPC ANNUAL CONTRACEPTIVE PREVALENCE REPORT 2012

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METHOD	TOTAL	PERCENTAGE
OCPs	296,115	94%
INJECTABLES	11,311	3.6%
IMPLANTS	4,470	1.4%
IUCD	1262	0.4%
TOTAL	313 158	100%

# MICROBICIDE TRIALS IN ZIMBABWE

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□ Conducting microbicide trials now for about 15 years

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|-----------------------|----------------------|
| ■ Buffer Gel (phase1) | Jul 1998 to Apr 1999 |
| ■ HPTN 035            | Feb 2005 to Aug 2008 |
| ■ VOICE MTN 003       | Sep 2009 to Aug 2012 |
| ■ ASPIRE MTN 020      | Oct 2012 to present  |

# HPTN 035 STATISTICS

METHOD OF CONTRACEPTION	PERCENTAGE N= 484
OCPs	72%
DMPA	22%
IMPLANTS	4%
MALE CONDOM	2%
NO CONTRACEPTION	<1%
SURGICAL STERILIZATION	0%

- Pregnancy rate 11.28 per 100 woman-years
- All pregnancies occurred in women on OCPs at enrollment or at the time of positive pregnancy

# VOICE STATISTICS

METHOD OF CONTRACEPTION	PERCENTAGE USING IT; N= 627
OCPs	70%
INJECTABLE	29%
IMPLANT	<1%
IUCD	<1%

- Pregnancy rate 5.8 per 100 women years
- The majority of pregnancies occurred in women (34/42 or 80%) on the OCPs.

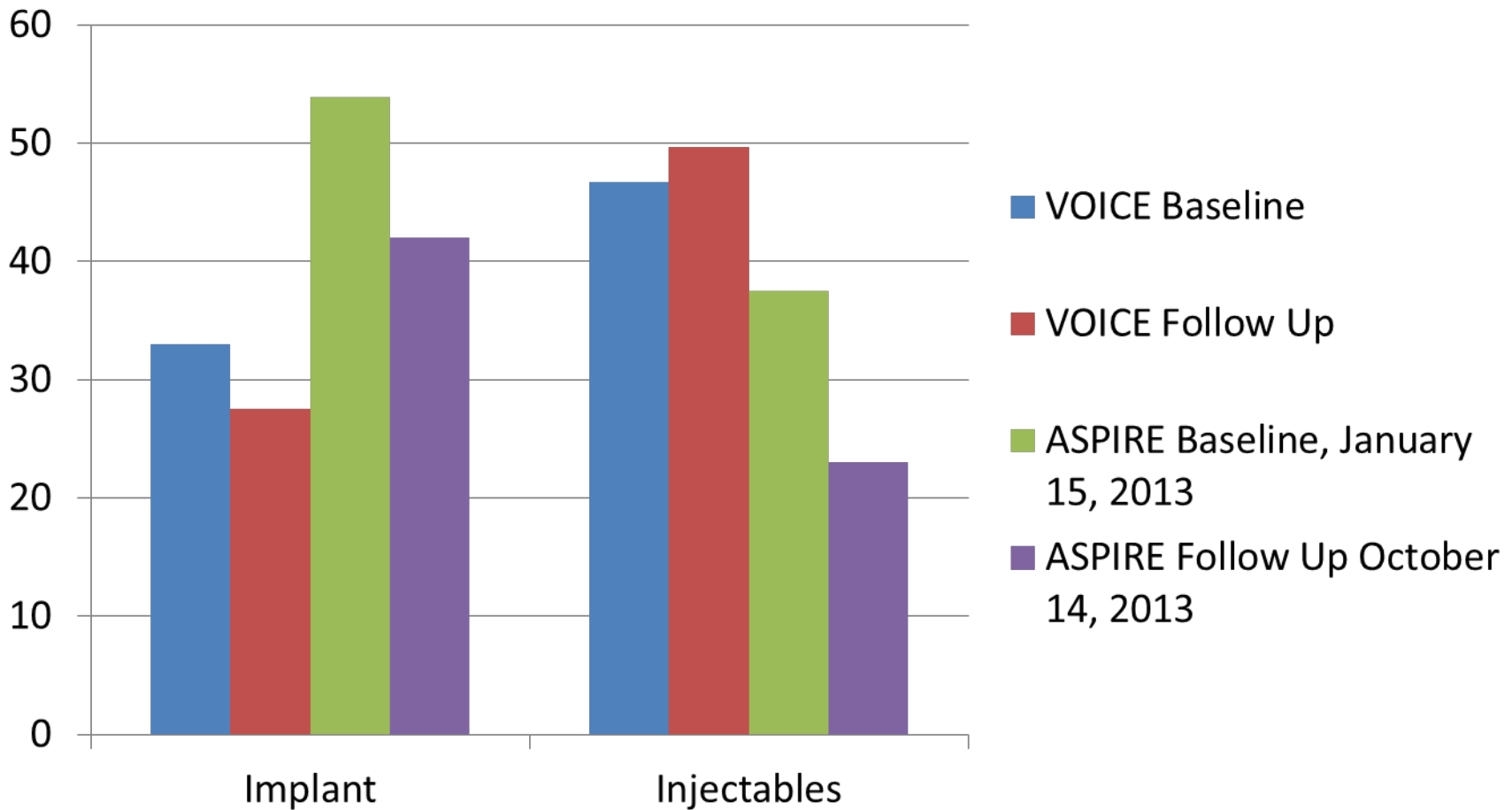
# ASPIRE STATISTICS

METHOD OF CONTRACEPTION	PERCENTAGE USING IT; N=128
IMPLANTS	53.9%
INJECTABLES	37.5%
IUCD	6.2%
ORALS	2.3%

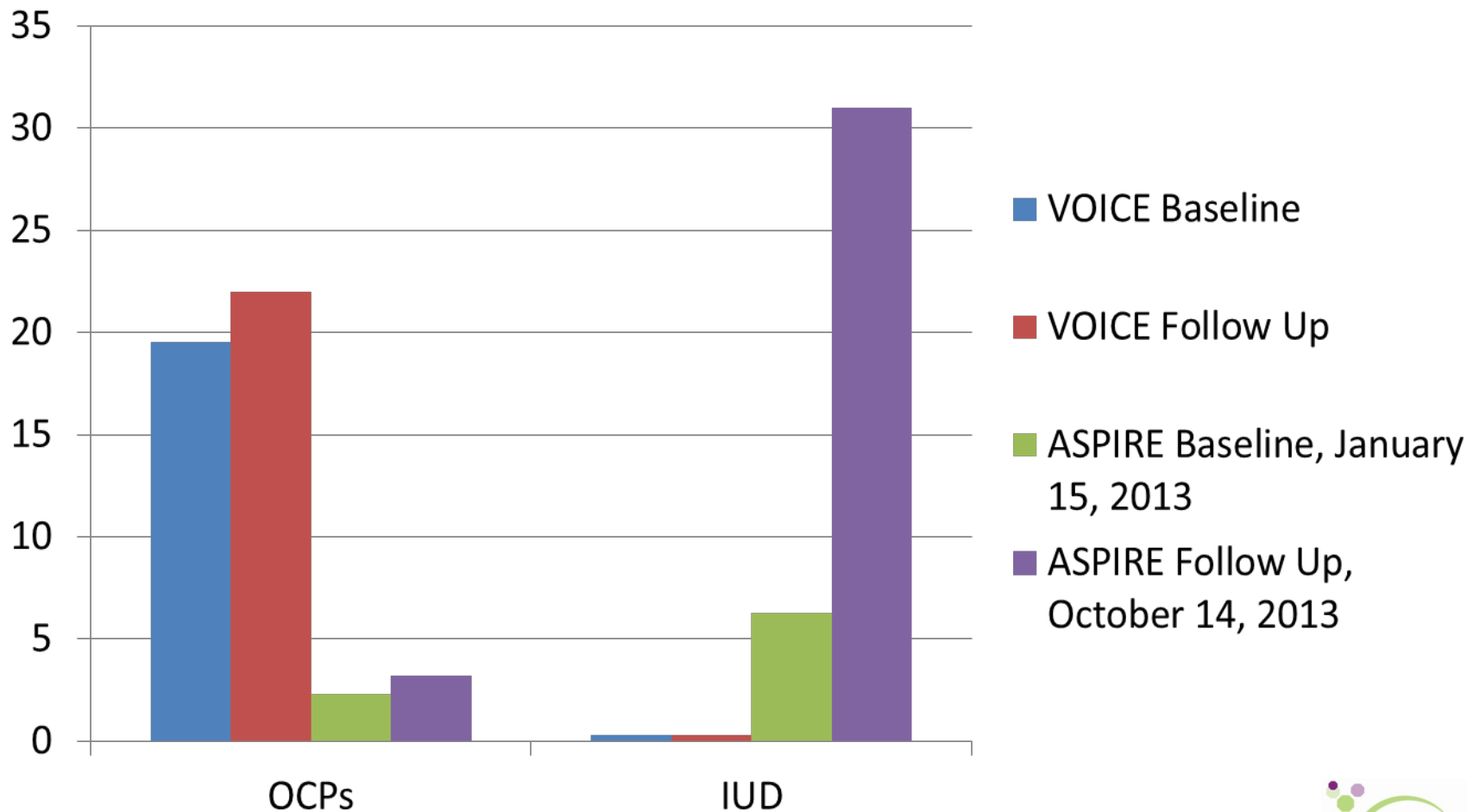
- As of 25 Oct 13 there were only 2 pregnancies amongst 462 participants



# VOICE/ASPIRE Contraceptive Mix Zimbabwe



# VOICE/ASPIRE Contraceptive Mix Zimbabwe



# KEY FINDINGS

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- Very high uptake of OCPs in VOICE at baseline and follow-up with very low IUCD uptake
- In ASPIRE, dramatic reduction in OCP use and a steep increase in IUCD uptake
- In ASPIRE (unlike in VOICE), a reduction in injectable use at follow up visits
- Oral contraceptives remain a high risk factor for pregnancy (and time off study product!)

# Achieving high IUCD uptake...

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- Identified provider bias as a huge challenge and addressed it through didactic and practical training of MOs and RNs.
  - 25- 26 September 12; ongoing thereafter
  
- Trained Outreach Workers & CAB
  - more background information on IUCDs to be able to address basic questions asked in the community.

# Achieving High IUCD uptake.....

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- Eliminated the need for referrals outside the CRS through equipping each CRS to offer IUCDs on demand
  - Requires skilled staff on site to accomplish IUCD insertion
- All 3 Zimbabwe sites began providing long acting reversible contraceptive methods by October 2012 when ASPIRE launched.

# LESSONS LEARNT

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- Country specific contraceptive mix can influence contraceptive prevalence in microbicide trials
  - Reliance on OCPs in the country was reflected in contraceptive patterns in women screening for ASPIRE
  - Active intervention is required to change the contraceptive mix at a site
  
- It is feasible to offer a broad contraceptive mix in microbicide trials; chiefly through training & availing contraceptive methods onsite



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**THANK YOU VERY  
MUCH!**