Southern African HIV Clinicians Society
3rd Biennial Conference
13 - 16 April 2016
Sandton Convention Centre
Johannesburg

Our Issues, Our Drugs, Our Patients

www.sahivsoc.org
www.sahivsoc2016.co.za
Adolescent Contraception

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Disclosure

• Received travel and research grants from
• GSK
• MSD
• Adcock Ingram
• Bayer
• Novo Nordisk

Drug Research Trials
  Bayer - 2 trials
  Pfizer – 1 trial
  GSK – 1 trial
SPELL IT RITE
Consequences

- An African Film -

-A Story About Teenage Pregnancy-

Distributed by TAL, Inc.

Published by Tal, Inc., 1988
Effects of teenage pregnancy

- Leading cause of death in women in 15-19 in LMIC
- Lower educational achievement
- Decrease social opportunities
- Increase suicide and homicide
- Increase stillbirths
- Increase in those children having teenage pregnancies
Facts and Figures

• 16 million births to mothers aged 15-19 years worldwide.

• 95% of these births occurred in low- and middle-income countries

• Contraceptive use in Africa was a mere 20% compared with 63% in Latin America

• Stillbirths and newborn deaths are 50% higher.
Definitions

- Young people between the ages of 10 and 19 years
- Often thought of as a healthy group
- An estimated 1.3 million adolescents died in 2012, mostly from preventable or treatable causes
- About 16 million adolescent girls give birth every year
Children’s Act for health professionals
Fourth edition 1 June 2010
Children’s Act for health professionals
Fourth edition 1 June 2010

• Children's Act facilitates children’s access to contraceptives.
• Prevent sexually active children from contracting STIs (including HIV) or falling pregnant
• No person may refuse to sell or give condoms to a child over the age of 12 years
• Person who disregards these provisions is guilty of an offence and can be fined or imprisoned for 10 years or be given both a fine and a term of imprisonment.
Access to contraceptives – section 134

• Contraceptives may be provided to a child on request from the child and without the consent of the parent or caregiver.

• Is entitled to confidentiality.

• Health professionals to report cases of physical or sexual abuse.

• A girl under 16 years of age is pregnant as a result of having had sexual intercourse with a male who is more than 2 years older than her, the doctor has a duty to report it to the police.
Adolescent pregnancy

• "We cannot continue to pretend that our young people are not sexually active," said Health Minister Aaron Motsoaledi
Oral Contraceptives

• Pill use peaks amongst women aged between 18 and 24 years
• An average of 2.7 pills per cycle are forgotten by adolescents
• Discontinuation rates of more than 50% during the first 6 months of use
• The home environment, such as living with one’s parents, can present problems with storing contraception.
Health Benefits of oral contraceptives

- Treatment of dysmenorrhea
- Dysfunctional uterine bleeding
- Polycystic ovarian syndrome
- Endometriosis
- Acne
- Premenstrual syndrome and premenstrual dysphoric syndrome
Emergency contraception

- 4% of teenagers used it more than once in a year
- The 1.5mg levonorgestrel only regime was better tolerated with less vomiting
- Teens are unfortunately less likely to use a permanent form of contraception after emergency contraceptive use
- Availability?
HAVE YOU THOUGHT ABOUT USING A LONG ACTING REVERSIBLE CONTRACEPTION (LARC)

Find out more information
Advantages of a LARC

• Does not rely on user adherence for effectiveness
• Discontinuation of LARC methods requires consultation with a medical provider, which allows for additional counseling and discussion regarding side effects and replacements
• Longer use without repeat visits
• Discreet
Progesterone only injectable

- WHO category 2
- Highly effective
- Compliance good
- Not coitally related
- Keeps use private
- Available free in contraceptive clinics
Disadvantages

• Bone mineral density decreased
• HIV acquisition ?
• Weight gain
• Irregular menses
Nuvaring

- A Low dose **combined** hormonal contraceptive in a vagina ring form.
- Stays in place for 3 weeks then removed for 1 week for a hormone free interval
- Provides continuous release of progesterone and estrogen
Advantages

• LARC
• Potential to be user controlled LARC
• Avoids gastro intestinal absorption
• Vomiting and diahorrea not a problem
• Low dose combined contraceptive
• Stable PK
• No data with ARVS

Contraindications

- Same as for COC
- Venous thrombosis. (2 X more than first generation progestins)
- Liver disease
- Migrane with aura
- Diabetes with vascular disease
- Undiagnosed bleeding

Implanon NXT®

- Subdermal LARC
- Radiopaque
- More than 99% effective
- Removed after 3 years
- Rapid onset of action
- Quickly reversible
- Long history of etonogestimate use
- Commonest side effect is irregular bleeding
- No effect on bone mineral density

Contraceptive Implant

- Implanon as Category 1 for women with HIV or AIDS
- Category 1 for women taking NRTIs
- Category 2 for women taking NNRTIs or ritonavir-boosted PIs
- 570 HIV-infected women in Swaziland, 12.4% of those taking EFV while using Jadelle implant became pregnant
- Replace after 2 years
Intrauterine contraceptive devices

- Mirena
  LNG-IUS may be more difficult to insert than most copper IUDs
  Medication-induced cervical priming, namely prostaglandins may facilitate insertion of the LNG-IUS
  Used in patients with heavy menstrual bleeding

- Copper T
  Cheaper and lasts 10 years but doesn’t help heavy bleeding
Intrauterine contraceptive devise

• Few studies in Adolescents
• Relative risk of pelvic inflammatory disease (PID) is increased only in the first 20 days after insertion
• Infertility is not more likely
• Routine antibiotic prophylaxis is not recommended before IUD insertion
• Intrauterine device expulsion rates low
• Little evidence suggests that IUD insertion is technically more difficult

Mohllajee AP et al. Contraception 2006;73:145–53
Workowski KA, et alMMWR Recomm Rep 2010(RR-12);59:1–110
Sex education will only put ideas in their head...

Abstinence-only education!

One in four teenage girls has STD
WHO eligibility criteria for contraceptives

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<tr>
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<th>Criteria</th>
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<tr>
<td>1</td>
<td>A condition for which there is no restriction for the use of the contraceptive method</td>
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<tr>
<td>2</td>
<td>A condition where the advantages of using the method generally outweigh the theoretical or proven risks</td>
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<tr>
<td>3</td>
<td>A condition where the theoretical or proven risks usually outweigh the advantages of using the method</td>
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<tr>
<td>4</td>
<td>A condition which represents an unacceptable health risk if the contraceptive method is used</td>
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</tbody>
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There are very few contraceptives in juveniles that fall into category 3 or 4.

www.who.int/reproductivehealth/publications/family.../9789241563888
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Distributed by TAL, Inc.
P.O. Box 200, Columbiana, OH 44408 USA
Made in Zambia, Distributed in the USA
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Fully endowed by the United Nation's
United Nations Population Fund,
and the Ford Foundation.