



Southern African HIV Clinicians Society 3rd Biennial Conference

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Sandton Convention Centre
Johannesburg

**Our Issues, Our Drugs,
Our Patients**

www.sahivsoc.org
www.sahivsoc2016.co.za



Adolescent Contraception

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2016

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



2016



Winner of 5 International Awards 1

Consequences

-An African Film-

-A Story About Teenage Pregnancy-

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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



2016

Facts and Figures



Facts & 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



2016

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.



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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 **BUT**
- 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.



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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

Journal of Adolescent Health 39 (2006) 296–301



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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

Gynecol Endocrinol. 2012 Feb;28(2):125-9



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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

Gynecol Endocrinol. 2012 Feb;28(2):125-9



2016



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

Beerthuisen R, et al. Human Reproduction, 2000

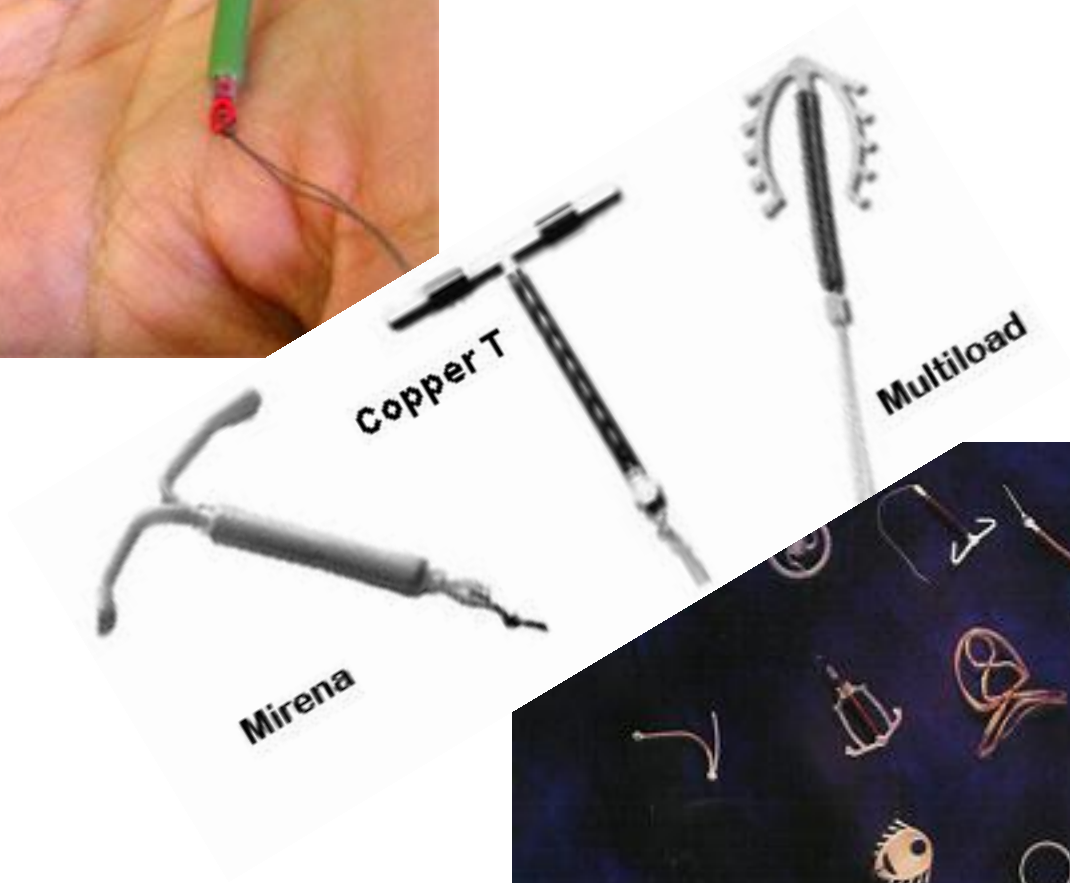
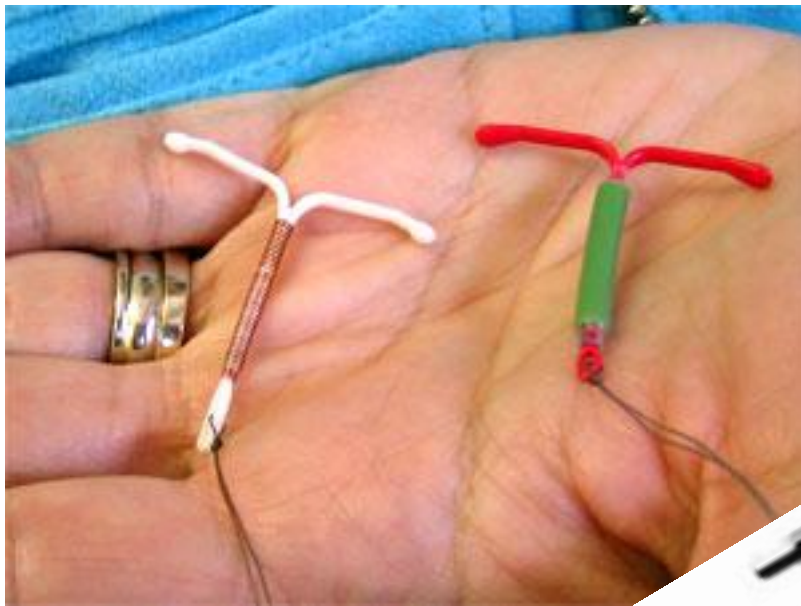
2. Bahamondes L, et al. Human Reproduction



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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 device

- 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

MARGULIES

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WHO eligibility criteria for contraceptives

1	A condition for which there is no restriction for the use of the contraceptive method
2	A condition where the advantages of using the method generally outweigh the theoretical or proven risks
3	A condition where the theoretical or proven risks usually outweigh the advantages of using the method
4	A condition which represents an unacceptable health risk if the contraceptive method is used

There are very few contraceptives in juveniles that fall into category 3 or 4

www.who.int/reproductivehealth/publications/family.../97892415638

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http://www.doh.gov.za/docs/policy/2013/Contraception_Clinical_Guidelines_28jan2013-2.pdf



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