Research articles – July 16th 2012

Titles

1. Qualitative study of reasons for discontinuation of injectable contraceptives among users and salient reference groups in Kenya.
2. Contraceptive method and pregnancy incidence among women in HIV-1-serodiscordant partnerships.
3. The influence of perceptions of community norms on current contraceptive use among men and women in Ethiopia and Kenya.
4. Hormonal contraception and HIV acquisition risk: implications for individual users and public policies.

Abstracts


**Qualitative study of reasons for discontinuation of injectable contraceptives among users and salient reference groups in Kenya.**

Burke HM, Ambasa-Shisanya C.

Source

Family Health International, Research Triangle Park, North Carolina, USA.

Abstract

Discontinuation of contraception is a major problem in Kenya. Even though they want to space or limit their births, over a quarter of contraceptive injectable users discontinue use of the method within 12 months of beginning use. Fourteen focus group discussions were conducted in Nyando District, Kenya among current contraceptive injectable users and their salient reference groups (e.g. husbands, mothers-in-law, community leaders, service providers) to understand why women discontinue using contraceptives (with a focus on injectables). Thematic analysis was performed using NVivo 8 software. Discontinuation of contraceptives in Nyando District occurs for logistical, social and medical reasons. Common reasons for discontinuation include side effects, husbands' opposition, provider and/or clinic restrictions, misconceptions about injectables, stock outs, and lack of cash to pay for family planning services. This research expands the literature by examining social influences on discontinuation by incorporating the perspectives of salient reference groups. The results suggest points of intervention for increasing continuation in this community and similar resource-poor settings.

PMID: 22590894 [PubMed - in process]

Related citations

Contraceptive method and pregnancy incidence among women in HIV-1-serodiscordant partnerships.


Source

Department of Obstetrics and Gynaecology, Kenyatta National Hospital, Nairobi, Kenya.

Abstract

BACKGROUND:

Effective contraception reduces unintended pregnancies and is a central strategy to reduce vertical HIV-1 transmission for HIV-1-infected women.

METHODS:

Among 2269 HIV-1-seropositive and 1085-seronegative women from seven African countries who were members of HIV-1-serodiscordant heterosexual partnerships and who were participating in an HIV-1 prevention clinical trial, we assessed pregnancy incidence according to contraceptive method using multivariate Andersen-Gill analysis.

RESULTS:

Compared with women using no contraceptive method, pregnancy incidence was significantly reduced among HIV-1-seropositive and HIV-1-seronegative women using injectable contraception [adjusted hazard ratio (aHR) 0.24, P = 0.001 and aHR 0.25, P < 0.001, respectively]. Oral contraceptives significantly reduced pregnancy risk only among HIV-1-seropositive women (aHR 0.51, P = 0.004) but not seronegative women (aHR 0.64, P = 0.3), and, for both seropositive and seronegative women, oral contraceptive pill users were more likely to become pregnant than injectable contraceptive users (aHR 2.22, P = 0.01 for HIV-1-seropositive women and aHR 2.65, P = 0.09 for HIV-1-seronegative women). Condoms, when reported as being used as the primary contraceptive method, marginally reduced pregnancy incidence (aHR 0.85, P = 0.1 for seropositive women and aHR 0.67, P = 0.02 for seronegative women).
There were no pregnancies among women using intrauterine devices, implantable methods or who had undergone surgical sterilization, although these methods were used relatively infrequently.

CONCLUSION:

Family planning programs and HIV-1 prevention trials need innovative ways to motivate uptake and sustained use of longer acting, less user-dependent contraception for women who do not desire pregnancy.

PMID: 22156966 [PubMed - indexed for MEDLINE]

Related citations

Health Place. 2012 May 1. [Epub ahead of print]

The influence of perceptions of community norms on current contraceptive use among men and women in Ethiopia and Kenya.

Dynes M, Stephenson R, Rubardt M, Bartel D.

Source

Nell Hodgson Woodruff School of Nursing, Emory University, Atlanta, GA, USA.

Abstract

The paper uses data from Ethiopia and Kenya to examine how perceptions of community norms differentially shape contraceptive use among men and women. Women whose current number of sons is lower than their perception of the community ideal had lower odds of reporting contraceptive use, while women whose own personal ideal number of sons is lower than the community ideal had greater odds of reporting contraceptive use. Men and women in Kenya were influenced more by their perception of their social network’s approval of family planning than by their own approval of family planning. Results highlight the importance of place, conceptualized as the place-specific perceptions of fertility ideals, when conducting reproductive health research. Identification of people who use contraception in the face of pervasive pronatalist community norms presents a point for future intervention.

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Contraception. 2012 Apr 26. [Epub ahead of print]

Hormonal contraception and HIV acquisition risk: implications for individual users and public policies.

Jain AK.
Abstract

BACKGROUND:

A recent observational study among HIV-1 serodiscordant couples (uninfected women living with an infected partner) raised concerns about the safety of injectable contraceptives, especially depot medroxyprogesterone acetate (DMPA). The purpose of this paper is to assess the implications of potentially elevated risk of Human Immunodeficiency Virus (HIV) acquisition with the use of hormonal contraceptives for individual users and public policies.

STUDY DESIGN:

Two indicators expressing costs (additional unwanted births and additional maternal deaths) in terms of the same unit of benefit (per 100 HIV infections averted) are estimated by using data on competing risks of unwanted birth and HIV acquisition associated with the use of various contraceptive methods. Elevated HIV acquisition risks associated with hormonal contraception observed in the observational studies of family planning users, sex workers and HIV-1 serodiscordant couples are used. Other relevant data for Kenya, South Africa and Zimbabwe are used to illustrate the potential effect of withdrawal of DMPA at the population level.

RESULTS:

Both the risks of unwanted birth and HIV acquisition with sterilization, intrauterine devices (IUDs) and implants at the individual level are lower than those with DMPA. A shift from DMPA to an oral contraceptive (OC) or male condom by an individual could result in about 600 and a shift to no method in about 5400 additional unwanted births per 100 HIV infections averted. At the population level, the withdrawal of DMPA from Kenya, for example, could result in 7600 annual additional unwanted births and 40 annual additional maternal deaths per 100 HIV infections averted. CONCLUSION: Individual DMPA users may be advised to shift to sterilization, IUD or implant depending upon their reproductive needs and circumstances, but not to no method, OC or even condom alone. At the macro level, the decision to withdraw DMPA from family planning programs in sub-Saharan Africa is not warranted.

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PMID: 22541635 [PubMed - as supplied by publisher]

Related citations


What happens to contraceptive use after injectables are introduced? An analysis of 13
countries.

Sutherland EG, Otterness C. Janowitz B.

Source

Measure Evaluation Project, Carolina Population Center, University of North Carolina, Chapel Hill, NC, USA. beth_sutherland@unc.edu

Abstract

CONTEXT:

Although the introduction of a new method is generally hailed as a boon to contraceptive prevalence, uptake of new methods can reduce the use of existing methods. It is important to examine changing patterns of contraceptive use and method mix after the introduction of new methods.

METHODS:

Demographic and Health Survey data from 13 countries were used to analyze changes in method use and method mix after the introduction of the injectable in the early 1990s. Subgroup analyses were conducted among married women who reported wanting more children, but not in the next two years (spacers), and those who reported wanting no more children (limiters).

RESULTS:

Modern method use and injectable use rose for each study country. Increases in modern method use exceeded those in injectable use in all but three countries. Injectable use rose among spacers, as well as among limiters of all ages, particularly those younger than 35. In general, the increase in injectable use was partially offset by declines in use of other methods, especially long-acting or permanent methods.

CONCLUSION:

Family planning programs could face higher costs and women could experience more unintended pregnancies if limiters use injectables for long periods, rather than changing to longer acting and permanent methods, which provide greater contraceptive efficacy at lower cost, when they are sure they want no more children.

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PMID: 22227627 [PubMed - indexed for MEDLINE]

Related citations