# Review of ASPIRE Qualitative Data – Contraception

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# Methods – ASPIRE Qualitative

- Serial in-depth interviews (SIDI)
  - Months 3, 12 and PUEV
- Single IDI with “special cases of interest” and seroconverters
- Focus Group Discussions (FGD)
- 280 interviews completed with 214 women

# Sites

6 sites:

- Each  of the 4 ASPIRE countries
- Each metropolitan area in South Africa

# ASPIRE Qualitative

- Added as part of LoA#1 to complement ASPIRE protocol objective of exploring adherence to and acceptability of the ring
- Contraception explored overtly in in-depth interviews and FGDs
  - Issues relevant to contraception emerged spontaneously in discussions of community rumors, ring removals, partner influences, menses, trial experiences

# Interview guide question

**12. How (does/did) your participation in ASPIRE influence(d) your contraceptive use?**

*Possible probing topics:*

- Changes in contraceptive methods used
- Reasons for changes, if any
- Perceived influence of contraceptives on menses and fertility

# Key themes to share regarding contraception

*Brief summary of overall positive impressions with concentration on challenges that may inform CAT work in HOPE*

# Positive reactions

- Several preferred the new methods received from ASPIRE over their previous methods
- Broad appreciation for:
  - convenience
  - no cost
  - education about pregnancy prevention

# Pre-study Barrier

- Contraception use formed an initial barrier to entry, especially for women who wanted to have children.
- Participants may have declined participation due to the contraception requirement.

*“What I know is that some girls who are of my age and have never given birth heard that when one is in the study, she has to use family planning. In the study, they do not want anyone to give birth and anyone breastfeeding. So, some said they could not join the study because they have never given birth. That made one not to join the study.” [MUJHU_FGD1]*

# IUD

- Negative perceptions of two things in the body at the same time
  - Expressed as potential pre-study barrier because of negative reactions from community or male partners
  - Actual IUD users did not report problems with simultaneous use

*When health workers came for the sensitization they never told us that we shall be using a coil [IUC] as a family planning method. When women came to the clinic here, they were told that they are supposed to use a coil [IUD] as well and women feared inserting two things in their vagina at the same time. They feared that probably their husbands would get to know and become mad at them which made them decline though they had actually come up to the clinic.*

# Male Partner Disapproval

- In some cases, male partners objected to study participation because of the contraception requirement.
- It is unclear whether their objections were based on a desire to have children, a desire to maintain the power structure of their relationship, or both.

*“At first, my husband allowed me to come for the study he didn’t stop me. But when he read my papers about my ‘jadelle’ he said, “So you thought of having ‘jadelle’. You think I am not aware of that. I know that’s what you have done. So you are thinking of ending up with one child.”” [SIDI1_303-30096-5]*

# Male partners and disclosure

- Contraception use increases the difficulty of maintaining secrecy for participants who have not disclosed study participation to their partners.

# Desire for Children

- Mandatory contraception was a challenge for participants who wanted to continue study participation but also wanted to have children.
- Participants expressed fears that contraceptives would inhibit their fertility in the future.

*“Most participants were complaining about pregnancy prevention because they wanted to have children and they knew that they are on contraceptives, that’s why they didn’t want to be in the study anymore.” [SIDI3_DTHF]*

*“It troubled me because… some said Depo is a problem in that when you want to get pregnant it will be a challenge and you can spent even ‘4 or 5 years’ without getting pregnant while trying to get pregnant.” [Spilhaus_FGD2]*

# Misattribution of Side Effects

- Participants experienced side effects that may have been caused by contraceptives, but they initially attributed these side effects to the ring.
- If not addressed, these side effects could easily have led to ring adherence issues.
  - A few women described removing ring to “test” whether side effects went away

# Misattribution of Side Effects

- In such cases, participants seemed to accept the explanation that the side effects were caused by contraceptives, not the ring when they reported them to staff.

*“For me when we had just started using the ring, I started using the IUCD as well. I bled so much because I spent three months bleeding. And whenever I would lift anything heavy, I would feel pain in the lower abdomen. I got scared and thought that maybe it is the ring that had caused that bleeding. I wondered what I could do but I never removed the ring. But almost every week I would come to the study clinic and tell the health workers that I was feeling a lot of pain and was bleeding. I asked them if it was the ring causing that, but they would tell me it is not the ring but the IUCD for family planning…” [MUJHU_FGD1]”*

# Reported Side Effects

- Many participants experienced negative side effects that they attributed directly to contraceptives.
- In most cases, the side effects related to menses, especially irregular bleeding.
- Inadequate response from study staff regarding negative side effects of IUD and desire for its removal led to the only reported contraceptive-related study discontinuation.

*“I had a problem with the prevention. I was a person who did not like to use prevention. Now that I was in the study and using the ring, it was a requirement to use prevention. I ended up using it because it was a requirement that while I’m here I have to use it. When I started using it, it did not treat me well. I did not know whether I should quit the study or what because I menstruated for a long time. [WRHI_FGD2]”*

# Contraception Preference

- Some participants expressed marked preference for certain contraceptive methods over others.

*“I did not want to change to another method because people speculate about the methods. Others say that Norplant causes dizziness and sucks blood. Some say with Loop is tied in the uterus. For pills, they say they accrue in the stomach. So I wouldn’t have any of these.” [IDI_306-30099-7]*

# Preferences, continued

- This is an important consideration when outlining available contraception options in future studies.
- In some cases, participants switched methods after experiencing side effects.

*"I previously had a problem with my menses and we found out it is not the ring it is the injection (injectable contraception), after the injection I switched to pills and I was fine." [SIDI2_320-40113-6]*

# Conclusions

- Many of the challenges outlined may persist in HOPE
- BUT almost all can be addressed through counseling, e.g. desire for children; infertility concerns; male partner disclosure and discrete use; anticipated side effects; guidance on method switching

# Thank you!