

Adherence: The community perspective

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Presentation Overview

- Why adherence
- What we know
- Efforts by MTN CWG
- The ring conversation
- What we did not know

Why adherence?

Adherence

Poor adherence has contributed to poor research outcomes in some of the previous trials;

- In FEM-PrEP, less than half the women took the daily tablet
- VOICE study revealed only about 25% of the women used the product regularly
- Only if the vaginal ring is used does it have a chance of being effective
- Understanding community adherence perspectives might help

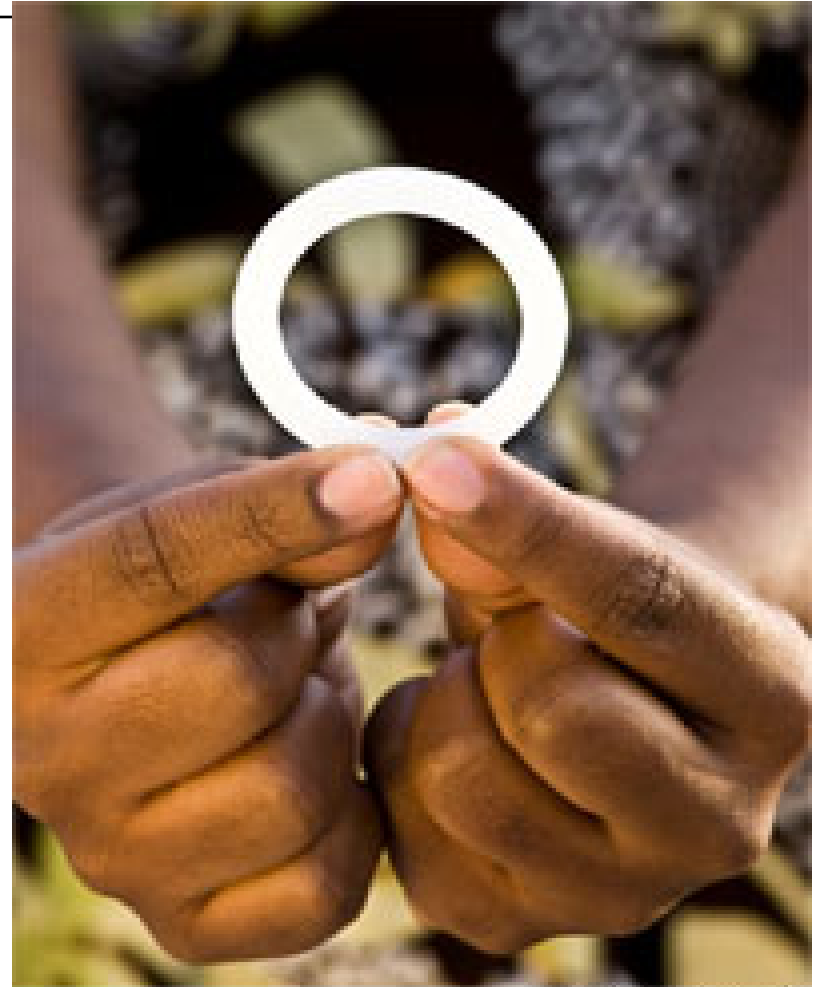
ASPIRE Adherence objective

- HIV uninfected women between 18-45 years of age in the ASPIRE study have to insert the dapivirine or placebo ring once every 4 weeks over the investigational product use period in order to determine the effectiveness of the ring

What we know

Qualities of the dapivirine VR

- Discreet- flexible product that fit comfortably high up inside the vagina where they release a medication slowly over time
- It is user dependant
- Inserted once a month- no forgetting
- Non-coital dependant- ever ready
- It stays in place during sex -not usually felt by partner



Andrew Loxely

Efforts for adherence by the MTN CWG

MTN CWG pre-study adherence plans

- Each site completed a CWG work plan in preparation for ASPIRE
- Sites identified possible challenges to product adherence which included;
 - community reaction to the non-adherence in VOICE
 - results from previous trials
 - myths and negative rumors about contraception
 - Individual HIV risk perception

IEC materials for ASPIRE

- The ASPIRE pelvic model
- The sample vaginal ring
- The ASPIRE flip chart
- Community information sheets
- Site developed adherence messages
- VOICE results for ASPIRE participants

Community team in action



What we did not know

What we did not know

- After sensitizing, pre-screening, screening and enrolling potential participants and responding to their questions and concerns at every stage participants held **intimate ring conversations** and shared views

The Vaginal Ring conversation

Take place every day in the clinic lobby and community

- VR;
 - causes cancer/ scars on the cervix
 - makes vagina smell or widen
 - may disappear in the body with many sexual partners
 - traps vaginal fluids including menstrual blood
- VOICE participants did not use the VR why should we
- ARVS are for HIV infected people
- Male partners will feel the ring and demand to see it

Subsequent non-adherence practices

Being reported at the clinic included;

- Ring removals;
 - during menses or while washing the vagina
 - prior sex especially with primary partner
 - when travelling long distances

- Removing the ring and inserting it just before the clinic visit

**So what is
adherence?**

**Being in the
study for two
years**

**Being on
family
planning
method**

**Community view of
ADHERENCE**

**Attending
clinic visits &
condom use**

**Ring stays in
the vagina**

ASPIRE Participants

Type	HIV risk perception	Adherence practice	Recruitment
Participant with significant others “ I want to consult my partner first”	Remote	Refuse/ afraid of sex with ring or remove ring	Difficult
Participant seeking assurance	High	Use or remove ring based on assurance or negative rumors	Possible
Alarmists	Remote	Report multiple ring problems assert rumors	Difficult
Star	High	Embrace ring as viable	Possible



Conclusion

- Community presents different perspectives to adherence based on individual risk perception, social, cultural economic, and personal factors. There is need to intensify research literacy and sensitize the community on the critical role of participants in research outcomes.

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