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In spite of some very significant differences, ways of preventing unwanted pregnancy and preventing HIV and other sexually transmitted diseases have much in common. Thus the vast fund of relevant experience that family planning workers have accumulated can and must be applied to AIDS prevention, argues Dr Judith Fortney in this challenging article.

The AIDS epidemic has changed the way we view contraception. In addition to worrying about unwanted pregnancy, women must now also worry about AIDS.

Unwanted pregnancy can, in fact, be viewed as a sexually transmitted disease. It is unlike the traditional STDs in that the means of prevention are in some ways more limited, and in other ways more varied. Mutual monogamy, or reducing the number of partners can reduce the risk of STDs, but not pregnancy. On the other hand, while all types of contraceptives prevent pregnancy, only the category of mechanical and, possibly, chemical barrier methods prevent STDs. While menstruation and menopause mean a respite from fear of unwanted pregnancy, women can contract STDs at any time of the menstrual or life cycle.

Many women need disease protection as well as pregnancy prevention and well-selected contraception can meet both needs. This need, however, is often ignored, by women themselves and by their service providers. Women at risk for HIV infection need more information than before about contraception suited to their needs. Family planning programmes, especially those in high prevalence areas, need to become more involved in the prevention of AIDS.

Assessing the risk

What are the options for a woman concerned about both AIDS and contraception? How can family planning providers help her?

First, family planning providers can help each client assess her HIV risk status by asking any of the following conditions exist for her:

- Residing in a high HIV prevalence area

AIDS and contraception

- Having an STD in the last three years
- Having sex with more than one partner
- Having a regular sex partner who has other partners or who uses intravenous drugs
- Using drugs intravenously, especially if needles are shared.

Once a woman understands she is at risk, what are her choices? Perhaps the most important question is whether more than one method of contraception should be considered – one to prevent pregnancy and the other to prevent AIDS. That this question arises at all is based on the belief that

the prophylactic methods have low contraceptive efficacy. However, this is mainly due to user failure.

Barrier contraception

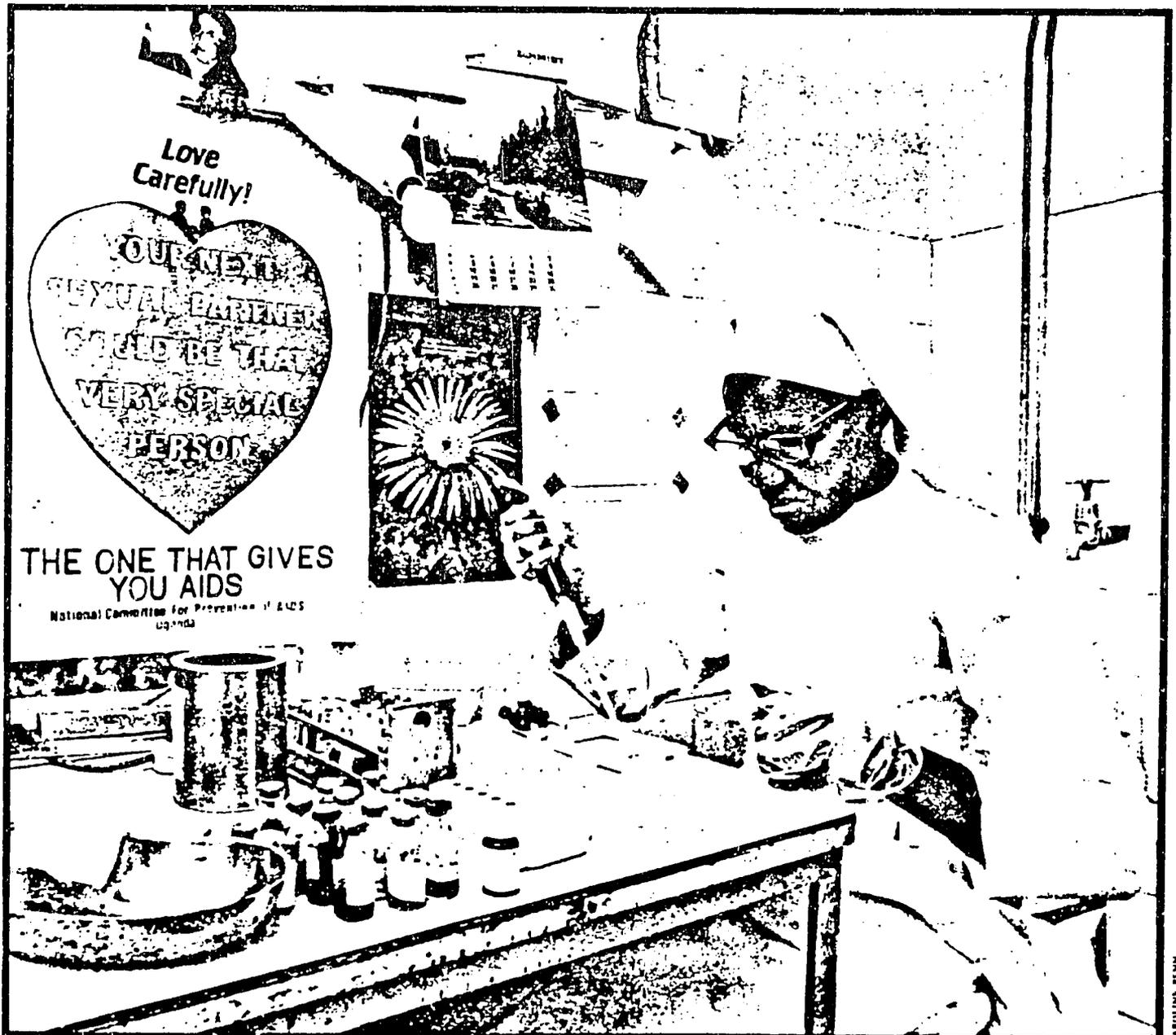
Mechanical barriers include condoms (male and female), diaphragm, cervical cap and sponge. Intuitively condoms should provide better protection against STDs than devices that cover only the cervix – but this has yet to be demonstrated.

There is little question that condoms protect against many STDs including HIV, but the extent of the protection is not yet known. Laboratory studies have shown that the pores in latex

condoms are much smaller than the bacteria which cause gonorrhoea, syphilis and chlamydia, and even the viruses which cause genital warts, hepatitis B and AIDS. Some laboratory studies have simulated the stress of actual use, and still, for the most part, even very small viruses did not pass through latex condoms.

However, actual conditions of use are quite different from laboratory experiments. In real life, people store condoms improperly, damage them while opening the packets or putting

Testing for HIV in a mission hospital in Kampala.



on the condom, or use inappropriate lubricants which cause rapid deterioration of the condom. In spite of this, epidemiologic studies (that is, studies of real people using condoms in typical situations) also show that condoms protect against HIV and other STDs.

In a small but persuasive study of 24 couples in which one partner was HIV positive and the other negative, Fischl and her colleagues found that only one spouse became infected among the ten couples who routinely used condoms, but among the 14 couples who did not use condoms, 12 of the negative partners became infected. It appears that condom use can be effective even when used inconsistently. One study of prostitutes showed that women reporting any condom use were one-third as likely to seroconvert as women not using condoms.

Inconsistent use of condoms does not provide good protection against unwanted pregnancy, however. About 12 per cent of women have accidental pregnancies during the first year of condom use, and this includes both 'perfect' users and those who are less consistent. The lowest failure rate reported is about 4 per cent.

Because of perceived high rates of contraceptive failure, many couples have been reluctant to use condoms when contraception is also an objective. But condoms can certainly be an effective contraceptive method when properly used and are probably equally effective against STDs. This means that couples willing to be consistent users can have confidence in condoms for both contraception and STD prophylaxis.

There are no data on the effectiveness of other mechanical barriers on prevention of HIV. Their contraceptive effectiveness is also poor - between 15 and 20 per cent of users become pregnant during the first year of use. But we cannot extrapolate from pregnancy protection to STD protection.

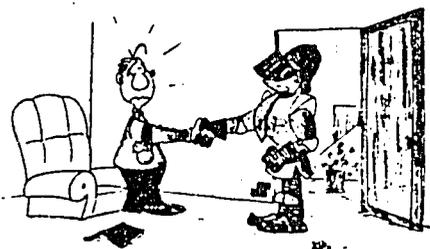
The female condom is too new to have been adequately evaluated for prevention of pregnancy or disease. There is every reason to believe, however, that it will be highly effective at both. The female condom is currently being tested for acceptability and efficacy. It is not yet approved by the FDA.

Chemical barriers

There is, at present, considerable speculation as to the effectiveness of several chemical barriers in preventing

transmission of HIV. Experiments in the laboratory show that nonoxynol-9, the spermicidal ingredient used in most spermicides, inactivates most of the bacteria and viruses that cause STDs including HIV. But the laboratory may not accurately reflect use in real situations. Several epidemiologic studies and clinical trials strongly suggest that use of spermicides does reduce the risk of contracting STDs, but no results are yet available for the protection against HIV.

Spermicides have a contraceptive failure rate of about 20 per cent in the first year of use, but studies of very consistent users have shown rates as low as 0 per cent. Many couples are



'AIDS is not transmitted by casual contact': image from a MEXFAM audiovisual.

unwilling to use spermicides because of perceived high failure rates and sometimes because of cultural obstacles to use of vaginal methods.

The contraceptive sponge combines mechanical and chemical barriers. One study showed a reduction of 69 per cent for gonorrhoea and 33 per cent for chlamydia. Contraceptive failure rates approach 20 per cent for nulliparous women and 30 per cent for parous women. Research is under way to see if the sponge is also effective against HIV.

IUDs

IUDs are very effective contraceptives. There are no data on whether use of an IUD modifies the risk of HIV, but there is no plausible reason why it should. Of more interest is whether IUDs should be removed in women who are HIV-positive. Immuno-compromised women would be far more susceptible to pelvic inflammatory disease (PID), the risk of which is known to increase with IUD use. After encountering cases of fulminating PID in HIV positive women, one national programme has made it policy to remove IUDs in women diagnosed as HIV positive. This seems a sensible precaution as

long as alternative contraception is provided.

Hormonal methods

Hormonal contraceptive methods are among the most effective and the most popular. From a contraceptive point of view they are almost ideal.

Three years ago a study among prostitutes found an increased risk of HIV in those taking the Pill. This finding remains controversial and has been contradicted by other research. More research is urgently needed, but studies are not easily designed or implemented. No studies have been undertaken of the effect of other hormonal methods (injectables, implants) on STDs, but there is no biological reason to expect an effect. However, while all hormonal methods provide excellent protection against unwanted pregnancy, they provide none against STDs.

Women who use IUDs or hormonal methods, and consider themselves at risk of HIV should consider using condoms and/or spermicides in addition. If use of two methods is unrealistic, they should seriously consider condoms instead of Pills.

In the AIDS era, family planning providers, too, should reassess the role of condoms in family planning, and develop innovative ways to help men and women increase their use. This includes teaching how to negotiate condom use with partners, how to put a condom on the penis, how to store condoms, and what lubricants to use. To prevent both HIV and unwanted pregnancy, family planning programmes must also reach a broader constituency, including prostitutes, teenagers, divorced women, widows, and men.

Contraception is now more important than ever; both providers and clients have to adapt to the new situation and give more attention to prophylaxis. Family planning clinics wishing to take action:

- should begin to do very simple HIV/STD risk screening;
- based on the risk screening, should make appropriate recommendations about methods;
- should promote condoms more positively and aggressively than in the past.

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