

THE ART OF RESEARCH



Dispelling the contraceptive myth

Contraceptive-induced genital inflammation is not associated with HIV acquisition risk.



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Sub-Saharan Africa still has a large and unmet need for safe and effective contraception. In this region with high HIV burden, the most commonly used contraceptive is the intramuscular injectable depot medroxyprogesterone acetate (DMPA-IM).

However, some past observational studies suggested that DMPA may increase the risk of acquiring HIV. To address inconsistencies in the results from observational studies, the first large contraceptive trial, Evidence for Contraceptive Options and HIV Outcomes (ECHO), was conducted to compare the relative HIV incidence rates in women receiving three contraceptives: DMPA-IM,

levonorgestrel (LNG) implant, and copper intrauterine device (Cu-IUD).

The study found no significant difference in incidence of HIV acquisition among the contraceptive methods tested.

“Certain contraceptive methods have also been associated with increased genital inflammation, raising concerns about unanticipated consequences for disease susceptibility, including a small risk of acquisition of HIV or other sexually transmitted infections (STIs). Our research group accessed genital samples from the trial to assess how these contraceptives may influence inflammation in the female genital tract,” says Tanko Fatime Ramla.

“We measured genital inflammation before and six months after contraception initiation, as well as in women who became HIV-infected or remained HIV-uninfected during the course of the trial. Only Cu-IUD induced genital inflammation post-insertion, relative to pre-contraception initiation, and these changes did not associate significantly with HIV acquisition risk.”

Further investigation is warranted to understand better the effect of Cu-IUD-induced genital inflammation and the potential for susceptibility to other infections of the female genital tract.

