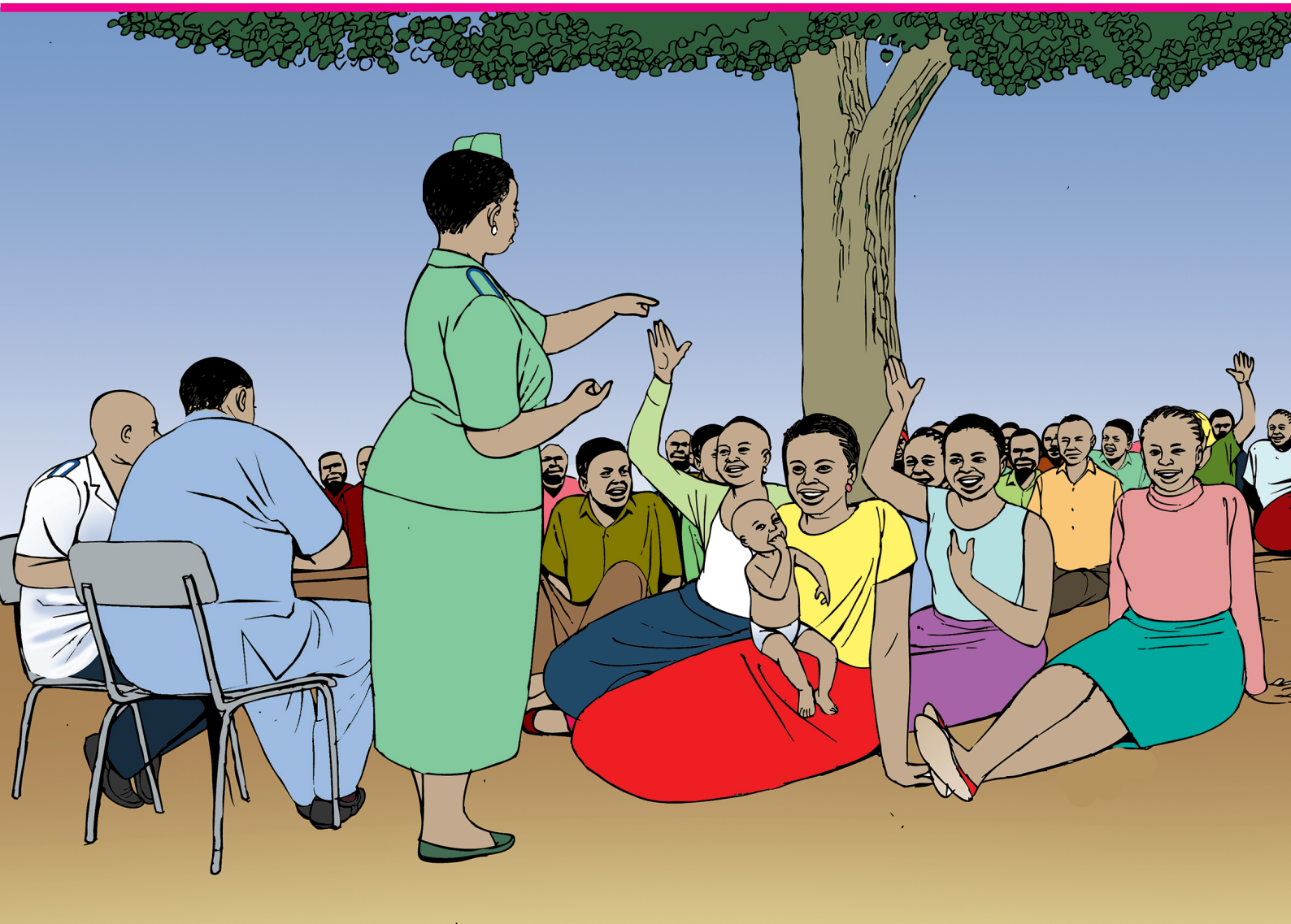


# Hormonal Contraception and Potential HIV Risks



## Frequently Asked Questions



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# TABLE OF CONTENTS

Acronym List .....	2
Introduction: .....	3
Hormonal Contraception Methods: .....	3
What family planning methods are considered hormonal contraception? .....	3
What family planning methods are the non-hormonal methods? .....	4
Do hormonal contraceptives protect against STIs, including HIV? .....	4
What is dual protection? .....	4
Hormonal Contraception and HIV Acquisition: .....	4
Is there an increased risk for HIV acquisition for women taking hormonal contraception? ..	4
Does this apply to all hormonal contraception? .....	4
Should women be advised not to take Depo? .....	5
Why should we talk to our clients about this issue? .....	5
Hormonal Contraception and HIV Progression: .....	5
Can women who are HIV positive use hormonal contraception? .....	5
Will hormonal contraception make women's HIV progress faster? .....	5
Do hormonal contraceptives increase the risk of transmitting HIV to partners? .....	5
Hormonal Contraception and ART Interactions: .....	5
Can women on ART use hormonal contraception? .....	5
Will hormonal contraception still work if a woman is also taking ARVs? .....	6
Will a person's ART stop working if she is using hormonal contraception? .....	6
WHO Medical Eligibility Criteria 2015: .....	7

# ACRONYM LIST

<b>ART</b>	antiretroviral therapy
<b>ARV</b>	antiretroviral
<b>C</b>	continuation
<b>CIC</b>	combined injectable contraceptive
<b>COC</b>	combined oral contraceptive (pill)
<b>Cu-IUCD</b>	copper-bearing intrauterine contraceptive device
<b>CVR</b>	combined contraceptive vaginal ring
<b>DMPA</b>	depot medroxyprogesterone acetate
<b>I</b>	initiation
<b>IUCD</b>	intrauterine contraceptive device
<b>LNG</b>	levonorgestrel
<b>LNG-IUCD</b>	levonorgestrel intrauterine contraceptive device
<b>MEC</b>	Medical eligibility criteria for contraceptive use (WHO publication)
<b>NET-EN</b>	norethisterone enanthate
<b>OC</b>	oral contraceptive (pill)
<b>P</b>	combined contraceptive patch
<b>POC</b>	progestogen-only contraceptive
<b>POI</b>	progestogen-only injection
<b>POP</b>	progestogen-only pill

# INTRODUCTION

Recent studies have shown that there may be an association between certain hormonal contraception methods and increased risk for HIV, specifically for women who use DMPA, or as it's more commonly known, Depo-Provera. While some studies have found this increased risk, others have found none, leaving uncertainty around whether or not family planning methods that contain hormones increase a woman's risk.

This FAQ booklet is to address some of the questions that you as a provider may have in regard to associations between hormonal contraception and HIV.

## HORMONAL CONTRACEPTION METHODS

What family planning methods are considered hormonal contraception?

Hormonal methods come in a variety of forms and are called this because the methods contain synthetic estrogen, progesterone or both to mimic the hormones in a woman's body to prevent pregnancy. Hormonal methods include:

- The pill, also called the oral contraceptive pill or combined oral contraceptive (COC).
  - Taken by mouth daily.
  - Can contain one hormone or two.
  - Pills containing two hormones are called combined oral contraceptives or COC.
- The Injection, or shot.
  - Lasting either one, two or three months.
  - Depo-Provera and NET-EN are the most common.
- An implant in the arm.
  - Lasting 3-5 years depending on the type.
- Hormonal intrauterine contraceptive device, IUCD.
  - Inserted into the uterus.
  - Lasts five years.
- A patch worn on the skin.
  - Changed every week.
- A ring inserted in the vagina.
  - Changed every month.

Hormonal contraceptives are extremely effective in preventing unintended pregnancies when used consistently and correctly. However they do not protect a person from sexually transmitted infections (STIs), including HIV. As such it is important to also use a condom to offer dual protection.

## What family planning methods are the non-hormonal methods?

Non-hormonal methods of birth control include those that provide a barrier between the sperm and the egg, these include:

- Male condom;
- Female condom;
- Copper Intrauterine contraceptive device (Cu-IUCD) and
- Diaphragm.

Barrier methods are generally not as effective as long-term or hormonal methods, but when used correctly and consistently their effectiveness can approach that of the pill. Some of the barrier methods protect against STIs, including HIV.

## Do hormonal contraceptives protect against STIs, including HIV?

- No. Hormonal contraceptives do not protect against any STIs, including HIV. Currently there are no family planning methods, except for condoms (male and female), that protect against HIV and STIs.
- Women using hormonal contraceptives must also use a condom to protect themselves against HIV.
- Women who use hormonal contraceptives should be counseled to use condoms consistently and correctly with each sexual act if they are not in a mutually monogamous relationship .

## What is dual protection?

- Dual protection is protecting yourself against STIs including HIV and preventing unintended pregnancies by using both a contraceptive method and male or female condom.

## HORMONAL CONTRACEPTION AND HIV ACQUISITION

### Is there an increased risk for HIV acquisition for women taking hormonal contraception?

- Based on the available evidence it is still uncertain. However, it is important that women should be informed of this possible risk and given the opportunity to make a decision for themselves.
- Some observational studies have shown that there is an increased risk of HIV infection for women taking Depo-Provera, other studies have not found this.
- To date only observational studies have been conducted, a randomized control trial is in the early stages now to try to acquire more evidence on this issue.

## Does possible increased risk of HIV acquisition apply to all hormonal contraception?

- This mainly applies to the injection Depo-Provera.
- No association has been found for the combined oral contraceptive pill.
- There is not enough evidence currently available on the other hormonal methods.

## Should women be advised not to take Depo-Provera?

- NO. WHO still approves Depo-Provera use for all women. When speaking with a woman about different family planning methods it is important to emphasize the risks associated with unintended pregnancy, such as maternal and infant morbidity and mortality, delivery complications, illness during pregnancy and unsafe abortion, and the need to use contraceptives. If the Depo-Provera injection is the best method for a client, then she should be encouraged to use it. Women at high risk of HIV acquisitions considering Depo - Provera should also be informed about and have access to HIV preventive measures including male and female condoms.

## Why should we talk to our clients about possible increased risks?

- It is important to inform women and allow them to make a decision on their type of family planning method with all the information.
- WHO does not place any restrictions on the use of any type of hormonal contraception at this time.

## HORMONAL CONTRACEPTION AND HIV PROGRESSION

### Can women who are HIV positive use hormonal contraception?

- Yes, all women, regardless of their HIV status can use hormonal contraception.

### Will hormonal contraception make women's HIV progress faster?

- No, to date there are no indications that taking hormonal contraception will have any effect on the level of HIV in the body.

### Do hormonal contraceptives increase the risk of transmitting HIV to partners?

- No, contraceptives does not change the risk level of transmitting HIV to a partner. However, it is important to also use condoms along with hormonal contraception.

## HORMONAL CONTRACEPTION AND ART INTERACTIONS

### Can women on ART use hormonal contraception?

- Yes, all women can use hormonal contraception, regardless as to whether or not they are taking ARVs.
- There are some concerns about ARV and hormone interaction though that women should be informed about.
  - Efavirenz and Nevirapine have been shown to interact with hormonal contraception and can cause the contraception to be ineffective, resulting in an unintended pregnancy.

### Will hormonal contraception still work if a woman is also taking ARVs?

- Certain ARVs have been shown to interact with some hormonal contraception and cause the contraception to be ineffective, resulting in unintended pregnancy.
- Efavirenz and Nevirapine specifically may reduce the effectiveness of oral contraceptive pills or implants leading to unintended pregnancy.
- It is important to make sure women are aware of this and should be assisted to choose the right method.

### Will a person's ART stop working if she is using hormonal contraception?

- **No.** Hormonal contraception does not have any effect on how ART works in the body.

**It is important for the health care provider to refer to the WHO Medical Eligibility Criteria and recommendations for use of hormonal contraception, as attached.**



## WHO Medical Eligibility Criteria 2015:

MEC categories for eligibility		
	With Clinical Judgment	With Limited Clinical Judgment
1	Use method in any circumstances	Yes (use the method)
2	Generally use method	
3	Use of method not usually recommended unless other more appropriate methods are not available	No (do not use the method)
4	Method not to be used	

Condition	COC/ P/ CVR	CIC	POP	DMPA/ NET-EN	LNG/ ETG Im- plants	Cu-IUD		LNG-IUD	
						I	C	I	C
High risk of HIV	1	1	1	1 <sup>a</sup>	1	2	2	2	2
Asymptomatic or mild HIV clinical disease (WHO stage 1 or 2)	1 <sup>a</sup>	1 <sup>a</sup>	1 <sup>a</sup>	1 <sup>a</sup>	1 <sup>a</sup>	2	2	2	2
Severe or advances HIV clinical disease (WHO stage 3 or 4)	1 <sup>a</sup>	1 <sup>a</sup>	1 <sup>a</sup>	1 <sup>a</sup>	1 <sup>a</sup>	3	2 <sup>a</sup>	3	2 <sup>a</sup>
Nucleoside reverse transcriptase inhibitors (NRTIs)									
Abacavir (ABC)	1	1	1	1	1	2/3 <sup>a</sup>	2 <sup>a</sup>	2/3 <sup>a</sup>	2 <sup>a</sup>
Tenofovir (TDF)	1	1	1	1	1	2/3 <sup>a</sup>	2 <sup>a</sup>	2/3 <sup>a</sup>	2 <sup>a</sup>
Zidovudine (AZT)	1	1	1	1	1	2/3 <sup>a</sup>	2 <sup>a</sup>	2/3 <sup>a</sup>	2 <sup>a</sup>
Lamivudine (3TC)	1	1	1	1	1	2/3 <sup>a</sup>	2 <sup>a</sup>	2/3 <sup>a</sup>	2 <sup>a</sup>
Didanosine (DDI)	1	1	1	1	1	2/3 <sup>a</sup>	2 <sup>a</sup>	2/3 <sup>a</sup>	2 <sup>a</sup>
Emtricitabine (FTC)	1	1	1	1	1	2/3 <sup>a</sup>	2 <sup>a</sup>	2/3 <sup>a</sup>	2 <sup>a</sup>
Stavudine (D4T)	1	1	1	1	1	2/3 <sup>a</sup>	2 <sup>a</sup>	2/3 <sup>a</sup>	2 <sup>a</sup>
Non-nucleoside reverse transcriptase inhibitors (NNRTIs)									
Efavirenz (EFV)	2 <sup>a</sup>	2 <sup>a</sup>	2 <sup>a</sup>	1=DMPA 2=NET-EN <sup>a</sup>	2 <sup>a</sup>	2/3 <sup>a</sup>	2 <sup>a</sup>	2/3 <sup>a</sup>	2 <sup>a</sup>
Etravirine (ETR)	1	1	1	1	1	2/3 <sup>a</sup>	2 <sup>a</sup>	2/3 <sup>a</sup>	2 <sup>a</sup>
Nevirapine (NVP)	2 <sup>a</sup>	2 <sup>a</sup>	2 <sup>a</sup>	1=DMPA 2=NET-EN <sup>a</sup>	2 <sup>a</sup>	2/3 <sup>a</sup>	2 <sup>a</sup>	2/3 <sup>a</sup>	2 <sup>a</sup>
Rilpivirine (RPV)	1	1	1	1	1	2/3 <sup>a</sup>	2 <sup>a</sup>	2/3 <sup>a</sup>	2 <sup>a</sup>



Protease Inhibitors	Ritonavir-boosted atazanvir (ATV/r)	2 <sup>a</sup>	2 <sup>a</sup>	2 <sup>a</sup>	1=DMPA 2 =NET-EN <sup>a</sup>	2 <sup>a</sup>	2/3 <sup>a</sup>	2 <sup>a</sup>	2/3 <sup>a</sup>	2 <sup>a</sup>
	Ritonavir-boosted lopinavir (LPV/r)	2 <sup>a</sup>	2 <sup>a</sup>	2 <sup>a</sup>	1=DMPA 2 =NET-EN <sup>a</sup>	2 <sup>a</sup>	2/3 <sup>a</sup>	2 <sup>a</sup>	2/3 <sup>a</sup>	2 <sup>a</sup>
	Ritonavir-boosted darunavir (DRV/r)	2 <sup>a</sup>	2 <sup>a</sup>	2 <sup>a</sup>	1=DMPA 2 =NET-EN <sup>a</sup>	2 <sup>a</sup>	2/3 <sup>a</sup>	2 <sup>a</sup>	2/3 <sup>a</sup>	2 <sup>a</sup>
	Ritonavir (RTV)	2 <sup>a</sup>	2 <sup>a</sup>	2 <sup>a</sup>	1=DMPA 2 =NET-EN <sup>a</sup>	2 <sup>a</sup>	2/3 <sup>a</sup>	2 <sup>a</sup>	2/3 <sup>a</sup>	2 <sup>a</sup>
Integrase inhibitors Raltegravir (ral)		1	1	1	1	1	2/3 <sup>a</sup>	2 <sup>a</sup>	2/3 <sup>a</sup>	2 <sup>a</sup>

**a. Recommendations for use of hormonal contraception for women at high risk of HIV infection, women living with HIV and women living with HIV using antiretroviral therapy (ART)**

Topic	MEC recommendation	GRADE assessment of quality of evidence
<b>a. Women at high risk of HIV infection</b>		
<p>Women at high risk of acquiring HIV can use the following hormonal contraceptive methods without restriction: COCs, combined injectable contraceptives (CICs), combined contraceptive patches and rings, POPs, POIs (DMPA and NET-EN), and LNG and ETG implants (MEC Category 1).</p> <p>Women at high risk of acquiring HIV can generally use LNG-IUDs (MEC Category 2).</p>		Range: Moderate to very low.
<b>b. Women living with asymptomatic or mild HIV clinical disease (WHO stage 1 or 2)</b>		
<p>Women living with asymptomatic or mild HIV clinical disease (WHO stage 1 or 2) can use the following hormonal contraceptive methods without restriction: COCs, CICs, combined contraceptive patches and rings, POPs, POIs (DMPA and NET-EN), and LNG and ETG implants (MEC Category 1).</p> <p>Women living with asymptomatic or mild HIV clinical disease (WHO stage 1 or 2) can generally use the LNG-IUD (MEC Category 2).</p>		
<b>c. Women living with severe or advanced HIV clinical disease (WHO stage 3 or 4)</b>		
<p>Women living with severe or advanced HIV clinical disease (WHO stage 3 or 4) can use the following hormonal contraceptive methods without restriction: COCs, CICs, combined contraceptive patches and rings, POPs, POIs (DMPA and NET-EN), and LNG and ETG implants (<b>MEC Category 1</b>).</p> <p>Women living with severe or advanced HIV clinical disease (WHO stage 3 or 4) generally should not initiate use of the LNG-IUD (<b>MEC Category 3</b>) until their illness has improved to asymptomatic or mild HIV clinical disease (WHO stage 1 or 2).</p> <p>Women who already have an LNG-IUD inserted and who develop severe or advanced HIV clinical disease need not have their IUD removed (<b>MEC Category 2 for continuation</b>).</p>		Range: Moderate to very low
<b>d. Women living with HIV using antiretroviral therapy (ART)</b>		

<p>Nucleoside/nucleotide reverse transcriptase inhibitor (NRTI)</p>	<p>Women taking any NRTI can use the following hormonal contraceptive methods without restriction: COCs, CICs, combined contraceptive patches and rings, POPs, POIs (DMPA and NET-EN), and LNG and ETG implants <b>(MEC Category 1)</b>.</p> <p>Women taking any NRTI can generally use the LNG-IUD <b>(MEC Category 2)</b>, provided that their HIV clinical disease is asymptomatic or mild (WHO Stage 1 or 2). Women living with severe or advanced HIV clinical disease (WHO stage 3 or 4) and taking any NRTI generally should not initiate use of the LNG-IUD <b>(MEC Category 3 for initiation)</b> until their illness has improved to asymptomatic or mild HIV clinical disease.</p> <p>Women taking any NRTI who already have have an LNG-IUD inserted and who develop severe or advanced HIV clinical disease need not have their IUD removed <b>(MEC Category 2 for continuation)</b>.</p>	<p>Range:</p> <p>Low to very Low</p>
<p>Non-nucleoside/ nucleotide reverse transcriptase inhibitors (NNRTIs) containing efavirenz or nevirapine-containing ART</p>	<p>Women using NNRTIs containing either efavirenz or nevirapine can generally use COCs, CICs, combined contraceptive patches and rings, POPs, NET-EN, and LNG and ETG implants <b>(MEC Category 2)</b>.</p> <p>Women using efavirenz or nevirapine can use DMPA without restriction <b>(MEC Category 1)</b>.</p> <p>Women using NNRTIs containing either efavirenz or nevirapine can generally use the LNG-IUD <b>(MEC Category 2)</b>, provided that their HIV clinical disease is asymptomatic or mild (WHO Stage 1 or 2). Women living with severe or advanced HIV clinical disease (WHO stage 3 or 4) and using efavirenz or nevirapine generally should not initiate use of the LNG-IUD <b>(MEC Category 3 for initiation)</b> until their illness has improved to asymptomatic or mild HIV clinical disease.</p> <p>Women using efavirenz or nevirapine who already have have an LNG-IUD inserted and who develop severe or advanced HIV clinical disease need not have their IUD removed <b>(MEC Category 2 for continuation)</b>.</p>	
<p>NNRTIs containing etravirine and rilpivirine</p>	<p>Women using the newer NNRTIs containing etravirine and rilpivirine can use all hormonal contraceptive methods without restriction <b>(MEC Category 1)</b>.</p> <p>Women taking newer NNRTIs can generally use the LNG-IUD <b>(MEC Category 2)</b>, provided that their HIV clinical disease is asymptomatic or mild (WHO Stage 1 or 2). Women living with severe or advanced HIV clinical disease (WHO stage 3 or 4) and using newer NNRTIs generally should not initiate use of the LNG-IUD <b>(MEC Category 3 for initiation)</b> until their illness has improved to asymptomatic or mild HIV clinical disease.</p> <p>Women using newer NNRTIs who already have have an LNG-IUD inserted and who develop severe or advanced HIV clinical disease need not have their IUD removed <b>(MEC Category 2 for continuation)</b>.</p>	

<p>Protease inhibitors (e.g. ritonavir and ARVs boosted with ritonavir)</p>	<p>Women using protease inhibitors (e.g. ritonavir and ARVs boosted with ritonavir) can generally use COCs, CICs, combined contraceptive patches and rings, POPs, NET-EN, and LNG and ETG implants <b>(MEC Category 2)</b>.</p> <p>Women using protease inhibitors (e.g. ritonavir and ARVs boosted with ritonavir) can use DMPA without restriction <b>(MEC Category 1)</b>.</p> <p>Women using protease inhibitors (e.g. ritonavir and ARVs boosted with ritonavir) can generally use the LNG-IUD (MEC Category 2), provided that their HIV clinical disease is asymptomatic or mild (WHO Stage 1 or 2). Women living with severe or advanced HIV clinical disease (WHO stage 3 or 4) and using protease inhibitors generally should not initiate use of the LNG-IUD <b>(MEC Category 3 for initiation)</b> until their illness has improved to asymptomatic or mild HIV clinical disease.</p> <p>Women using protease inhibitors who already have have an LNG-IUD inserted and who develop severe or advanced HIV clinical disease need not have their IUD removed <b>(MEC Category 2 for continuation)</b>.</p>	
<p>Raltegravir (integrase inhibitor)</p>	<p>Women using the integrase inhibitor raltegravir can use all the following hormonal contraceptive methods without restriction: COCs, CICs, combined contraceptive patches and rings, POPs, POIs (DMPA and NET-EN), and LNG and ETG implants <b>(MEC Category 1)</b>.</p> <p>Women using raltegravir can generally use the LNG-IUD <b>(MEC Category 2)</b>, provided that their HIV clinical disease is asymptomatic or mild (WHO Stage 1 or 2). Women living with severe or advanced HIV clinical disease (WHO stage 3 or 4) and using raltegravir generally should not initiate use of the LNG-IUD <b>(MEC Category 3 for initiation)</b> until their illness has improved to asymptomatic or mild HIV clinical disease.</p> <p>Women using raltegravir who already have have an LNG-IUD inserted and who develop severe or advanced HIV clinical disease need not have their IUD removed <b>(MEC Category 2 for continuation)</b>.</p>	<p>Range: Low to very Low</p>