

## REPRODUCTIVE HEALTH 2011 CONFERENCE ABSTRACTS

### A1

#### FEMALE GENITAL MUTILATION (FGM) IN SUDAN: WHAT DO MEN THINK?

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**Objectives:** To determine men's perception towards FGM and to identify whether men prefer circumcised or noncircumcised women.

**Method:** Anonymous detailed questionnaires were distributed to 300 men in Khartoum, Khartoum North and Omdurman in April 2011. Questions were written in Arabic, and an English translation was also provided. Demographic data collected included age, sex, marital status, religion, tribe and occupation.

**Results:** Most of the men asked (45.3%) were in the age group of 21–30 years and (90.3%) were Muslims. Most of the men were well educated, as 67.0% had a university degree and 11.7% had a postgraduate degree; 62.3% were married; 68% think that there are no benefits for FGM, while 75.3% think that there is harm associated with FGM; 76% think that women suffer as a result of the practice, and 75.7% said that they will not circumcise their daughters; 84.3% prefer to marry noncircumcised women, and 72.3% said that they think circumcised women have less sexual desire than noncircumcised women; 66.7% think that FGM is practiced to preserve girls from illegal sexual practices, and 87.3% think that FGM has a negative impact on normal vaginal delivery. The majority (83.7%) of the men support the elimination of FGM.

**Conclusions:** Most men prefer uncircumcised women and have a positive attitude towards the elimination of FGM. Men should be considered more in the campaigns against FGM.

### A2

#### PATIENTS' EXPERIENCES OF FIRST-TRIMESTER ABORTION IN PUBLIC FACILITIES IN MEXICO CITY: A MIXED-METHODS STUDY 3 YEARS AFTER DECRIMINALIZATION

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**Objectives:** Aims were to understand the knowledge, attitudes and satisfaction of patients of Mexico City's public abortion-care program and to derive recommendations for improving public abortion-care provision.

**Method:** Survey data from 350 patients at two public facilities were analyzed with tests of bivariate association and differences in means, and multivariate logistic regression. In-depth interviews with 20 patients were analyzed qualitatively using a grounded theory approach.

**Results:** Patients overwhelmingly reported satisfaction with care (97.1%). However, in interviews, they expressed disappointment that counseling did not address issues of emotional coping, and were divided on whether contraceptive services were adequate. In multivariate logistic regression, no demographic or procedure-related characteristic significantly predicted satisfaction. Antiabortion protesters negatively interfered in several interviewees' experiences, increasing fears of poor coping. Of the 350 women, 14.4% reported attempt(s) to self-induce an abortion during this pregnancy; half of these tried "with pills." Attempts by any method were associated with having prior knowledge of medication abortion (odds ratio 2.69,  $p=.004$ ).

**Conclusions:** Although patients report satisfaction with all aspects of care in the survey responses, interview data reveal complex views suggesting room for improvement in the program. Counseling is attentive to education and informed consent, but should be expanded to include psychosocial aspects such as after-abortion coping. A true range of options for postabortion contraception must be achieved: counseling should address the wide variety of possible methods, and in-house stock-outs should be resolved. Additionally, interview results suggest that "satisfaction" surveys may be a limited measure of abortion-care quality and cause programs to overlook opportunities for improvement.

### A3

#### A COMPARISON OF SEXUAL BEHAVIOR AND CONTRACEPTIVE USE AMONG STUDENTS IN COEDUCATIONAL AND NON-COEDUCATIONAL SECONDARY SCHOOLS IN IBADAN, NIGERIA

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**Objectives:** The school environment provides a setting for sexual interaction between students, which may be different in coeducational (CE) and non-coeducational (NCE) schools, with more risk of unintended pregnancies in CE schools.

The study objective was to assess and compare sexual behavior and contraceptive use among senior secondary school students in CE and NCE institutions in Ibadan, Nigeria.

**Method:** A comparative cross-sectional study was carried out using a multistage sampling technique. There were 510 respondents: 250 from CE schools and 260 from NCE. They completed semistructured self administered questionnaires on their sexual behavior and contraceptive use.  $\chi^2$  statistics was used and was significant at  $p<.05$ .

**Results:** The mean age of respondents was  $15.9\pm 1.5$  years; 47.5% were girls. About 31% have had at least one sexual intercourse, and 30.6% had multiple sexual partners. Majority of the students (73.9%) were aware of a least one contraceptive method: condom, 74.5% and contraceptive pills, 28%. Only 9.6% have ever used any contraceptive method. In these, there were no significant differences between the two types of schools.

However, 21% of respondents or their partners have ever had unintended pregnancies (28%, CE; 13.3%, NCE;  $p<.05$ ), and 65.9% of them admitted to have had an induced abortion. Furthermore, significantly higher proportion of girls in CE schools have had one sexual intercourse with the opposite sex (25.6%, CE; 12.4%, NCE), multiple sexual partners (29.0%, CE; 0%, NCE) and unintended pregnancies (9.9%, CE; 2.5%, NCE) compared with girls in NCE schools.

**Conclusions:** Unintended pregnancies were found to be higher among girls in coeducational schools. Family life education should be included in schools curricula, and health care providers in schools should be vigilant about the reproductive health needs of the students they serve.

### A4

#### ULIPRISTAL ACETATE VERSUS LOW-DOSE MIFEPRISTONE FOR EMERGENCY CONTRACEPTION: A SYSTEMATIC REVIEW

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**Objectives:** Differences in pregnancy prevention among emergency contraception options exist. However, evidence-based medicine data regarding differences between serum progesterone receptor modulators are lacking. The objective of this systematic review is to assess differences in efficacy and side effect profiles among ulipristal acetate and low-dose mifepristone.

**Method:** Ten-year review of Medline, Embase, Science Citation Index, Cochrane Controlled Trials Register and PubMed of peer-reviewed articles using 30 mg ulipristal acetate and 10 mg mifepristone for emergency contraception no greater than 120 h after unprotected sex.

**Results:** A total of 756 articles were reviewed; 14 met search criteria. No studies directly compared ulipristal acetate to 10 mg mifepristone. Pregnancy failure rates were similar among studies reviewed, with ulipristal acetate failure range of 0.02%–2.1%, though 10 mg mifepristone had a wide failure range of 0%–5.7%. Ulipristal had a higher occurrence of headache and nausea.

Pregnancy rates observed after emergency contraception use

30 mg ulipristal	Total pregnancies	Total women	% failure	95% CI
Glasier 2010	15	941	1.6	(1.0–3.0)
Fine 2010	26	1241	2.1	(41.9–75.6)
Creinin 2006	15	784	0.02	(68–39)
10 mg mifepristone	Total pregnancies	Total women	% failure	95% CI
Xiao 2002	17	1516	1.1	(0.7–1.8)
von Hertzen 2002	21	1359	1.5	(1.0–2.4)
Qi 2000	12	545	2.2	(1.1–3.8)
WHO 1999	7	565	1.2	(0.5–2.5)
Cao 1999	8	140	5.7	(2.5–10.9)
Cheng 1999	5	201	2.5	(0.8–5.7)
Lin 1999	0	60	0	(0.0–6.0)
Sang 1999	17	599	2.8	(1.7–4.5)
Wu 1999	9	633	1.4	(0.7–2.7)
Zuo 1999	3	321	0.9	(0.2–2.7)
Zhang 1998	1	92	1.1	(0.0–5.9)

**Conclusions:** Ulipristal acetate has a narrower failure range than low-dose mifepristone, though randomized control trials are needed to target populations benefitting most among emergency contraception options.

#### A5

##### SERUM ETHINYL ESTRADIOL LEVELS WITH A LOW-DOSE COMBINATION TRANSDERMAL CONTRACEPTIVE (AG200-15) COMPARED WITH A LOW-DOSE COMBINATION ORAL CONTRACEPTIVE

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**Objectives:** To evaluate the pharmacokinetic profile of ethinyl estradiol (EE) from a transdermal contraceptive (AG200-15) compared with a combination oral contraceptive (COC).

**Method:** Healthy women were enrolled in an open-label, comparative, crossover study. Cycle 1 was a run-in cycle with AG200-15 administered to all subjects. Subjects were then randomly assigned to either AG200-15 or COC for one cycle and then crossed over to the other treatment for the next cycle. AG200-15 was applied weekly to the buttock for 3 weeks followed by a patch-free week. The COC was administered for 21 days followed by a pill-free week. Maximum plasma concentration (C<sub>max</sub>), average concentration (calculated at steady state from the 24-h trapezoidal area under the curve) and steady-state concentration (C<sub>ss</sub>) levels for EE measured by liquid chromatography/mass spectrometry were determined at the first and third weeks for the AG200-15 cycles and on days 7 and 21 for the COC cycles. Relative bioavailability was determined from an analysis of variance model. Projected EE daily delivery for AG200-15 was estimated with the 35- $\mu$ g EE COC as the reference.

**Results:** Thirty-two women (mean age: 37 years, body mass index: 26 kg/m<sup>2</sup>) were included in the analyses. EE C<sub>max</sub> was 60% lower and C<sub>ss</sub> was 15%–20% lower for AG200-15 versus the COC. Calculated daily dose of AG200-15 was equivalent to a 30- $\mu$ g COC.

**Conclusions:** Daily EE exposure with the low-dose transdermal contraceptive (AG200-15) is 30  $\mu$ g/day, well within the range reported for low-dose COCs.

#### A6

##### PROGRAM ASSESSMENT OF THE INTRODUCTION OF MULTILOAD-375 IN THE FAMILY WELFARE PROGRAM OF THE GOVERNMENT OF INDIA

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**Objectives:** The intrauterine contraceptive device (IUCD), a widely used reversible contraceptive worldwide, is underutilized in India. The Government of India is attempting to revive the IUCD by introducing the Multiload-375 (ML-375), along with the existing copper-T 380A, in the National Family Planning Program (NFPP). The study aimed to identify operational issues associated with the introduction of the ML-375 in NFPP-supported health facilities.

**Method:** The intervention-based operations research was based in one primary health center and one district hospital each from six states ( $n=12$ ) across India. Activities included developing communication materials and a record-keeping system, and training on ML-375 in 12 facilities in 2010 and subsequent in-depth interviews with service providers ( $n=66$ ) to assess the suitability of ML-375 in the existing health system.

**Results:** Providers with existing experience in inserting Cu-T 380A were able to successfully counsel on and insert ML-375s, with few reports of clinical complications or other problems. About 60% of the providers preferred the insertion technique of the ML-375 to that of the Cu-T 380A. Providers perceived that clients also preferred the ML-375. Myths and misconceptions among clients and providers, along with weak IUCD counseling, were barriers to acceptance of the ML-375 and will need targeting during scale-up. Improvements in infrastructure, supply chain logistics, patient follow-up and demand-generating activities are needed for the ML-375 and IUCDs in general. **Conclusions:** The ML-375 promises to be a beneficial addition to the NFPP method mix. Improvements in health systems will enhance uptake of all IUCDs.

#### A7

##### COMPLICATIONS OF INTRAUTERINE DEVICE PLACEMENT IN POSTPARTUM WOMEN

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**Objectives:** Postpartum placement of intrauterine devices (IUDs) offers numerous advantages and is associated with high continuation rates. There is a concern that perforation rates may be greatly increased when placement occurs in the early postpartum period (<6 weeks), particularly in women breastfeeding. The objective of this study is to examine complication rates of postpartum IUD placement.

**Method:** *International Classification of Diseases, Ninth Revision* and Current Procedural Terminology codes were used to identify women who had an IUD placed in a university health system within 6 months of delivery between January 1999 and December 2009. A detailed chart review was used to collect data on patient demographics, gravidity, parity, breastfeeding status, detailed device placement, perforations and removals, and continuation rates.