Contraceptive methods and human immunodeficiency virus (HIV) / World Health Organization Special Programme on AIDS and Special Programme of Research, Development, and Research Training in Human Reproduction.

# Contributors

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JOINT STATEMENT

### CONTRACEPTIVE METHODS AND HUMAN IMMUNODEFICIENCY VIRUS (HIV)

A meeting on contraceptive methods and human immunodeficiency virus (HIV) infection was organized by the Special Programme of Research, Development and Research Training in Human Reproduction, and the Special Programme on AIDS, on 29-30 June 1987. Its purpose was to review available information on the possible interactions between contraception and HIV infection, and to identify research needs in this area. Sixteen participants from 9 countries attended the meeting. The participants represented epidemiology, immunology, sexually transmitted disease control, reproductive physiology, and gynaecology.

Women at risk of HIV infection need safe and effective contraception. Furthermore, given the substantial risk of perinatal transmission, it is particularly important that women already infected with HIV have access to effective methods of fertility regulation. In both cases, the potential interaction between HIV infection and contraception must be considered. Three areas of potential interaction were reviewed: a) susceptibility to HIV infection; b) infectiousness of HIV-infected persons; c) development and course of HIV-related illness.

All current methods of contraception were reviewed. The following methods were reviewed in detail, since they present the highest potential for interaction with HIV infection: a) intrauterine devices (IUDs); b) combined oral contraceptives; c) progestogen-only contraceptives (e.g., injectables, implants, progestogen-only oral contraceptives).

Irrespective of whether other contraceptive methods are used, condoms should always be used whenever there is a risk of sexual transmission of HIV infection. Condoms and spermicides will be reviewed in more detail at another meeting.

A number of theoretical interactions, both adverse and beneficial, between the contraceptive methods and HIV infection were considered. Conclusions were difficult to draw because of the marked paucity in this area of basic and epidemiological data. For example, no epidemiological data are currently available on the relationship between HIV infection and the use of IUDs, or progestogen-only contraceptives. In addition, although the data in one unpublished report have suggested a possible association between oral contraceptives and susceptibility to HIV infection, the data are preliminary and insufficient to support any conclusion at this time. Moreover, the data in other preliminary reports have suggested no association between oral contraception and susceptibility to HIV infection.

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