

## Pathophysiological Consequences Associated with Hormonal Contraceptives Use in Sub-Saharan Africa: A Scoping Review [Corrigendum]

Kampire MG, Hakizimana JC, Mucumbitsi J, Alagbonsi AI. *Open Access J Contracept.* 2025;16:171—187. <https://doi.org/10.2147/OAJC.S563680>

The authors wish to correct inaccuracies in the discussion section regarding the WHICH trial (Women’s Health, Injectable Contraception and HIV), which was an open-label randomized controlled trial comparing DMPA-IM and NET-EN in HIV-negative women, with no non-hormonal or copper IUD arms. The original text misattributed data and referenced unpublished results.

Page 179, Endocrine and Hormonal Suppression section, sentence two and three, the text “Based on a secondary study of the Women’s Health, Injectable Contraception and HIV (WHICH) randomized trial conducted in South Africa, women who used injectable progestins showed higher suppression of progesterone and estradiol than those who were assigned to non-hormonal treatments.<sup>37</sup> Similarly, from the WHICH study, DMPA users showed significant decreases in endogenous gonadotropins and ovarian activity, indicating robust hypothalamic-pituitary-ovarian axis suppression.<sup>18</sup>” should read “Based on the WHICH randomized trial in South Africa, injectable progestins (DMPA-IM and NET-EN) suppressed estradiol levels by at least 60%, with no significant difference between arms.<sup>18</sup> No data on progesterone or gonadotropin suppression has been reported from WHICH. Ovarian activity suppression is inferred from reduced estradiol, indicating hypothalamic-pituitary-ovarian axis inhibition.”

Page 180, Weight, Body Mass Index, and Anthropometric Alterations section, whole paragraph, the text “The only available data on anthropometric results came from secondary analysis of randomized trials reported from the WHICH randomized trial in South Africa, which showed a measurable correlation between injectable contraceptive use and weight gain.<sup>49</sup> They found that women who were randomly assigned to DMPA-IM had significantly higher increases in BMI and weight over follow-up compared to those who used copper IUDs” should read “No anthropometric data like weight gain or BMI changes were reported from the WHICH trial. A secondary analysis showed peak serum progestin levels (MPA and NET) were negatively associated with BMI and weight (higher BMI or weight correlated with lower progestin levels), with no evidence of injectable contraceptive use causing weight gain.<sup>49</sup> No copper IUD arm was included in WHICH; such comparisons pertain to the ECHO trial.<sup>38</sup>”

These corrections clarify the WHICH trial’s scope and remove unsubstantiated claims. The authors apologize for the confusion and confirm no other sections are affected.

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