Pharmacy worker practices related to use of misoprostol for abortion in Ho Chi Minh City, Viet Nam

Thoai D. Ngo, Min Hae Park, Thang Huu Nguyen
Overview

• Pharmacists’ role in sexual & reproductive health

• Medical abortion in Viet Nam

• Study aims

• Methods

• Results

• Conclusions

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Pharmacists’ role in SRH

- First point of contact with health services for many people
- Accessibility & anonymity - attractive to people seeking care for sexually transmitted infections (STIs) or termination services
  - **Nepal:** 70% of clients visiting medical shops for STI treatment were making first contact for care (Chaudhary & Khan 2002)
  - **Ghana:** >60% of STI clients came to pharmacies without prescription (Mayhew et al 2001)
  - **Latin American City:** 60% of pharmacists (n=61/102) recommended misoprostol for termination (Lara et al 2006)
Pharmacists’ role (cont.)

- First-line treatment provided by pharmacists may be inappropriate or sub-standard (Chalker et al 2000, Bista et al. 2002)
  - **Hanoi**: STI management by private pharmacies was not adequate or in line with national guidelines (Chalker et al 2000)
  - **Latin American City**: 6% of 102 pharmacy recommended a misoprostol dosing regimen that is potentially effective (Lara et al 2006)
Medical abortion in Viet Nam

- Abortion rate: 26 per 1,000 women (UN, 2009)

- Medical abortion (MA) was introduced in 1992 and is legal under the following conditions:
  - Pregnancy up to 9 weeks gestation
  - Administered by a trained physician at central, provincial & some district hospitals
  - Regimen: 200 mg mifepristone + 400 µg misoprostol

- Anecdotal evidence of illegal provision of MA through pharmacies & private providers
Study aims

- To investigate the availability and provision of misoprostol and mifepristone for medical abortion among pharmacies in Ho Chi Minh City
- To understand knowledge and provision practices relating to medical abortion among pharmacy workers
**Methods**

**Phase I: KAP Survey: face-to-face interview (N=100)**

**Phase II: Mystery Client Survey (MS) (N=30)**

**Sampling Technique**

Phase I: Random selection of 100 from 818 pharmacies in HCMC

Phase II: 30 from 100 in Phase I with indication of misoprostol/mifepristone provision

**Location**

Inner city & suburban districts

**Inclusion Criteria**

1 pharmacy worker from each outlet:

- responsible for medicine provision
- ≥6 months experience working at the pharmacy
- aware of MA
Methods: Mystery client survey

- 30 pharmacies indicated that they provide misoprostol and/or mifepristone

- 2 mystery client scenarios:
  - Young female seeking MA following pregnancy test at home (n=15)
  - Young male seeking MA for his girlfriend following pregnancy test at home (n=15)

- MA drugs, dosages, side effects, follow-up and costs
## Results: Study Population

<table>
<thead>
<tr>
<th></th>
<th>Total N=100</th>
<th>Big outlet [n=81; &gt;75 USD*]</th>
<th>Small outlet [n=19; &lt;75 USD*]</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff members</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-2</td>
<td>69%</td>
<td>69%</td>
<td>68%</td>
</tr>
<tr>
<td>3-6</td>
<td>31%</td>
<td>31%</td>
<td>32%</td>
</tr>
<tr>
<td><strong>Age (median)</strong></td>
<td>31.5</td>
<td>32</td>
<td>30</td>
</tr>
<tr>
<td><strong>Male : Female</strong></td>
<td>18 : 82</td>
<td>19 : 81</td>
<td>16 : 84</td>
</tr>
<tr>
<td><strong>Single : Married</strong></td>
<td>42 : 58</td>
<td>44 : 56</td>
<td>32 : 68</td>
</tr>
<tr>
<td><strong>College/higher</strong></td>
<td>89%</td>
<td>90%</td>
<td>85%</td>
</tr>
<tr>
<td><strong>Experience</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 mons-1 year</td>
<td>8%</td>
<td>7%</td>
<td>11%</td>
</tr>
<tr>
<td>&gt;1-5 years</td>
<td>32%</td>
<td>44%</td>
<td>31%</td>
</tr>
<tr>
<td>5+ years</td>
<td>50%</td>
<td>48%</td>
<td>58%</td>
</tr>
</tbody>
</table>

* Daily revenue
## Results: Knowledge

<table>
<thead>
<tr>
<th>General knowledge</th>
<th>KAP Survey (N=100)</th>
<th>Mystery client (N=30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knew legal limit for MA</td>
<td>79%</td>
<td>80%</td>
</tr>
<tr>
<td>MA drugs not available over-the-counter</td>
<td>89%</td>
<td>100%</td>
</tr>
<tr>
<td>Aware of misoprostol as a MA drug</td>
<td>63%</td>
<td>13%</td>
</tr>
<tr>
<td>Aware of mifepristone as a MA drug</td>
<td>50%</td>
<td>0%</td>
</tr>
</tbody>
</table>
## Results: Availability

<table>
<thead>
<tr>
<th>Availability</th>
<th>KAP Survey (N=100)</th>
<th>Mystery client (N=30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selling mifepristone (Mifestad)</td>
<td>32%</td>
<td>3.3%</td>
</tr>
<tr>
<td>Selling Cytotec or misoprostol</td>
<td>17%</td>
<td>3.3%</td>
</tr>
<tr>
<td>Selling mifepristone or misoprostol</td>
<td>4%</td>
<td>3.3%</td>
</tr>
</tbody>
</table>
Results: Provision

Provision of MA drugs (N=100):

- 3 were involved in provision of MA to end users
- 20 had customers seeking MA drugs in the last 3 months
  - 17 provided verbal advice
  - 1 provided leaflets
  - None provided contact information for specialist services
- 75% reported that the average age of MA drug seekers ranged between 18-24 years
Results: Mystery client survey

- 29/30 pharmacies reported that they would not sell drugs for MA

- One pharmacy advised the mystery client to return the next day;
  - Cost per pill: 250,000 VND ($12.5)

- All 30 pharmacies advised mystery clients to visit a doctor or hospital for abortion services

- Mystery clients were not offered reference materials or contact details for specialist services
Key findings & conclusions

- In Ho Chi Minh City, provision of MA drugs over-the-counter is uncommon
- 20% of pharmacies reported having customers seeking MA drugs in the last three months, most of whom were young women (<25 years)
- Pharmacy staff knew where MA could be obtained, but did not provide reference materials/referral services and counseling
- Inconsistencies in pharmacy workers’ knowledge about MA drugs
- More specialist resources & referral system are required at pharmacy level to increase access to safe abortion
Acknowledgements

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- Contact: Thoai.Ngo@mariestopes.org
Thank you

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