OVER-THE-COUNTER EMERGENCY CONTRACEPTIVE USE IN ETHIOPIA: PROVIDER AND CUSTOMER ATTITUDES AND BEHAVIORS

Emily Gold, MSPH
2011 International Conference on Family Planning
November 29-December 2
Dakar, Senegal
DKT International and DKT Ethiopia

- Promotes family planning in 18 countries
- Provides safe and affordable contraception and STI prevention through social marketing
- DKT programs served over 22 million couples in 2010: the largest private provider of family planning services in the developing world
- DKT Ethiopia regularly supplies 35-40% CYP’s and 75% of condoms in the country
Background

- MOH introduced Postinor-2 in 2004
- DKT introduced Postpill OTC in 2008.
- OTC availability removes significant barriers

• The Ethiopian Constitution guarantees the right to family planning: education, information, capacity.

• DKT’s Postpill sold at 7 birr (USD$0.50)

• From Jan 2008 - Sept 2010, DKT sold 1.3m doses, 10 times above expectations
Methodology

- 22 in-depth interviews with pharmacists
- 46 in-depth interviews with Postpill users
Findings and Discussion

“Youth” the most common users:
- University students
- CSW’s
- Travelers
- Migrant workers.

• Mean age of user respondents was 22
• Most respondents unmarried, currently /recently in a relationship
• Many in long-distance relationships
Trends in Use

Commonly cited reasons:

• Condom breakage
• Unplanned sex without contraceptive
• Sex during the fertile period

“*It was my boyfriends birthday and it was the incorrect time but I had nothing else to do.***”
- University Student, Awasa

“I used Postpill because the condom was broken. I’ve experienced condom breakage many times.”- CSW, Addis Ababa

• **Repeat use**: most commonly after unplanned or infrequent sex.
• Many women prefer because of discretion, ease in remembering and perceived lack of side effects
<table>
<thead>
<tr>
<th><strong>Other Contraceptive Methods &amp; Bridging</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Postpill is a backup contraceptive</strong></td>
</tr>
<tr>
<td><strong>Pharmacists who attempted bridging usually recommend oral contraceptives</strong></td>
</tr>
<tr>
<td>• “I always advise them so after two times coming here they go somewhere else because they are embarrassed.” – Pharmacist, Awasa</td>
</tr>
<tr>
<td>• “The pharmacist told my boyfriend there were other type of contraceptive pills, like Choice, that should be used regularly. We bought it and I use Choice now.” – University Student, Addis Ababa</td>
</tr>
<tr>
<td>• “They recommended condoms in case we find ourselves at a place where Postpill might not be available, and said there is another form of contraceptive which can serve for 3 months. After, we went to a different pharmacist to avoid this talk.” – University Student, Awasa</td>
</tr>
</tbody>
</table>
Concerns related to Repeat Use

Postpill is like a fire extinguisher - you can take out a fire once, you don't repeatedly extinguish a fire, it has consequences.”

–Pharmacist, Addis Ababa

“I think it causes women to not be able to have babies if they use it. The pharmacist told me I should never take it again or I will never be able to give birth.” –CSW, Addis Ababa
Denial of Sales

• Based solely on the pharmacist’s judgment.
• Denials were rare but many pharmacists discourage Postpill purchase.

“They said ‘you can’t ask us for Postpill whenever you have sex, and we don’t have to give it to people that do’ and told me that I must come up with prescription for it... I left the pharmacy and told my boyfriend to get it for me from some other place, and then he did, but not until the next day.”

–Student, Awasa
Respondents learn about Postpill via:
- Radio
- Health centers
- Friends

“We went to the bars to talk to CSWs about EC and none of them had heard of it. When we asked what they did if a condom broke, they told us they wash their vaginas with urine and alcohol if they are worried.” - Outreach Worker, Sheshamanye

Most women don’t see or read the information packets that come with Postpill.
Limitations

- Findings are likely replicable in urban and peri-urban locations.
- Not obviously replicable for Ethiopia’s rural population, with distinct family planning needs.
- More research needed to assess harder-to-reach populations.
Recommendations

Updated pharmacist training:
- Repeat use
- Side effects
- The ethics of denying sales
- Bridging techniques
- Best practices to reach youth

Public Education:
- Bridging
- Safety of repeat use
- Long-term effectiveness of other methods
Conclusions

• Postpill is the only post-coital option to safely prevent pregnancy without visiting a doctor.
• Serious misinformation surrounds Postpill.
• Repeat use occurs due to convenience, perceived discretion, and lack of side effects.
• Many pharmacists let ethical concerns interfere with women’s family planning.
• Postpill is increasingly popular and has an important role in the contraceptive method mix.
THANK YOU!
Emergency Contraception in India: Current Status and Future Challenges

M E Khan Ph.D.
Population Council

Presented at
International Conference on Family Planning in Dakar,
November 2011
Objectives of the presentation

• At macro level to review:
  - Status of ECP sales in India
  - Trend of sales in last three years

• At micro level
  - Knowledge and attitude of Key Opinion Leaders (KOLs) and providers towards ECP
  - Availability of ECP in public health clinics (PHCs)

• Emerging issues and knowledge gaps
Data

• Sales data 2008 - 2010
• In-depth interviews of key opinion leaders/policy makers
• Data from 132 public health facilities of Uttar Pradesh
  52 doctors
  68 paramedics (ANMs)
• 4700 women from 12 districts of UP
Trend in the sale of ECP (in millions)

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>All India</td>
<td>5.0</td>
<td>11.8</td>
<td>15.2</td>
</tr>
<tr>
<td>Urban</td>
<td>3.7</td>
<td>8.4</td>
<td>10.4</td>
</tr>
<tr>
<td>Rural</td>
<td>1.3</td>
<td>3.4</td>
<td>4.8</td>
</tr>
</tbody>
</table>

2008-2010
Number of ECP brands in India

- 2008: 16
- 2009: 28
- 2010: 42
Market share of different ECP brands in India

Three brands holds 89 percent share

- Unwanted 72
- I-pill
- Unwanted

Remaining 11 percent is shared by other 39 brands
Opinion of Key Opinion Leaders

• Most support ECP to remain OTC
• Privately many confessed that there is latent resistance to the promotion of ECP
• Fear of increase in promiscuity is strong
• ECP is widely available - no need of promotion
• Medical bodies are generally opposed to OTC
• Repeat use is defined as 2-4 times in a month
• Leading OB/GYNs believe that adolescent abortion has reduced but number of cases with menstrual problems due to repeat use has also increased
## Knowledge of Providers about ECP

<table>
<thead>
<tr>
<th>Percentage believed that ECP</th>
<th>Doctors</th>
<th>Paramedics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is sometimes used before unprotected sex</td>
<td>12</td>
<td>31</td>
</tr>
<tr>
<td>aborts a fertilized ovum</td>
<td>19</td>
<td>29</td>
</tr>
<tr>
<td>Could be used to induce abortion also</td>
<td>33</td>
<td>41</td>
</tr>
<tr>
<td>Could be used as regular FP method</td>
<td>17</td>
<td>34</td>
</tr>
<tr>
<td>Could decrease unsafe abortion</td>
<td>77</td>
<td>79</td>
</tr>
<tr>
<td>Advance provision advisable</td>
<td>46</td>
<td>5</td>
</tr>
<tr>
<td>Could increase promiscuity</td>
<td>59</td>
<td>29</td>
</tr>
</tbody>
</table>
## Awareness of ECP use pattern

<table>
<thead>
<tr>
<th>Percentage aware of women</th>
<th>Doctors</th>
<th>Paramedics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using ECP</td>
<td>11</td>
<td>29</td>
</tr>
<tr>
<td>Using ECP repeatedly</td>
<td>9</td>
<td>26</td>
</tr>
</tbody>
</table>
Unanswered questions

- Is there any serious harmful effect of ECP if it is used repeatedly?
- What does “repeat use” consist of?
- Is there any reason or data to believe that ECP is replacing use of regular family planning methods?
- How do we respond to the fear that easy availability of EC might increase sexual promiscuity?
Where Government is Failing

- Most providers (doctors as well as ANMs) lack correct knowledge of ECP use
- More than half of the PHC/sub-centers do not have ECP supply
- ECP is not available in CHW (ASHA) kit
- Most eligible couples are not aware of correct use of ECP
- Doctors appear to have more reservation to ECP as compared to ANM / Nurse
Today's challenge

• Could we answer some of these unanswered questions today?
• What research would you recommend to answer some of the knowledge gaps?
Thank you
Assessing Repeat Use of ECPs in Urban Kenya and Nigeria

Dawn Chin-Quee
Kelly L’Engle
Study Background

- Media and anecdotal accounts of repeat use of emergency contraceptive pills (ECPs) worldwide
- No consensus on what is considered “repeat use” of ECPs
- Lack of population-based studies of patterns of use among ECP users due to their low numbers
- FHI 360 investigated patterns of EC use with improved sampling methodology
Study Objectives

• Describe characteristics and patterns of use of ECPs, including frequency of use and method mix

• Obtain reactions to using a coitally-dependent hormonal method

• Assess EC users’ attitudes towards EC, including feelings about frequent use of EC
Study Methodology

- Used census tracts in Nairobi and Lagos to identify low, middle, and high income areas

- Divided income areas into 25 population sampling units (PSUs) according to their proportion in each city

- Identified and selected one high-traffic shopping area within each PSU

- Intercepted all women of reproductive age in these shopping areas on designated days
Flowchart of Participant Recruitment

**Lagos, Nigeria**
- 4,854 women intercepted
- 1,724 (36%) excluded*
- 3,130 women interviewed
  - 68% (n=2,051) had ever heard of ECPs
  - 17% (n=526) had ever used ECPs

**Nairobi, Kenya**
- 3,242 women intercepted
- 207 (6%) excluded*
- 3,035 women interviewed
  - 78% (n=2,382) had ever heard of ECPs
  - 18% (n=549) had ever used ECPs
### Background of EC users in Lagos & Nairobi

<table>
<thead>
<tr>
<th></th>
<th>Lagos (n=526)</th>
<th>Nairobi (n=549)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Average age (in years)</strong></td>
<td>31.6</td>
<td>27.5</td>
</tr>
<tr>
<td><strong>Marital Status</strong>*</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Married</td>
<td>59</td>
<td>36</td>
</tr>
<tr>
<td>Single</td>
<td>38</td>
<td>58</td>
</tr>
<tr>
<td><strong>Education</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secondary or less</td>
<td>43</td>
<td>56</td>
</tr>
<tr>
<td>Higher (College/Tertiary/University)</td>
<td>56</td>
<td>44</td>
</tr>
<tr>
<td><strong>Religion</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Christian</td>
<td>67</td>
<td>96</td>
</tr>
<tr>
<td>Muslim</td>
<td>33</td>
<td>3</td>
</tr>
<tr>
<td><strong>Percent living with a sexual partner</strong></td>
<td>58</td>
<td>32</td>
</tr>
</tbody>
</table>

* “Other” categories and No responses are not shown.
## Main contraceptive method of ECP users in Lagos and Nairobi

<table>
<thead>
<tr>
<th>Contraceptive method</th>
<th>Lagos (n=526)</th>
<th>Nairobi (n=549)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECPs</td>
<td>41%</td>
<td>15%</td>
</tr>
<tr>
<td>Condoms</td>
<td>17%</td>
<td>31%</td>
</tr>
<tr>
<td>Daily birth control pills</td>
<td>10%</td>
<td>16%</td>
</tr>
<tr>
<td>Injectable</td>
<td>8%</td>
<td>16%</td>
</tr>
<tr>
<td>Withdrawal/Traditional methods</td>
<td>11%</td>
<td>3%</td>
</tr>
<tr>
<td>Natural family planning</td>
<td>5%</td>
<td>11%</td>
</tr>
<tr>
<td>LAPM (IUCD/Coil, Implants, Tubal Ligation)</td>
<td>2%</td>
<td>5%</td>
</tr>
<tr>
<td>Other</td>
<td>6%</td>
<td>2%</td>
</tr>
</tbody>
</table>
Frequency of EC use within Timeframe: Lagos (N=483)

- Past 30 days:
  - Used 3 or more times: 35%
  - Used twice: 28%
  - Used once: 29%
  - Did not use: 23%

- Past 3 months:
  - Used 3 or more times: 28%
  - Used twice: 28%
  - Used once: 17%
  - Did not use: 10%

- Past 6 months:
  - Used 3 or more times: 53%
  - Used twice: 12%
  - Used once: 12%
  - Did not use: 13%
Frequency of EC use w/in Timeframe: Nairobi (N=541)

- **Past 30 days**:
  - Did not use: 4%
  - Used once: 73%
  - Used twice: 13%
  - Used 3 or more times: 1%
  - Other: 7%

- **Past 3 months**:
  - Did not use: 4%
  - Used once: 53%
  - Used twice: 27%
  - Used 3 or more times: 5%

- **Past 6 months**:
  - Did not use: 2%
  - Used once: 45%
  - Used twice: 28%
  - Used 3 or more times: 11%

By FHI360
Context of ECP use: When do women use ECPs?

**Lagos (N=317)**
- Rarely when I have sex: 15%
- Some of the time when I have sex: 15%
- Most of the time when I have sex: 27%
- Every time I have sex: 44%

**Nairobi (N=315)**
- Rarely when I have sex: 7%
- Some of the time when I have sex: 42%
- Most of the time when I have sex: 17%
- Every time I have sex: 33%
Context of EC use: What best describes women’s use of ECPs?

Lagos (N=483)
- 35% Used only during fertile/unsafe days
- 37% As a back-up method
- 15% Every time I have sex
- 8% Used because I was not using another method
- 5% Other

Nairobi (N=549)
- 43% Used only during fertile/unsafe days
- 45% As a back-up method
- 6% Every time I have sex
- 2% Used because I was not using another method
- 4% Other
How likely to use a coitally-dependent hormonal pill: Lagos (N=483)

- Very unlikely
  - How likely to use: 9%
  - How likely to adopt as main method: 10%
- Somewhat unlikely
  - How likely to use: 6%
  - How likely to adopt as main method: 9%
- Somewhat likely
  - How likely to use: 32%
  - How likely to adopt as main method: 33%
- Very Likely
  - How likely to use: 53%
  - How likely to adopt as main method: 49%
How likely to use a coitally-dependent hormonal pill: Nairobi (N=541)
Women’s attitudes towards EC use

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>It is ok to take ECs as many times as one wants</td>
<td>51%</td>
<td>21%</td>
<td>40%</td>
<td>64%</td>
</tr>
<tr>
<td>I do not want to use ECs as my main method, I am worried about STIs</td>
<td>64%</td>
<td>58%</td>
<td>58%</td>
<td>71%</td>
</tr>
<tr>
<td>There are better ways to prevent pregnancy than ECs</td>
<td>58%</td>
<td>71%</td>
<td>58%</td>
<td>71%</td>
</tr>
</tbody>
</table>

Revitalizing the Emergency Contraception Agenda
Conclusions

• What can we conclude about patterns of EC use?
  – We see differences in frequency of use
  – We see similarities in reasons/context of use

• What can we conclude about repeat use of ECPs?
  – We can characterize and quantify patterns of EC use
  – We cannot define repeat use without context and consensus
  – Does “repeat use” mean appropriate use on demand or too much use?

• Women are receptive to the idea of a coitally-dependent hormonal method