

Emergency Contraception in Ethiopia: Provider and User Attitudes and Behaviors

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Executive Summary

Emergency contraception (EC) was first introduced in Ethiopia in 1997 and DKT Ethiopia launched its own brand called *Postpill* in 2008. In early 2011, a qualitative study was conducted in the cities of Addis Ababa and Awasa and the peri-urban areas of Sheshamanye and Debre Zeit to assess provider and user attitudes and behaviors towards *Postpill*. Some of the key findings were:

- Pharmacists reported that the most common users were between the ages of 15 and 25, including both university students and commercial sex workers. Many users reported that they first used *Postpill* in high school.
- The most often cited reasons for using *Postpill* were condom breakage, and unprotected sex.

- Many respondents noted that they used *Postpill* repeatedly, irrespective of other contraceptive use.
- Many women who use *Postpill* as their main form of birth control have unplanned and infrequent sex.
- Some pharmacists expressed concern over “serious side effects,” despite limited evidence of any adverse side effects.
- Pharmacists are concerned that use of *Postpill* will lead to “irresponsible behavior” and result in reduced condom use.
- Some pharmacists, especially in Addis Ababa, refuse to sell EC to repeat customers even though such refusal is illegal.



DKT's *Postpill* was launched in 2008.

Introduction

When used properly, EC can prevent unwanted pregnancy.ⁱ In a country like Ethiopia, where a woman has a 1 in 40 chance of dying of maternal causesⁱⁱ and the annual abortion rate is 23 per 1,000 women, this is especially important.ⁱⁱⁱ

In 2004, Ethiopia's Ministry of Health made EC available for free at public

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facilities with a doctor's prescription. In April of 2008, DKT Ethiopia introduced an EC brand called *Postpill*, available over-the-counter at pharmacies and private clinics. Since its introduction through December 2012, DKT has sold more than 3.8 million *Postpill* packs at a price of 40 cents per pack.

In 2011, DKT undertook a qualitative study to assess behaviors and attitudes of pharmacists and EC users in the cities of Addis Ababa and Awasa, and the peri-urban areas of Sheshamanye and Debre Zeit. Twenty-two interviews were held with pharmacists on site, followed by 46 in-depth interviews with *Postpill* users.

***Postpill* Use and Users**

Pharmacists reported that “youth” were the most common *Postpill* users, usually between the ages of 15-25. Pharmacists named students and commercial sex workers (CSWs) as the most common users. Travelers and migrant workers were also noted as frequent customers.

Many women reported first using *Postpill* in high school. This younger age may be due to the fact that *Postpill* is available without a doctor's prescription. Research in other countries has found that this removes a significant barrier to access for youth, who are often reluctant to obtain EC from traditional health providers.^{iv}

The majority of respondents were unmarried.

The most cited reasons for EC use were:

- Condom breakage
- Unplanned sex with no method available
- Sex during the fertile period of the women's menstrual cycle, while practicing a natural method

Postpill use following condom failure was particularly common among the CSW population:

“I used *Postpill* because the condom was broken. I've experienced condom breakage many times.”

—CSW, Addis Ababa

Sex during the fertile period without a modern form of contraceptive was most common in the student population, where the majority of respondents reported using the rhythm method as their primary mode of contraception.

“It was my boyfriend's birthday and it was the incorrect time but I had nothing else to do.”

—University Student, Awasa

Repeat Use

Many respondents indicated that they used *Postpill* repeatedly, whether or not they used other contraceptive methods, a practice that has been documented in other countries as well.^{v,vi,viii}

“I use it every time I have sex. I used it 3 times in 3 months because my husband is away for work and he comes here once a month.”

—Cook, Addis Ababa

Research on repeat use indicates that it is safe.^{viii, ix} However, the WHO does not recommend EC as a regular form of birth control, due to its lower efficacy as compared to other hormonal contraceptives.^x

Among the university students surveyed, the rhythm method was the most common form of contraception. However, many women reported unplanned sex at incorrect times or after heavy drinking. For these situations, *Postpill* plays an important part of the contraceptive method mix.

Other women who used *Postpill* repeatedly did so as a “backup” method following sex with a condom that breaks, if they are unsure of breakage, or if they wanted an added level of protection. For CSWs who have sex many times a week, repeat EC is an important source of protection.

“Until I stop working as a sex worker I want to use Postpill as my main source of birth contraceptives. I use Postpill every time I have sex, even if I use condoms because my work is risky.”

—CSW, Addis Ababa



Educational poster adorn this pharmacy in Addis Ababa.

Concern Over Side Effects

Interviews with pharmacists echoed a common concern about perceived effects of overuse. Despite limited evidence, pharmacists expressed worry over the side effects of repeat use and the “irresponsibility” to which repeat use leads.

“We fight daily with customers who want to buy Postpill, instead of serving other clients who want other types of drugs. We spend lots of time on Postpill clients, convincing them if they are using Postpill for a second time, it has serious side effects.”

—Pharmacist, Addis Ababa

Hormonal EC products do have very limited side-effects: irregular menstrual bleeding is common, though usually brief. Some women may experience nausea and headache.

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Most pharmacists acknowledged that their fear of side effects did not come from research or training, but from their own beliefs and personal concerns. They reported sharing these concerns with customers during first or repeat purchases, most often warning of future infertility. Correspondingly, many *Postpill* users were concerned about infertility, many saying they would never use it again.

“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

Concerns Over Promiscuity and Reduced Condom Use

Pharmacists were also concerned that *Postpill* use, especially repeat use, would lead to increased transmission of HIV and other sexually-transmitted infections as people would replace condoms with *Postpill*. However, several studies have found that “increasing access to [levonorgestrel] EC does not increase sexual or contraceptive risk-taking behavior.”^{xi}

“We advise customers that [Postpill] does not protect from HIV. Most customers who buy Postpill are younger; that is why we are concerned. They aren’t worried about HIV or STIs—only about not getting pregnant and for their parents not to find out they are on birth control.”

—Pharmacist, Awasa

Many youth do not consistently use condoms, citing their trust in monogamous partners and their dislike of condoms. Respondents generally viewed condoms as useful for protection from HIV and STIs and not for prevention of pregnancy. However, no respondents indicated that they had stopped using condoms because of *Postpill*.

Refusing Sales

Worryingly, many pharmacists reported denying *Postpill* to some customers. This was most common in Addis Ababa.

“I tell them (customers who want to buy Postpill) the consequences. If they don’t accept what I tell them, I will not sell it to them.”

—Pharmacist, Addis Ababa

Some pharmacists state they refuse sales after a customer buys it two or three times in a month, or if a customer is a “repeat user.” They cite the concerns of side effects and “irresponsible behavior”, and see denying *Postpill* to customers as a moral act.

Women who are denied *Postpill* must spend more time seeking it, and may take it later than is optimal, reducing its efficacy.

“They said that I must come up with a prescription. 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

Access to Information

Women learn about *Postpill* from a variety of sources including friends, partners, radio, community centers and peer education meetings.

“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

Even in universities, knowledge of EC is often limited. A 2007 study of Adama University students found that lack of knowledge is a common reason for students’ non-use of EC. Many women want more information, particularly on side effects and efficacy, and several said that their continued use of *Postpill* would depend on it.

Misinformation has made women unsure of the product’s actual efficacy and side effects. Accurate information is included in every packet of *Postpill*, but the vast majority of participants did not receive or didn’t read the packet. Many indicated that this was because they were nervous, their partners purchased the pills and didn’t bring them the packaging or that the pharmacist did not give them the box.

“I had to ask for the instruction paper because the pharmacist did not give it to me... for people using it for the very first time it [the information packet] can get



An educational poster provides information on *Postpill*.

ambiguous. It is not clear about the timing of taking the two pills.”

—University Student, Awasa

This information is critical for women who need to know whether their side effects are normal. Straightforward instructions on dosage and timing can reduce anxiety, and help women make informed choices on future contraception.

Lessons Learned and Implications

Pharmacists need updated training in sales and distribution of EC. When a pharmacist refuses or discourages sales of

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EC, customers can visit another pharmacy. However, if customers do not feel they can speak honestly with pharmacists, they may lose their only connection to professional knowledge of family planning.

Additionally, customers may become less trusting of pharmacists in general and less likely to be truthful with them. If a woman lives in a community with limited pharmaceutical options or lacks mobility she may not be able to access *Postpill*.

Following the introduction of *Postpill* in 2008, DKT held regional pharmacist trainings throughout the country, led by professional OB/GYNs. Pharmacist training should include information on regular and repeat use, side effects and the ethics of denying sales. Pharmacists also need updated best practices to reach youth and male EC customers through non-confrontational advice. Following the initial analysis of this research, DKT sponsored revised training in partnership with the Ethiopian Pharmaceutical Association (EPA) for all contraceptives. DKT also conducted EC training for more than 800 nurses, midwives and health officers.

Utilize youth advocates: Youth clubs and drop-in centers are excellent sites for additional training on EC. Many users indicate that this is where they receive information on contraception. Trained leaders from these sites share this information with other youth.



A typical pharmacy in Ethiopia.

Discuss safety and efficacy: Advertising and outreach campaigns should specifically educate young users on proper use of EC. Youth, who are often reluctant to speak to health professionals, may be more open to receiving advice over the air, the phone or the Internet.

Improve clarity and accessibility of information: Many users want more information on EC, especially its side effects and recommended use. In Ethiopia, this was especially important due to two contradictory misconceptions that *Postpill* has extreme side effects and that it has no side effects. Even in some areas where *Postpill* is advertised and sold, many women are unaware that a post-coital contraceptive is available; let alone how to use it effectively. In-store and other

advertising posters, which contain little information, should be redesigned to include information on side effects, and to promote greater awareness of EC's value.

Conclusion

Postpill is an important part of the over-the-counter method mix in Ethiopia. There is a critical need for more information, specifically on repeat use and side effects, from both distributors and customers.

With improved training and outreach, *Postpill* will play an even more effective role in preventing unwanted pregnancies, and serve as a critical bridge to other long-term birth control methods. The lessons learned in Ethiopia may prove useful as EC programming is undertaken in other countries.

DKT Ethiopia *Postpill* (Emergency Contraceptive) Sales/Distribution

Year	Quantity
2007.....	12,432
2008.....	212,674
2009.....	595,475
2010.....	673,744
2011.....	900,714
2012.....	1,580,000
TOTAL.....	3,845,742

Notes

ⁱ Parker, Chris. "Adolescents and Emergency Contraceptive Pills in Developing Countries". **FHI Working Paper Series** WP05-01 (2005) 1-18.

ⁱⁱ UNICEF: http://www.unicef.org/infobycountry/ethiopia_statistics.html

ⁱⁱⁱ Singh, Susheela et al "The Estimated Incidence of Induced Abortion in Ethiopia 2008". **International Perspectives on Sexual and Reproductive Health** 36.1 (2010) 16-25.

^{iv} Parker, Chris. "Adolescents and Emergency Contraceptive Pills in Developing Countries". **FHI Working Paper Series** WP05-01 (2005) 1-18.

^v Halpern, V et al. "Repeated Use of Pre and Post Coital Hormonal Contraceptives for Prevention of Pregnancy" **Cochrane Library** 5 (2010) 1-44.

^{vi} Abuabara et al. "As Often as needed: Appropriate Use of Emergency Contraceptive Pills". **Contraception** 69 (2004) 339-342.

^{vii} Morgan, Gwendolyn. "Emergency Contraception Use in Kenya: A profile of EC Users and Non-Users" **Hewlett Foundation, Population Services International** and **Population Council**. (2009).

^{viii} World Health Organization. Department of Reproductive Health and Research. "Fact Sheet on Safety of Levonorgestrel—Alone Emergency Contraception Pills" (2010) 1-3.

^{ix} Abuabara et al. "As Often as Needed: Appropriate Use of Emergency Contraceptive Pills" **Contraception** 69 (2004) 339-342.

^x "Emergency Contraception: Safe for Repeat Use?" **Reproductive Health Technology Project**. (2006) 1-3.

^{xi} World Health Organization. Department of Reproductive Health and Research. "Fact Sheet on Safety of Levonorgestrel—Alone Emergency Contraception Pills" (2010) 1-3.



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