

**DKT ETHIOPIA'S POSTPILL EMERGENCY  
CONTRACEPTIVE: AN ASSESSMENT OF  
PROVIDER AND CUSTOMER ATTITUDES  
AND BEHAVIORS**



SOCIAL MARKETING FOR A BETTER LIFE

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March 2011  
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# **DKT Ethiopia's Postpill Emergency Contraceptive: An Assessment of Provider and User Attitudes and Behaviors**

## **Executive Summary**

**Introduction:** This report follows DKT's third year of sales of Postpill, an emergency contraceptive (EC) available over the counter (OTC). It assesses the attitudes and behavior of pharmacists and Postpill users and provides recommendations for future programming.

**Methodology:** Twenty-two Key Informant Interviews (KII) were held with pharmacists in Addis Ababa, Awasa, Sheshamanye and Debre Zeit. Forty-four in depth interviews were held with women who have used Postpill in Addis Ababa, Awasa and Sheshamanye. Qualitative data was collected and analyzed.

**Postpill Use and Users:** Pharmacists identified "youth", commonly defined as aged 15-25, as the major users of Postpill. The great majority of women users interviewed were in this age range, unmarried but in relationships, often long distance relationships. The most common reasons for using Postpill were: condoms breaking, unplanned sex and mistimed sex. Male partners bought Postpill for many users.

**Repeat Use:** The World Health Organization (WHO) has deemed EC safe for all women and reports that repeat use does not pose a risk<sup>1</sup>. Many repeat users use Postpill because their partners travel often or live in different cities, and they do not have frequent sex. Women who practice the rhythm method reported using Postpill when they had sex during their most fertile period. Several women reported using Postpill as their primary birth control.

**Other Contraception Methods:** Many women used other contraception methods, most commonly condoms, oral contraceptives and the rhythm method. Pharmacists' current attempts to "bridge" customers to other contraceptive methods appear to be mainly unsuccessful, with most customers resisting. Many women use Postpill over other contraceptive methods because of the fewer side effects, convenience and discretion Postpill offers.

**Misconceptions and Concerns over Side Effects:** All pharmacists shared concerns over side effects related to repeat use of Postpill, even though a woman would have to take EC three times in one month to be exposed to the same hormonal dose as a traditional oral contraceptive<sup>2</sup>, and the WHO has stressed that repeat use is safe. Fear of future infertility was the most common concern mentioned and many women believe that repeat Postpill use could lead to infertility and would not use it again for this reason.

**Concerns over Promiscuity and Reduced Condom Use:** Pharmacists are concerned repeat Postpill use will lead to irresponsible behavior, including reduced condom use and increased HIV/STI transmission because Postpill users are young and are only concerned with preventing pregnancy. While many respondents did indicate that they don't want to use condoms (except for CSW who say they use condoms with all customers) no

respondents indicated that they stopped using condoms to use Postpill. Previous research has found no connection between teen and young adult use of EC and higher rates of STIs<sup>3</sup>.

**Denial of Sales:** Many pharmacists reported denying sales to women they deemed were using Postpill too often, which they see as an ethical act. Few customers reported being denied sales, though many reported pharmacists discouraging them from purchasing Postpill. These experiences lengthened the time between sex and the first dose of Postpill and increased customer anxiety.

**Knowledge for Use:** All but one pharmacist noted that they provided directions to take 2 pills, 12 hours apart, within 72 hours following sex. All users knew to take Postpill within 72 hours after sex. Most knew to take the pills 12 hours apart, though several took pills in different ways, including one pill before sex and one after, or only taking one pill.

**Access to Information:** Women learn about Postpill from community centers, friends and partners, the media and pharmacists. Several women originally from rural areas reported not knowing about Postpill before they arrived in peri-urban or urban areas. Women indicated they want to know more about side effects and efficacy. Many reported they did not read, or in some cases receive, the information packet packaged with every box of Postpill.

**Limitations:** This study did not look at Ethiopia's large rural population and further studies on these areas is recommended. This study looked at populations which have already been identified as likely users of Postpill, further research is needed to learn about attitudes and behavior towards Postpill in the entire population.

**Recommendations:** Up-to-date training, with emphasis on regular and repeat use, side effects and the ethics of denying sales of Postpill, is recommended for Pharmacists. Advertising campaigns should target youth and should emphasize both Postpill's safety and that it is not the most effective method for regular use. Campaigns should aim to reduce stigma around condoms and bridge Postpill users to other discreet and convenient forms of contraception. Outside sources of information should be created, to allow youth to get information they may be embarrassed to get from pharmacists. Future research on important Postpill user groups, including high-school students and rape victims, is recommended.

# **DKT Ethiopia's Postpill Emergency Contraceptive: An Assessment of Provider and User Attitudes and Behaviors**

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## **Introduction**

Emergency Contraception (EC) was first introduced to the Ethiopian public in 1997, when the National Reproductive Health Assessment acknowledged the role that it could play in reducing unwanted pregnancy, maternal morbidity, and the need for unsafe abortion<sup>4</sup>. When used properly EC can be extremely effective at preventing unwanted pregnancy and unsafe abortion<sup>5</sup>. This has major implications in a country where a woman has a 1 in 40 chance of dying of maternal causes<sup>6</sup> and the annual abortion rate is 23 per 1,000 women age 15-44, of which approximately half have been conducted in an unsafe manner<sup>7</sup>.

A 2005 Ministry of Health (MOH) study saw the launch of Postinor-2, a two-pill dose of levonorgestrel tablets, available in government health facilities with a doctor's prescription<sup>8</sup>. This study found that 71 percent of EC users were unmarried women between the ages of 20 and 29, with 47 percent between the ages 20 and 24. Seventy-two percent of clients felt EC should be available over the counter (OTC)<sup>9</sup>.

At the time the MOH was completing its study, DKT was introducing Postpill, 1.5 mg 2 pill package of levonorgestrel EC, available OTC at pharmacies and private clinics. From early 2008- September 2010 DKT sold 1,294,149 Postpill packages through distributors throughout the country, almost 10 times higher than initial predictions. These high sales inspired this research, which assess the behavior and attitudes of pharmacists and Postpill users. It also provides recommendations for improving access to EC for those who need it, and supporting women in transitioning to other methods as appropriate.

## **Methodology**

The study occurred over 8 weeks in January and February 2010, in Addis Ababa, Awasa and the peri-urban locations of Sheshamanye and Debre Zeit. These locations were chosen based on high rates of sales. A literature review indicated that young women and women whose partners travel are the most common users of EC. The also be created urban areas have large university populations and populations that work in also be created transport industry, while the peri-urban areas have large populations that work in transport, as well as other migrant communities, such as factory workers. Key Informant Interviews (KII) later backed up these findings and further indicated that women who work as commercial sex workers (CSW) are also common Postpill users.

The researcher began by meeting with 22 pharmacists to conduct in-depth key informant interviews (KII). In Addis Ababa and Awasa pharmacy sites were chosen at random from a list of DKT's partner pharmacies. In peri-urban locations convenience sampling was used, due to limited time and small selection size. KII lasted 30-45 minutes and loosely followed an interview guide of qualitative interview questions, which allowed

for probing. Some interview questions were modified from ICEC's Assessment Interview Guidelines<sup>10</sup>.

Pharmacists were interviewed in their places of business and oral consent was taken from all respondents. Interviews were conducted in English or Amharic, based on the preference of the pharmacist. An Amharic interpreter was also present during all English interviews, to provide translations as needed. Interviews done in Amharic were translated on the spot, and also translated and transcribed following the interview. At the completion of each interview, the interviewer answered any questions the respondents had and attempted to correct all misconceptions regarding EC. Pharmacists were also given pamphlets with further information on Postpill to read themselves and share with customers.

Following the KIIs, 46 in-depth interviews were conducted with Postpill users in Addis Ababa, Awasa and the peri-urban area Sheshamanye. Participants were selected from the general population, university population and sex worker populations except in Sheshamanye where there is no University population. Respondents from the general population included factory workers, service workers and outreach workers. Respondents were approached in pharmacies and private health clinics, on university grounds, at women's drop in centers, including Wise Up drop in centers, and in other public locations. Respondents were approached at random except at drop in centers, where outreach workers were asked to randomly select members. Respondents were offered an incentive of 30 birr, (approximately 1.8 USD) to participate in the in-depth interviews that lasted approximately one hour and oral consent was taken from all respondents. Interviews loosely followed an interview guide that allowed for in-depth probing. Interviews were done in Amharic or English, based on the preference of the interviewee. Amharic interviews were interpreted on the spot with the assistance of an interpreter, who was also present during all English interviews, to provide translations as needed. At the completion of the interview, all respondents had their questions about EC and other contraception answered and were given written material on Postpill and other contraceptive methods.

Qualitative analysis was done on all interview responses. Each interview was analyzed, using line by line coding and codes and statements were recorded in Microsoft Excel.

## **Findings**

### **Postpill Use and Users: "Youth, all youth, are the major users of Postpill" -Pharmacist, Awasa**

All pharmacists reported that "youth" were the most common Postpill users, commonly defined as someone between the ages of 15-25. When asked to be more specific, pharmacists regularly named students, especially university students and several pharmacists, mainly in Addis Ababa, also mentioned CSWs. In peri-urban areas, located on major transport routes, travelers and local migrant workers were also noted as major users. In Addis Ababa and Awasa, many pharmacists mentioned men purchasing Postpill.

The average age of respondents was 22. The average age of CSW was 23, of women in other employment 25 and of university students 21. Many users shared that they first

used Postpill in high school, indicating that there may be an even younger user base that should be studied further. This younger age is likely due to the fact that Postpill is available OTC without a doctor's consultation, which research in other countries has found removes a significant barrier to access for youth, who are often reluctant to obtain EC from traditional health providers<sup>11</sup>.

Respondents were asked if their friends and peers also used Postpill. While many respondents stated they didn't discuss such matter with their friends, all who did indicated that they have at least one friend who has used Postpill and many stated that their friends use Postpill as their regular form of birth control. These responses further support that youth are the major users of Postpill and that Postpill use is common in many sectors of urban and peri-urban society.

The majority of respondents, including all University students and the majority of CSW interviewed, were unmarried. All but one respondent, who was a rape victim, was in a relationship, or had been in the recent past. A number of respondents were engaged in long distance relationships, with partners who live in other cities or travel the majority of the time for work.

The most cited reasons for EC use were: condom breakage, unplanned sex with no method available and sex during the fertile period of the women's menstrual cycle. Postpill use following condom failure was particularly common in the CSW population.

*"I used Postpill because the condom was broken. I've experienced condom breakage many times"-CSW, Addis Ababa*

Incorrect timing 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*

In many cases men purchased Postpill for their partners, often because women were embarrassed to be seen buying Postpill or because they were alarmed following unplanned sex.

*"My boyfriend bought Postpill for me because I was upset and in shock at what happened and embarrassed to buy it myself. -Government Office Worker, Sheshamanye*

These trends in male involvement are important to note when designing trainings to enhance pharmacist/customer relations and in outreach and advocacy campaigns.

**Repeat Use:** *"I always take Postpill every time I have sex. It doesn't cause me any health damage"-CSW, Sheshamanye*

Many respondents indicated that they used Postpill repeatedly, whether or not they used other contraceptive methods as well. While repeat use was mentioned at all sites it was most common in Addis Ababa, where knowledge of Postpill appears to be more common. The phenomenon of users, especially youth, repeatedly using EC has been noted

elsewhere, including in other developing countries.<sup>12,13,14</sup> Most research on repeat use of EC indicates that it is safe. The World Health Organization (WHO) has deemed it safe for all women and reports that repeat use does not pose a risk<sup>15</sup> and several other studies have also shown that using EC more than once is not harmful.<sup>16</sup> Currently, the WHO does not recommend EC as a regular form of birth control, due to its lower efficacy as compared to other hormonal contraceptives<sup>17</sup>. There is no standard definition of what is considered “regular” or “repeat” use of EC.

Many women who reported using Postpill as their main form of birth control are having unplanned and infrequent sex.

*“I use it every time I have sex. I used it 3 times in 3 months because my husband is away from work and he comes here once a month”- Cook, Addis Ababa*

Studies have found that EC can be very effective for women whose partners travel frequently<sup>18</sup>. Women in such relationships may choose not to be on a long acting birth control, due to the cost or hormonal side effects, and Postpill may be their best contraceptive option.

Among university students the cycle method, which is effective when sex is avoided during the woman’s most fertile period, was the most common form of contraception. However, many women indicated that partners who live elsewhere do not always visit at the correct times and unplanned sex also occurs following nights of heavy drinking. For these situations Postpill plays an important part of the contraceptive method mix.

Others who used Postpill repeatedly did so as a “backup” method following sex with a condom if the condom broke, if they are unsure if it did, or if they wanted an added level of protection. Based on typical condom failure rates of 3.8 to 13.3 percent, a regular condom user who has sex 83 times a year can be expected to need to use emergency contraception between 3 and 11 times a year<sup>19</sup>. For CSW who often have sex many more times than this (some indicated as often as 7 times a week) repeat emergency contraception 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.*

**Other Contraception Methods:** *“I used to use pills but I kept forgetting them so I started injections but I had breakthrough bleeding.”-Student, Addis Ababa, University*

Many women who have used Postpill currently use other contraception, notably injections, OC and the rhythm method. OC and injection methods were more common among CSWs and other employment groups, while most students rely on the rhythm method. All CSW reported using condoms consistently with customers, but most interviewees do not use condoms with boyfriends or husbands.

Postpill purchases offer pharmacists a chance to discuss other contraception with customers, a practice known as “bridging Pharmacists encourage bridging most often in Addis Ababa, where they may have the most experience with repeat customers.

Pharmacists usually recommended the oral contraceptive Choice, marketed by DKT, because it is “well known” and already popular in many places.

Bridging has mixed results. Many women indicated that pharmacists had spoken to them about other contraceptive methods, particularly oral contraceptives, and some indicated that they had switched methods based on this information.

*“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

More commonly, bridging attempts fell on deaf ears, with very few women purchasing other contraceptives. Some actively avoided the message.

*“They recommended condoms in case we find ourselves at a place where post pill might not be available and also said there is another form of contraceptive which can serve for 3 months. After this conversation we went to a different pharmacist to avoid this talk”* –University Student, Awasa

A few respondents actually experienced “reverse bridging”, switching from other contraception to Postpill, after hearing from friends that Postpill was easier to take and just as effective. While notable, this trend was uncommon and most women who used Postpill due to missing a dose of hormonal contraceptive did not discontinue their main method.

*“I use condoms and injection. I won't need to take Postpill again because I am going to get my shots at the right time”*–CSW, Addis Ababa

Women cited several reasons for choosing Postpill over other contraceptives. Many had experienced or heard of severe side effects with other methods, including breakthrough bleeding with injections and weight gain and skin problems with OC. With Postpill they had heard of, or experienced, no side effects. Other women cited Postpill’s convenience, saying they only had to remember to take it when they had sex. University students in particular chose Postpill because it is easier to hide from parents, fearing that the OC packets, or changes in weight and skin, would be noticed. Finally, many women indicated that the rhythm method is the most effective form of birth control - two University students claimed it is 100% effective when used correctly. This belief has led many women to forgo other forms of modern contraception for a combination of rhythm method and Postpill, which though effective may not be the most reliable option. Condoms were widely disliked for their discomfort and the implication of mistrust.

**Concern over side effects:** *“The pharmacist said I could experience unusual bleeding, irregularity of period and decreased probability of being fertile.”*–University student, Awasa



KII with pharmacists all shared a similar theme: concern with the effects of overuse. Despite limited evidence, pharmacists often shared beliefs in the health effects of repeat use and the irresponsibility repeat use leads to (discussed in the next section).

Pharmacists often expressed concern and anger over Postpill's adverse effects, saying they warned repeat customers of "serious side effects", though it took prolonged discussion to elicit more specifics.

*"Postpill is like a fire extinguisher, what I mean is you can take out a fire once, you don't repeatedly extinguish a fire, it has consequences."* –Pharmacist, Addis Ababa

While a woman would have to take EC three times in one month to be exposed to the same hormonal dose as a traditional oral contraceptive<sup>20</sup>, many pharmacists mentioned over-use even if a woman was purchasing Postpill for a second time in a month, or purchasing it on a monthly basis.

*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.

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, most commonly students but also women from many other professions, were concerned about future infertility.

*"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

The unfounded fear of infertility may discourage overuse of Postpill but also risks driving many to permanently forswear the use of Postpill.

*"I will not use it again because the pharmacist told me it causes infertility* –University student, Addis Ababa University.

These concerns may lead to a stigma against repeat use. When asked early in the interview how many times they used Postpill, women often said they had only used it one time. Later in the interview, when they were more comfortable, they were asked again, many shared a higher number of times, indicating stigma related to repeat use.

**Concerns of Promiscuity and Reduced Condom Use: "Postpill makes people more negligent"**-Pharmacist, Awasa

Pharmacists are also concerned that Postpill use, especially repeat use, will lead to irresponsible behavior and increased transmission of HIV and other STIs. These fears are common in many countries where EC is sold OTC, but several studies have found that

“increasing access to [levonorgestrel] EC does not increase sexual or contraceptive risk-taking behavior”<sup>21</sup>. Pharmacists indicated that they feared people would replace condoms with Postpill, leaving them vulnerable to HIV and other STIs and are more worried about Postpill than other hormonal contraception because of Postpill users’ generally young age.

*“We advise customers that it [Postpill] does not protect them from HIV. Most of our 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

The low rate of condom use is a legitimate concern, particularly given high rates of HIV in urban areas of Ethiopia<sup>22</sup>. However, research has found no connection between teen and young adult use of EC and higher rates of STIs<sup>23</sup>.

While condoms are strongly promoted to youth, many do not consistently use condoms with their boyfriends and husbands, citing their trust in monogamous partners, and their own and their partners’ 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.

**Denial of Sales:** *I will deny the sale if I see someone a lot. I feel comfortable because I know I didn't sell it”*-Pharmacist, Sheshamanye

Worryingly, many pharmacists report denying Postpill to some customers, most commonly 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

This is a personal decision: pharmacists are not receiving orders from supervisors or health advisors to prohibit sales, and there does not seem to be a regular system of denial. Some pharmacists state they deny sales after a customer buys it “2 times”, “2 or 3 times in a month” or if a customer is a “repeat user”. They cite the same concerns (side effects and irresponsible behavior) as above, and see denying Postpill to repeat customers as a moral act.

*“If they buy it 2-3 times a month I've denied selling it, they go to another pharmacy but my ethics don't allow me to sell it even if I'd make a profit”* –Pharmacist, Awasa

Not all pharmacists reported denying sales, many say that this is ineffective and only leads the customer to visit another pharmacy. These pharmacists say they try to include information and advice with sales.

Besides being illegal<sup>24</sup>, denial of sales harms the overall reproductive health of women. Women who are denied Postpill must spend more time seeking it, and must take it later, reducing its efficacy.

*“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 from some hospital. They also said too many people were asking for Postpill and this is the only way that they can serve customers. 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, when I took both pills at once. I would have followed the instructions, but I spent a day looking for Postpill.”* –Student, Awasa

Very few women reported that they were directly denied Postpill, suggesting two things: pharmacists may exaggerate denials, to emphasize their passion for reducing over-use, and women may not report being denied Postpill due to shame or humiliation. Many women indicated that although they were not directly denied Postpill, pharmacists pressured them to not buy it.

*“They didn’t deny me but they told me it was not good for my health and they suggested that I don’t use Postpill and they started asking me questions, even though it was my first time buying Postpill from that pharmacy. So I went to another pharmacy and bought it. Starting from that day I bought Postpill from that pharmacy.”* –CSW, Sheshamanye

It is true that if a pharmacist denies or discourages the sale of EC, a customer may just visit another pharmacy. She may also, however, become less trusting of other pharmacists, and less likely to be truthful with them. Many forms of contraception are available OTC in Ethiopia and pharmacists are often the only health professional girls and women interact with when obtaining contraception. If customers do not feel they can speak honestly with pharmacists they lose perhaps their only connection to professional knowledge of family planning. Additionally, if a woman lives in a community with limited pharmaceutical options, or lacks mobility, she may not be able to access Postpill. Additionally, many women have been nervous and ashamed when purchasing Postpill; denials and delays worsen these effects, placing added stress on the woman.

**Knowledge for Use:** *“We tell them they have to take 2 pills, 12 hours apart, within 72 hours after sex.”*–Pharmacist, Debre Zeit

All but one pharmacist provided instructions on taking Postpill within 72 hours after sex, and taking the two pills 12 hours apart. Postpill’s 72-hour effectiveness period and 12-hour regimen, which are printed in the instruction manual and on advertising material, are sufficiently shared by pharmacists, but this information is already most accessible to users.

All Postpill users interviewed understood the 72 hour window, and most knew to take the two pills 12 hours apart. Using Postpill contrary to the instructions is rare but does occur, especially in Addis Ababa, and pharmacists in all areas expressed concern over this trend. Most commonly, women take one tablet of Postpill before intercourse, and another after. Research on this approach is incomplete but does not indicate that EC will fail when used this way, as long as the first pill is taken immediately before sex. This approach is probably not hazardous, but may evolve in unexpected and dangerous ways. Some women also mentioned other methods they learned from their friends, including taking only one

pill, which could reduce EC's efficacy. DKT's upcoming introduction of a one-pill form of EC should be a positive step in reducing harmful trends, by reducing variations on use.

Several pharmacists mentioned that women who have missed their periods have attempted to buy Postpill. These pharmacists refused the sales and referred the customers to doctors. Only two women, both CSWs, reported using Postpill because their period was late, but many noted friends who have done so. While the misconception that Postpill is an abortifacient is not common, DKT's marketing should ensure that it does not become so.

**Access to Information:** *"I have heard about it on the radio ... but I learned more at this campus. My boyfriend also knew about it."*-University Student, Addis Ababa

Women learned about Postpill from a variety of sources. Many indicated that they had learned about it at community centers and peer education groups, though this was most common at interviews in such centers. Friends and partners were also an important source of information. Many people noting they had learned about Postpill on the radio but none learned from print or poster advertising.

Several respondents, who hailed from rural or peri-urban areas, had never heard of Postpill before arriving in their current location. Even in peri-urban areas, Postpill is less known than in larger cities.

*"We went to the bars to talk to CSW 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 one of the most common reason students have didn't use EC is lack of knowledge<sup>25</sup>. It appears that information about Postpill is not reaching many of the women who need it most. Many women wanted more information on Postpill, particularly side effects and efficacy, and several said that their continued use of Postpill would depend on it.

Misinformation has made women unsure of Postpill'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 they 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 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 would help women to make informed choices on future contraception.

## **Limitations**

While this information may be applicable to other urban and peri-urban areas of Ethiopia, it has limited applicability for Ethiopia's large rural population, which has its own family planning needs that require further study. Additionally, this study worked mainly with populations that have already been identified as likely users of Postpill. Additional research is needed to learn how Postpill is purchased and used in other harder to reach populations and communities.

## **Recommendations**

- ❖ **Updated Pharmacist Training:** Pharmacists need updated training in sales and distribution of Postpill. Since Postpill was introduced OTC in 2008 sales and use have been unexpectedly high, and updated research on EC is now available. Ideally, 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 Postpill customers, through non-confrontational advice. PATH's *Youth Friendly Pharmacy Program Implementation Kit*, available at [http://www.path.org/files/RH\\_PPIK.pdf](http://www.path.org/files/RH_PPIK.pdf), contains teaching modules on, amongst other topics, counseling youth EC customers and providing advice on other contraception.
- ❖ **Updated Campaigns focused on Postpill safety and efficacy:** Advertising and outreach campaigns should specifically educate youth users on the proper use of Postpill. These campaigns should specifically emphasize that repeated use is safe, but that there are more effective continuous birth control options for regular contraception. Information should also focus on Postpill's efficacy. Updated information on EC, including service delivery guidelines and current research is available at the International Consortium for Emergency Contraception's website at <http://www.cecinfo.org>.
- ❖ **Improved clarity and accessibility of Information on Postpill:** Many users wanted more information on Postpill, especially its side effects and recommended use, which is especially important due to the two contradictory misconceptions that Postpill has extreme side effects and that it has no side effects. Most users indicated they did not read, or even receive, the information pamphlet that comes with each box of Postpill. Providing the most requested information directly on a box, or on a less cluttered, smaller card, may help ensure that customers read this information. Even in some areas where Postpill is currently advertised and sold, many women are unaware that a post-coital contraceptive is available, let alone how to use one effectively. In-store and other advertising posters, which currently contain little information, should be redesigned to include directions and information on side effects, and to promote still greater awareness of Postpill's value.
- ❖ **Campaign to encourage bridging with other contraceptive methods:** Campaigns promoting other contraceptives should be better integrated with Postpill's advertising, to encourage bridging. This is especially true of condoms, which, while heavily promoted on University campuses and to CSW, are not popular for use with regular partners.

Campaigns should focus on reducing the stigma against condoms, and further study on promotional bridging is recommended. Many users select Postpill for its discretion and convenience – two qualities that should be emphasized in other contraceptives. For example, many users avoided oral contraceptives because they were afraid their parents would discover the pills, and rely instead on Postpill. For such users, injection birth control may be a more appropriate bridging option.

- ❖ **Create new sources of information for EC users and potential users:** New sources of information can improve user knowledge of Postpill and encourage bridging. Phone hotlines have been highly successful in Latin America at providing youth with advice and information on EC<sup>26</sup>. Websites with information on Postpill and other contraceptive methods could also be created to provide personalized contraceptive information. This could prove valuable in Ethiopia, where mobile phones and internet use are widespread among youth. Hotline services and websites could inform users where to acquire EC, when and how they should use it, and recommend future contraceptive methods. Youth who are often reluctant to speak to health professionals may be more open to receiving advice over the phone or the internet.
- ❖ **Updated youth and drop-in center training:** Youth clubs and drop-in centers are excellent potential sites for additional training on Postpill. Many users indicate that this is where they receive their information and advice on contraception. Leaders from these sites should be trained in effective use of Postpill, and trained to share this information effectively with youth.
- ❖ **Further Study on Postpill Use:** This study focused on groups identified as the likeliest users of Postpill, but future research on EC use in Ethiopia is recommended. Though one rape victim was interviewed, more information is needed on the EC support given to rape victims. Further, due to the limited time and scope of this study, high school students were not surveyed. Many women first become sexually active in high school, and several learned about Postpill there; this population should be targeted for future research and campaigns.

### Conclusion

In conclusion, Postpill is an important part of the OTC method mix in urban and peri-urban areas. There is a critical need for more information, specifically on repeat use and side effects, for 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.

## **Acknowledgments**

The author would like to thank the staff of DKT Ethiopia for their encouragement and support of this report, and the staff and volunteers at Wise Up drop in centers for assistance in identifying participants and allowing us to utilize their space. Additional thanks to the pharmacists who took time from their workday to speak with us. Very special thanks to the women of Ethiopia who took the time to speak and share their experiences on what is considered a taboo topic.



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