Demand Generation for 13 Life-Saving Commodities: A Synthesis of the Evidence

Life Saving Commodities
Improving access, saving lives

Spotlight on the Emergency Contraceptive Pill

In developing countries, women of reproductive age are at high risk of unintended pregnancy and sexually transmitted infections (STIs), including HIV. Globally, it is estimated that 86 million pregnancies were unintended; of these, 41 million ended in abortion, 33 million in unplanned birth and 11 million in miscarriage (Singh, Sedgh, & Hussain, 2010).

© 2011 Tanzeel Ur REhman/Cover Asia Press, Courtesy of Photoshare

The emergency contraceptive pill (ECP) offers women a last chance at preventing an unplanned pregnancy after sexual assault, contraceptive failure or other instances of unprotected intercourse. However, ECPs remain an underutilized commodity in family planning, and as such, have been identified by the UN Commission on Life-Saving Commodities for Women's and Children's Health as one of 13 commodities that, if more widely accessed and properly used, could save the lives of more than six million women and children worldwide.

A review was conducted to analyze and synthesize current key evidence in order to understand the social and behavioral drivers of ECP demand and utilization, examine effective practices in implementing demand generation programs, and inform future programming. The evidence review found 21 documents that met the inclusion criteria, including studies from Africa (12), Asia (5) and Latin America (3).

Social and Behavioral Drivers

Access to ECPs varies across different country contexts and is influenced by a number of cultural, social and political factors. A low rate of awareness of ECPs in most developing countries is a significant barrier to access. Lack of correct knowledge about ECPs and negative attitudes by health providers further inhibit uptake. Unique among family planning methods, the mechanism of action of ECPs is often misconstrued and stigmatized, as inducing a medical abortion. There also is widespread belief that repeat use of ECPs will cause long-term health and fertility problems, despite evidence suggesting women are not at increased risk (Halpern, Raymond, & Lopez, 2011). These knowledge gaps affect provider comfort and ability to properly counsel potential ECP clients. In all of these studies, there were strong biases among health care providers concerning the administration of ECPs to certain populations.

Demand Generation Interventions

Social Marketing: ECPs can safely be provided in pharmacy settings without clinical supervision, making them a good fit for commercial and social marketing sectors. This approach has been used in many countries to increase access and utilization. The strategies for scaling up ECPs vary across country; however, they generally include the following steps: (1) generating awareness; (2) building health care provider knowledge and skills; (3) ensuring availability and affordability; and (4) increasing community knowledge and acceptability (PSI, 2013). Overall, social marketing and other non-medical channels for ECPs are important; yet, a recent assessment shows that only one-third of social marketing programs which offer family planning include ECPs in their mix of methods offered (Westley & Shochet, 2013).

Front-line Services: Evaluation of an initiative to mainstream ECPs in both the private and public sectors of Kenya—through training of private pharmacists and provision of information, education and communication materials—found that pharmacists who received the intervention were better positioned and more comfortable providing ECPs to clients (Keesbery, Liambila, Obare, & Kuria, 2009a). The study results suggest that pharmacists can play an important role in increasing women's

knowledge about and access to ECPs when provided with the proper tools, materials and knowledge.

Mass Media and Interpersonal Communication (IPC): A variety of mass media and IPC interventions for scaling up ECPs have been implemented in multiple settings. Example approaches include: (1) repositioning ECP within the context of broader sexual and reproductive health in Jamaica (Chin-Quee, Hinson, L'Engle, Otterness, & Janowitz, 2012); (2) awareness-raising among the public in Mexico, combined with a workshop for the media to avoid an inflammatory press response to ECP promotion efforts (Schiavon & Westley, 2008); (3) a counseling hotline in Kenya (Keesbury et al., 2009a); (4) improving parent-child communication to increase adolescent access to sexual and reproductive health (SRH), including ECPs, in Mexico (Campero, Walker, Rouvier, & Atienzo, 2010); and (5) peer education and outreach in Cameroon (Goergen & Ndonko, 2006).

Cross-sectoral: An innovative initiative in Zambia integrated ECP provision and counseling into police responses to sexual violence, with positive results (Keesbury, Zama, & Shreeniwas, 2009b). The study also found that more cases of gender-based violence and rape were reported because women knew they could get ECPs from the police.

Conclusions and Recommendations

Access to ECPs varies across different country contexts and is influenced by a number of cultural, social and political factors. The Commission's recommendations to overcome barriers to ECP uptake are to: (1) increase knowledge and correct misperceptions about ECP among health consumers; (2) increase social marketing of ECPs; (3) increase use of mass media and interpersonal communication; (4) increase knowledge and reduce bias among health providers; (5) increase political support for ECPs; and (6) employ cross-sectoral approaches to increase ECP use.

To read the full report, visit **http://sbccimplementationkits.org/demandrmnch/evidence-synthesis/**.

For tools and resources on demand generation for life-saving commodities, visit **http://sbccimplementationkits.org/demandrmnch/**.

References

Campero, L., Walker, D., Rouvier, M., & Atienzo, E. (2010). First steps toward successful communication about sexual health between adolescents and parents in Mexico. Qualitative Health Research, 20(8), 1142-1154.

Chin-Quee, D., Hinson, L., L'Engle, K. L., Otterness, C., & Janowitz, B. (2012). Bridge over troubled waters: Considerations in transitioning emergency contraceptive users to hormonal methods. Contraception, 85(4), 363-368.

Goergen, R. M., & Ndonko, F. (2006). A Successful Way to Achieve Behaviour Change and Empower Youth. Heidelberg, Germany and Yaounde, Cameroon: Evaplan and GTZ. Retrieved from http://www.comminit.com/?q=africa/content/trust-aunties-testimony-and-counselling-through-teenage-mothers.

Halpern, V., Raymond, E. G., & Lopez, L. M. (2011). Repeated use of pre- and postcoital hormonal contraception for prevention of pregnancy. The Cochrane Database of Systematic Reviews, 1, CD007595. Doi: 10.1002/14651858.CD0077595.pub2.

Keesbury, J., Liambila, W., Obare, F., & Kuria, P. (2009a). Mainstreaming emergency contraception in Kenya: Final project report. Nairobi, Kenya: Population Council, Nairobi and Population Services International, Kenya. Retrieved from www.popcouncil.org/pdfs/RH09_ MainstreamingECKenya.pdf.

Keesbury, J., Zama, M., & Shreeniwas, S. (2009b). The Copperbelt model of integrated care for survivors of rape and defilement. Testing the feasibility of police provision of emergency contraceptive pills. Population Council. Retrieved from www.popcouncil.org/ pdfs/2009RH_ZambiaCopperbeltModelIntCare.pdf.

Population Services International (PSI). (2013). Social marketing of emergency contraception: An overview of PSI's program worldwide. Retrieved from www.psi.org/resources/research-metrics/publications/ reproductive-health/social-marketing-emergency-contraception

Schiavon, R., & Westley, E. (2008). From pilot to mainstream: A decade of working in partnerships to expand access to emergency contraception in Mexico. Global Public Health, 3(2), 149-164.

Singh, S., Sedgh, G., & Hussain, R. (2010). Unintended pregnancy: Worldwide levels, trends and outcomes. Studies in Family Planning, 41(4), 241-250.

Westley, E., & Shochet, T. (2013). Social marketing of emergency contraception: Are we missing a valuable opportunity? Contraception, 87, 703-705.