

# RHRU

Reproductive Health & HIV Research Unit  
of the University of the Witwatersrand, South Africa.



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## **South Africa: Emergency Contraception Strategy Meeting**

Durban, South Africa  
June 2, 2005



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This meeting was organized by Reproductive Health and HIV Research Unit (RHRU) of the University of Witwatersrand, Ibis Reproductive Health, the Family Planning and Reproductive Health Unit of the University of Stellenbosch and PATH with support from the Fred H. Bixby Foundation, the William and Flora Hewlett Foundation and World Population Foundation.

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## **Purpose of the strategy meeting**

Emergency contraception pills (ECPs) enable women and girls to prevent pregnancy after unprotected sex, averting unplanned and unintended pregnancies. Emergency contraception pills are therefore a family planning (FP) method which enhances reproductive choice in situations, particularly where women may have limited control over their sexual lives.

Emergency contraceptive pills have been used by women for more than three decades and are available in many countries without a prescription. In 2000, the South African Medicines Control Council reclassified ECPs allowing pharmacists to sell the method without a doctor's prescription in South Africa. The dedicated product, NorLevo<sup>®</sup>, is currently available in South Africa. Emergency contraceptive pills are also available free of charge at public sector health facilities which typically dispense cut-up oral contraceptive packets.

According to the most recent South African Demographic and Health Survey, 61% of women use a modern form of contraception, yet 53% of births were described as mistimed or unwanted; 78% of births to women 19 years of age and younger were unplanned.<sup>1</sup> Improving access to ECPs could decrease the number of unintended pregnancies and abortions that occur every year. If the general public and health care providers consider ECPs as a back-up method in case of condom failure, there may also be an opportunity to increase condom usage (thereby decreasing the incidence of HIV).

The South African government has taken progressive steps to make ECPs more accessible, and research conducted in both the private and public sectors indicates that ECPs are fairly accessible, yet use is limited due to low awareness among potential users.

There is an urgent need in South Africa to develop interventions designed to increase awareness and use of ECPs through the public and private health sectors, as well as by means of public education campaigns.

## **Objectives of the meeting**

Much work has been done to successfully expand women's access to ECPs in South Africa. The next challenge is to increase public awareness and usage of the method. The EC strategy meeting was convened with the following objectives:

- To discuss innovative ways to increase public awareness of ECPs among women and men in South Africa (potentially focusing on getting ECP messages into HIV prevention and condom promotion activities), and

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<sup>1</sup> Department of Health, Medical Research Council & Measure DHS<sup>+</sup> (2002), South Africa Demographic and Health Survey 1998, Full Report. Department of Health, Pretoria, South Africa.

- To develop a preliminary set of activities to increase awareness of ECPs in South Africa.

## **Participants**

A total of 19 participants attended the meeting (refer to Appendix A, List of Participants). We invited an additional 21 stakeholders who were unable to attend the strategy meeting but expressed a desire to be involved with future ECP awareness-raising initiatives. Invitees were selected from departments of health, non-governmental organizations, and academic institutions and included service providers, researchers, program managers, donors and media personnel. Selection of participants was based on their interest in and ability to promote ECPs within a variety of settings.

## **Moderated sessions**

The strategy meeting was held in Durban, South Africa on June 2, 2005. We identified eight topic areas for discussion, highlighting different aspects of provision, knowledge and use of ECPs. Each topic (refer to Appendix B, Meeting Agenda) was presented by a knowledgeable meeting participant who then led a moderated group discussion.

### *Welcoming remarks*

Jenni Smit of the Reproductive Health and HIV Research Unit (RHRU) opened the meeting with welcoming remarks and reviewed the agenda. Dr. Smit explained the objectives of the meeting, which was followed by participant introductions. Dr. Smit encouraged participants to share relevant experiences and to suggest potential activities aimed at increasing awareness and use of ECPs among specific populations.

Kelly Blanchard of Ibis Reproductive Health then provided an overview of ECP research in South Africa (refer to Appendix C, Abstracts of Published Studies on Emergency Contraception in South Africa) and highlighted the findings from recently completed research (refer to Appendix D, Summary of Research Findings on Emergency Contraception in South Africa). Next, participants described research and/or activities with which they are currently involved, including:

- The Family Planning and Reproductive Health Care Unit of Stellenbosch University has focused on adolescent health projects by conducting knowledge, attitude and practice (KAP) surveys and developing services aimed at increasing awareness and usage of ECPs in the Western Cape.
- The University of Witwatersrand and the Population Council are conducting an operations research project to strengthen post-rape services. As part of this project, a baseline assessment of hospital services for victims of sexual assault in Limpopo Province was recently completed.

Following introductions and the research overview, the meeting shifted focus to particular topic areas allowing participants to raise issues then provide suggestions about addressing research gaps or developing interventions to increase awareness of ECP.

#### *Treatment for sexual assault victims*

Teresa Harrison of Ibis Reproductive Health led the discussion on ECP treatment for victims of sexual assault. Women who have been sexually assaulted face the potential of unintended pregnancy. Although the South African national contraception guidelines recommend that post-rape management and care include provision of ECPs, research is lacking about whether and how hospitals/clinics provide ECPs in these circumstances. Ms. Harrison pointed out that research from other settings has shown that policy does not necessarily translate into practice.

Many participants were concerned that sexual assault victims' access to ECPs may be limited. For example, several participants questioned whether adolescent victims are provided with ECPs. The group also recognized that accessibility may be reduced during nights/weekends, especially in the public sector, when clinics/pharmacies are closed. Negative attitudes toward and lack of knowledge about ECPs were another concern. Providers may be unfamiliar with the dosing regimen, the new data on timing of administration (120 vs. 72 hours), or uncomfortable with "off-label" use of cut-up oral contraceptive pills dispensed as ECPs. More generally, providers' lack of knowledge about post-rape treatment guidelines and victims' lack of awareness about ECPs are perceived access barriers.

The group discussed several ways to address ECP access for victims of sexual assault. First, an issue brief should be developed to address grey areas of legislation regarding provision of ECPs. The document would be submitted to the appropriate authority (e.g., Medicines Control Council, Department of Health) and clarification on the issues would be requested. Second, the group proposed conducting research to assess whether sexual assault victims are counseled about and provided with ECPs during post-rape treatment in hospitals/clinics. As part of this effort, health care facilities should be encouraged to include ECPs as part of the standard treatment in rape kits. And finally, participants strongly supported the need to educate the public, providers and police about ECPs for sexual assault victims. Proposed interventions include generating awareness in the media to encourage reporting of rape within 72 hours and to inform women about the standard of care; and conducting provider trainings' on provision of ECPs during post-rape treatment.

#### *ECPs in HIV prevention and treatment programs*

Mags Beksinska of RHRU led the session focused on the integration of ECPs into HIV prevention and treatment programs, e.g., voluntary counseling and testing (VCT), prevention of mother-to-child transmission (PMTCT) programs, anti-retroviral therapy (ARV) programs. The U.N. Interagency Task Team on Mother-to-Child Transmission of HIV Infection has proposed a four-component strategy that includes primary prevention

of HIV and preventing unintended pregnancy among HIV-infected women.<sup>2</sup> Incorporating ECPs into HIV prevention and treatment programs (as part of family planning services) in South Africa, where HIV seroprevalence and rates of unintended pregnancy are high, could help reduce the rate of vertical transmission.

Meeting participants raised issues that may be of particular concern to researchers, program managers and health care providers. For example, several participants recognized the importance of seeking input from the National and Provincial Departments of Health about the best strategies to ensure that ECPs are included in HIV prevention and treatment programs. Although there is no evidence to suggest that hormonal contraceptives reduce the efficacy of HIV/AIDS therapies, a few participants questioned the need for research assessing the potential interactions between ECPs and ARVs. Another area identified for potential research is the relationship between hormonal forms of contraception and the consistency of condom use among HIV-positive women.

Meeting participants suggested several possible interventions for the integration of ECPs into HIV prevention and treatment programs. First, develop appropriate information, education and communication (IEC) material for distribution in HIV prevention and treatment programs. Second, recruit and train lay/peer counselors to provide family planning counseling, including information about ECPs for HIV-positive women. Third, when appropriate, provide PMTCT enrollees an advance course of ECPs during post-natal visits (other issues, e.g., breastfeeding, caring for newborn, may take precedence over family planning immediately after delivery). And fourth, promote ECPs for HIV-positive women who use condoms and do not want to get pregnant. More generally, participants suggested that ECPs should be promoted on condom packages/dispensers with messaging that does not negate the effectiveness of condoms.

### *Adolescents*

There is an urgent need to address adolescents' family planning needs (including ECPs) given the high rate of unintended pregnancies in South Africa. Michelle Folsom of PATH facilitated this discussion and invited participants to describe their experiences with adolescents and family planning in a variety of settings, e.g., schools, clinics, youth programs. For example, Dr. Petrus Steyn of the Family Planning and Reproductive Health Unit of Stellenbosch University leads the Unit's Adolescent Health Projects which has conducted several surveys and developed services aimed at increasing awareness and usage of ECPs among young people in the Western Cape. Ms. Folsom shared PATH's experience with ECPs and pharmacies in Kenya, Nicaragua, and Cambodia and distributed a CD-ROM with the Youth-Friendly Pharmacy Program Implementation Kit. This kit is intended to guide the development of pharmacy-based initiatives and organizations can adapt the model and the materials, as needed, to suit a variety of environments.

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<sup>2</sup> Prevention of HIV in infants and young children: review of evidence and WHO's activities. Geneva: World Health Organization, 2002.

Participants expressed two main points regarding adolescents' FP/ECP needs. First, ECPs are an important back-up method for young people because many are inexperienced with negotiating condom use and contraception. Second, a multi-faceted approach is needed to address the diversity of adolescents and to create effective interventions for various target groups such as of out-of-school youth.

In order to raise the profile of ECPs among adolescents, participants suggested that researchers identify unmet FP needs, places where adolescents prefer to access ECPs and perceived barriers to access. Additionally, key players, e.g., Department of Education, loveLife, National Adolescent Family Clinic Initiative, pharmacies and corporate sponsors, were encouraged to form partnerships and to develop coordinated interventions.

### *University students*

Dr. Steyn led the next session focusing on information that currently exists and interventions that could further increase knowledge and use of ECPs among university students. A survey of first year university students conducted by Dr. Steyn in the Western Cape revealed the need for further education regarding the use of and access to ECPs. The group discussion focused on the importance of ECPs as a pregnancy prevention option which should be available and easily accessible at tertiary institutions. Because of the increasing use of condoms among young people, participants mentioned the need to promote ECPs as a back-up method to condoms.

After highlighting issues pertaining to knowledge and use of ECPs among university students, participants suggested projects that could help increase awareness of ECPs. Prior to launching an ECP awareness campaign, participants recommended conducting a global inventory of ECP campaigns which would provide program managers with evidence-based models that could be replicated. Designing an ECP awareness campaign targeting university students should include a range of outreach activities such as advertising at bus stops, on taxis, and in restrooms, educating radio DJs about ECPs, providing educational material and links to ECP information on university websites, and offering promotional items to students, e.g. squeeze bottles, rulers, etc. Lastly, assessing university health providers' attitudes toward ECP use and conducting trainings where needed will address some of the potential barriers to students accessing ECPs.

### *Pharmacists*

Dr. Smit of RHRU has extensive experience teaching pharmacy students and has conducted a number of studies assessing pharmacy access to ECPs. She pointed out that pharmacists are fairly knowledgeable about ECPs, however, pharmacist counseling on sexually transmitted infections and use of long-term contraception is relatively poor. In addition, ECPs are available without a prescription yet limitations to pharmacy access of ECPs remain. For example, consumers living in rural areas are likely to have less access to ECPs because most pharmacies are located in urban areas. Even pharmacies located in urban areas are not open late at night and have limited weekend hours. Further, only consumer who can afford to pay for ECPs can access them in pharmacies

Other issues not related to access but important to consider for information dissemination include the lack of time and privacy for pharmacists to counsel consumers and the need to clarify regulations on advertising of Schedule 2 medications (which includes ECPs).

After the discussion, participants suggested several activities to improve access to and information about ECPs through pharmacies mainly focusing on training, youth-friendly IEC material, and reducing the cost of ECPs. The goal of conducting trainings with pharmacists is to address negative perceptions of and misinformation about repeat use of ECPs and to improve the frequency of counseling on HIV/STI prevention including a component focusing on ECPs as a back-up to condoms. Providing continuing education courses and incorporating FP/ECP courses into health professional training curricula are two ways to address these goals. Testing IEC materials in pharmacies and developing a youth-friendly pharmacy initiative would further engage pharmacists and hopefully result in improved access and information dissemination. One potential access barrier is the cost of Norlevo. Therefore, participants urged the Department of Health, Society for Family Health, pharmacy chains, and the Pharmaceutical Society of South Africa to form a partnership and lobby for a reduction in the cost of Norlevo.

#### *Public awareness/mass media campaign*

A large-scale public awareness campaign focusing on ECPs has not yet been conducted in South Africa. Dr. Steyn led the discussion about considerations and types of initiatives for conducting such a campaign to promote ECPs. Based on previous experience with public health education campaigns, participants advised the group to consider the cost involved with education campaigns. Mass media campaigns tend to be expensive and given the diversity of South Africa materials will need to be developed for a wide range of audiences (e.g., low-literacy, youth, sexual assault victims) and in multiple languages which further increases costs.

Potential public awareness activities focus on preparing stakeholders prior to launching a campaign as well as the actual tasks required to carry out the campaign itself. For example, participants recommended holding workshops with different stakeholders to inform them of campaign goals, training health workers on the information to be included in campaign material, and evaluating media alternatives to determine the most cost-effective approaches (e.g., telephone hotline, brochures, posters, etc.). Campaign activities include developing and testing messages with the intended audiences to ensure that they are appropriate and understood and using a variety of media outlets, e.g., community radio, community newspaper, short films to saturate different markets.

#### **Meeting Outcomes**

The meeting brought together a range of stakeholders with extensive reproductive health experience. The moderated discussion sessions allowed participants to share information about their current projects and to generate ideas for further ECP activities aimed at increasing awareness and use of ECPs. The issues and activities included in this report

are by no means exhaustive and are meant to serve as a summary of the discussion points. The meeting, the first of its kind in South Africa, concluded with a priority setting exercise to identify the best strategies for pursuing a range of proposals.

First, participants agreed that the priority areas for developing future research and interventions are: 1) incorporating ECPs into HIV prevention and treatment programs, 2) ensuring rape victims are aware of and have access to ECPs, and 3) increasing adolescents' knowledge and use of ECPs. Many participants believed that health care providers' (including pharmacists) involvement is essential and interventions for each priority area should be designed to address providers' needs.

PATH proposed an interest, and agreed to try and raise funds to facilitate the development of a joint communication strategy using a participatory process that would include key stakeholders who were part of the meeting as well as the broader community. The idea was that the output could be used by all of our organizations for joint planning and programming.

Second, the larger group decided to establish a subcommittee charged with guiding the proposed ECP initiatives and developing concept papers and potentially grant proposals. The steering committee members, Teresa Harrison, Margaret Moss, Jenni Smit, Petrus Steyn and Gail White, will establish links with the broader community of reproductive health stakeholders and focus on developing more specific workplans for each priority area.

### **New EC initiative: Launch of 24-hour toll-free EC hotline in KwaZulu-Natal**

Immediately following the EC meeting, the Family Planning and Reproductive Health Unit of the University of Stellenbosch, the KwaZulu-Natal Department of Health and the RHRU launched the 24-hour toll-free hotline for ECP information and referrals to youth-friendly providers in KwaZulu-Natal. With funding from World Population Foundation, the hotline becomes the second one in the country and shares resources with one already established in the Western Cape.

## **Appendix**

*List of participants*

**Emergency Contraception Strategy Meeting, June 2, 2005**

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Vivian Van Wyk	Hotline Co-ordinator	University of Stellenbosch	conradie@sun.ac.za	0843521741	021 9313148
Gail White	Project Manager	Media and Training Centre for Health	gwhite@mtcforhealth.co.za	021 6857595	

*Agenda*  
**Emergency Contraception Strategy Meeting**  
**June 2, 2005**

9:15-9:45      **Coffee and Tea**

10:00-10:15    **Welcome and introductions** (Jenni Smit)

10:15-10:35    **What we already know** (Kelly Blanchard)

- Summary of research findings
- Ongoing research
- Current EC activities

*What needs to be done?*

10:35-11:00    **Treatment for sexual assault victims** (Teresa Harrison)

- Awareness among health workers
- Protocol in hospital casualty/emergency departments

11:00-11:45    **EC in HIV prevention/treatment programs** (Mags Beksinska)

- Counsel and provide EC with condoms
- Various entry points: VCT, pMTCT

11:45-12:30    **Adolescents** (Michelle Folsom)

- Barriers to knowledge (providers' and pharmacists' attitudes)
- Advance provision/information given in schools

12:30-1:00     **Lunch**

1:00-1:45      **University students** (Petrus Steyn)

- What information campaigns currently exist?
- What sort of interventions are needed – campaign kits (what is EC, where to get EC, side effects, promote condom and regular birth control methods)

1:45-2:30      **Pharmacists** (Jenni Smit)

- Advertisements/pamphlets in pharmacies
- Legislation re S2 medicines
- Training on attitude toward young people

2:30-2:45      **Coffee and Tea**

2:45-3:15      **Public awareness campaign/mass media** (Petrus Steyn)

- What are the most appropriate media: print, radio, television
- Pilot campaign in provinces
- Hotlines

3:15-4:00      **Next steps** (Teresa Harrison)

- Fundraising strategies
- Other

**Mqhayi MM, Smit JA, McFadyen ML, Beksinska M, Connolly C, Zuma K, Morrioni C. Missed opportunities: emergency contraception utilisation by young south African women. Afr J Reprod Health. 2004 Aug;8(2):137-44.**

Although contraceptives, including emergency contraceptives, are widely available free at public health facilities in South Africa, rates of teenage and unintended pregnancy are high. This paper analyses awareness and utilisation of emergency contraception amongst 193 young women (aged 15-24 years) attending public sector health facilities. Structured interviews were held at 17 and 14 primary health clinics in an urban and a rural area respectively. Respondents were asked about their knowledge of contraceptive methods and use, and specifically about emergency contraceptive utilisation. More sexually active young urban women (76%) were currently using a method of contraception, compared to the young rural women (53%). Only 17% had ever heard of emergency contraception, although significantly more in the urban area ( $p = 0.005$ ) had heard of it. Only one woman from each site had ever used emergency contraception, although 39% had had unprotected intercourse in the previous year when they did not wish to conceive. Young South African women should be the focus of interventions aimed at improving awareness of the availability of emergency contraception and knowledge about its correct utilisation.

**Roberts C, Moodley J, Esterhuizen T. Emergency contraception: knowledge and practices of tertiary students in Durban, South Africa. J Obstet Gynaecol. 2004 Jun;24(4):441-5.**

The aim of this study was to assess the knowledge, use and attitude to the use of emergency contraception among tertiary students in Durban, South Africa through the use of a self-administered confidential questionnaire. A scoring system was developed to analyse the response of each student. A total of 436 students (56.5%) had heard of emergency contraception. Few knew the specific methods of emergency contraception and only 11.8% knew the correct time limit in which it must be used. Only 60 students (7.8%) knew how effective emergency contraception was in preventing pregnancy. Ninety-one students (11.8%) had used emergency contraception and 50% responded that if they had to, they would use it or recommend it to a friend. A logistic regression model showed that the predictors for a high knowledge score were: University of Natal students, having heard of emergency contraception, having used it before and having received formal sex education. Overall, knowledge and use of emergency contraception by tertiary students is limited. There is a need for carefully designed education programmes and promotion of emergency contraception on campuses.

**Ehlers VJ. Adolescent mothers' utilization of contraceptive services in South Africa. Int Nurs Rev. 2003 Dec;50(4):229-41.**

**BACKGROUND:** In South Africa, contraceptives, as well as emergency contraceptives, are available free of charge. Since 1996, changed legislation has enabled women of all ages to choose whether they wish their pregnancies to be terminated during the first 12 weeks of pregnancy. Therefore, adolescent mothers, 19 years or younger at the time of their babies' birth, were investigated regarding why they failed to use contraceptive, emergency contraceptive or termination of pregnancy services. **AIM:** To explore the knowledge of young mothers regarding contraception. **METHOD:** An exploratory descriptive survey, utilizing questionnaires and convenience sampling. **FINDINGS:** The majority of the participating 250 adolescent mothers lacked knowledge about contraceptives, emergency contraceptives and termination of pregnancy services. Merely legalizing the termination of pregnancies, and providing free contraceptive and

emergency contraceptive services, did not affect the utilization of these services by the 250 adolescent mothers investigated. **CONCLUSION:** Young mothers require more knowledge to enable them to make better informed decisions, and the services need to become more readily accessible and user friendly to adolescents. Reproductive health services provided specifically to adolescents could enhance the utilization of such services.

**Siebert I, Steyn PS. Knowledge and use of emergency contraception in a tertiary referral unit in a developing country. Eur J Contracept Reprod Health Care. 2002 Sep;7(3):137-43.**

**BACKGROUND:** The promotion and availability of emergency contraception have the possibility of reducing the number of unwanted pregnancies, leading to fewer pregnancy terminations and possibly to reduced maternal morbidity and mortality. **METHODS:** The aims of the study were to determine the knowledge and use of emergency contraception in two groups of women: those requesting emergency contraception after sexual misadventure and another group of women requesting termination of pregnancy. A retrospective analysis was performed on all files of patients who requested emergency contraception over a 12-month period. Telephone interviews were conducted 1 year later. Structured questionnaires regarding knowledge and usage of emergency contraception were also administered to patients requesting termination of pregnancy. **RESULTS:** Seventy-six women requested emergency contraception over the 12-month period. Forty-one (53.9%) did not attend the follow-up visit. Only two patients used condoms. A total of 39 patients were contacted by telephone after 1 year. Of these, 18 did not use any contraception, although five were sexually active. In the group of women who requested termination of pregnancy, 44% had not previously used contraception. In all, 40% did not know about emergency contraception, 36% had not used it previously and 24% had used it previously. **CONCLUSIONS:** Lack of knowledge concerning emergency contraception can contribute to the number of legal abortions requested. There is an urgent need to address current education for users and providers on the use of emergency contraception.

**Netshikweta ML, Ehlers VJ. Problems experienced by pregnant student nurses in the Republic of South Africa. Health Care Women Int. 2002 Jan;23(1):71-83.**

The purpose of this quantitative exploratory descriptive survey was to determine which problems pregnant student nurses experienced in the Northern Province (NP) of the Republic of South Africa (RSA). Questionnaires were completed by 93 pregnant student nurses in this province, indicating that the majority of them became pregnant because they lacked knowledge about contraceptives, emergency contraceptives, and termination of pregnancy (TOP) services (legalized in the RSA since 1996). They delayed seeking prenatal care and experienced tiredness, dizziness, and vaginal bleeding during the first trimester. Most pregnant student nurses encountered academic problems as a result of their pregnancies. These and other results indicate a dire need to educate the student nurses about contraceptives and about accessing reproductive health care services. If the students do not utilize the available services themselves, it is unlikely that they will advise their clients to utilize such services.

**Smit J, McFadyen L, Beksinska M, de Pinho H, Morroni C, Mqhayi M, Parekh A, Zuma K. Emergency contraception in South Africa: knowledge, attitudes, and use among public sector primary healthcare clients. *Contraception*. 2001 Dec;64(6):333-7.**

To determine knowledge of, attitudes toward, and use of emergency contraception (EC), interviews were held with 1068 clients of 89 public sector primary healthcare facilities in two urban and two rural areas of South Africa. Only 22.8% of the clients had heard of EC. Awareness was significantly lower in the most rural area and among older, less educated women. Knowledge of EC was superficial, with 47.1% unsure of the appropriate interval between unprotected intercourse and starting EC and 56.6% not knowing whether it was available at the clinic. Few (9.1%) of those who knew of EC had used it. After explaining EC, attitudes toward its use were found to be positive, with 90.3% indicating that they would use it if needed. Awareness was lower than in developed countries, but higher than in other developing countries. Findings indicate that if women know of EC, where to get it, and how soon to take it, they would use it if needed.

**Hariparsad N. Attitudes and practices of pharmacists towards emergency contraception in Durban, South Africa. *Eur J Contracept Reprod Health Care*. 2001 Jun;6(2):87-92.**

Emergency contraception, which is used to prevent pregnancy following unprotected intercourse, could prove invaluable to a country like South Africa which has high fertility and pregnancy rates. However, the success of emergency contraception is dependent on the awareness, knowledge, attitudes and practices amongst health-care providers and the public towards it. The aim of this study was to assess the attitudes and practices of community pharmacists towards emergency contraception. The study was conducted in North and South Central Durban, South Africa. This questionnaire-based study sought from pharmacists the frequency of demand and supply of emergency contraception, as well as their attitudes and practices towards it. The sample included all 182 pharmacies located in the study area. A total of 96% of pharmacists had received requests for emergency contraception within the last year. On average, each pharmacist received 177 requests for emergency contraception. Sixty-nine per cent of pharmacists were in favor of making emergency contraceptive pills available without a prescription, 62% were already supplying emergency contraceptive pills without a prescription and 67% felt that it was important to increase public awareness regarding emergency contraception. Ninety-one per cent of pharmacists did not have any literature regarding emergency contraception to hand to clients, 68% had a private area in their pharmacy to counsel patients and 86% of pharmacists indicated that they discussed long-term contraception with clients. This study is the first in South Africa aimed at determining the utilization of emergency contraception. However, further studies are required in order to ascertain information that will assist in changing current health policies to improve those in reproductive health care.

**Hariparsad N. Knowledge of emergency contraception among pharmacists and doctors in Durban, South Africa. *Eur J Contracept Reprod Health Care*. 2001 Mar;6(1):21-6.**

**OBJECTIVE:** To determine the level of knowledge of emergency contraception among private-sector pharmacists and doctors. **METHOD:** This hand-delivered, confidential questionnaire survey was undertaken in North and South Central Durban, Kwazulu-Natal, South Africa. The main outcome measures were frequency of demand for emergency contraception and knowledge of its dosing schedule, side-effects and contraindications. **RESULTS:** Ninety-six per cent of pharmacists and 93% of doctors had received requests for emergency contraceptive pills within the past year. Thirty-two per cent of pharmacists and 28% of doctors prescribed the Yuzpe regimen correctly. Only 23 (27%) doctors and 25 (22%) pharmacists were able to identify three common side-effects

associated with emergency contraceptive pills. Forty-six per cent of pharmacists and 49% of doctors correctly indicated that there are no absolute contraindications to emergency contraceptive pills other than a contraindication to contraceptive pills. Fifty-four per cent of pharmacists and 35% of doctors agreed that the multiple use of emergency contraceptive pills is risky.

**CONCLUSION:** There is an urgent need to improve the knowledge of health-care workers regarding emergency contraception, which forms an important back-up method when existing contraception fails or is not used.

**Barnett B. Emergency contraception as a backup method. Network. 1997 Winter;17(2):12-3.**

**PIP:** Studies are underway to determine if women who rely on condoms or other barrier methods for contraception should be given emergency, postcoital contraception (PC) to use as a back-up in the event unprotected intercourse or method failure occurs. Such a use constitutes a new "dual method" approach. One study will compare the probability of pregnancy in a group of women who rely on condoms and receive counseling only and a group of women who rely on condoms and receive counseling as well as the Yuzpe regimen of PC. There is some concern that the availability of PC will lead some women to use their barrier method less consistently. Studies in China and Scotland are comparing the experience of couples who use condoms only with couples who use condoms with progestin-only pills as a backup method. Other studies are investigating service delivery (South Africa) and the mechanisms of action of PC. Women who are given PC agents prior to unprotected intercourse should be counseled about use, potential side effects, problems requiring further treatment, and what to do in case of PC failure. Appropriate doses of the oral contraceptives (OCs) Ovral, Lo/Ovral, Nordette, Levlen, Tri-Levlen, or Triphasil can be used for PC, as can certain progestin-only OCs. PC can be achieved with insertion of copper-releasing IUDs within five days of unprotected intercourse. PC can prevent 75% of the pregnancies that might otherwise have occurred, but other action must be taken to protect against sexually transmitted diseases in cases of rape.

### *Summary of recent findings on emergency contraception in South Africa*

ECPs are a safe and effective method used to prevent pregnancy after unprotected intercourse, contraceptive failure or sexual assault. ECPs are simply a higher dose of regular oral contraceptive pills containing either estrogen and progestin, or progestin alone. They are typically taken within 72 hours of unprotected intercourse and can reduce a woman's risk of pregnancy by at least 75%.<sup>i</sup> The method has been shown to work by inhibiting ovulation, preventing fertilization or possibly stopping implantation. The pills are not harmful to a pregnant woman or her fetus, but they will not work if a woman is already pregnant. Women taking ECPs sometimes experience short-term nausea and vomiting, neither of which poses a significant health risk. Repeat use of ECPs is rare,<sup>ii</sup> but recommended in cases of repeat unprotected intercourse.<sup>iii</sup> Even with repeat use, the total exposure to the hormones in ECPs is low and unlikely to cause more than mild and transient side effects.

ECPs have been used by women for more than three decades and are available in many countries without a prescription. In 2000, the Medicines Control Council reclassified ECPs allowing pharmacies to sell the pills without a prescription. Two dedicated products, E-Gen-C<sup>®</sup> and NorLevo<sup>®</sup>, are currently available in South Africa. ECPs are also available free of charge at public sector health facilities which typically dispense cut-up oral contraceptive packets.

According to the most recent South African Demographic and Health Survey, 61% of women use a modern form of contraception, yet 53% of births reported were described as mistimed or unwanted; and 78% of births to women 19 years of age and younger were unplanned.<sup>iv</sup> Improving access to ECPs could decrease the number of unintended pregnancies and abortions that occur every year. There may also be an opportunity to increase condom usage (and thus decrease the incidence of HIV) if the public and providers consider ECPs as a back up to condom failure.

The South African government has taken progressive steps to make ECPs more accessible, and research conducted in South Africa in both the private and public sectors indicates that ECPs are fairly accessible, yet use is limited due to low knowledge levels among potential users.

Staff at Ibis Reproductive Health interviewed pharmacists and pharmacy assistants in Soweto and the Johannesburg Central Business District to assess knowledge of ECPs, and to investigate their attitudes toward and perceptions about the method. The results of this work show that most pharmacists were selling ECPs and that knowledge of the method is good. One access barrier appears to be restricted access for teenagers due to a concern that ECPs would promote unprotected intercourse, resulting in higher rates of sexually transmitted infections. Studies show that increased ECP access is not associated with increased risk of STIs,<sup>v</sup> or more frequent unprotected sexual intercourse<sup>vi</sup> and does not have an adverse effect on condom use.<sup>vii</sup> In our study, few pharmacists reportedly advised clients on the use of condoms and/or a regular form of contraception. A second study of pharmacists in Durban conducted by the Reproductive Health Research Unit also showed high levels of knowledge about ECPs and increased accessibility to ECPs but lack of counseling on STI prevention and long term contraception. These findings are similar to those in the Ibis study.

The RHRU led a multi-centre situational analysis study of ECP provision and utilisation at public sector clinics in South Africa. The results of this work show that manager and provider knowledge of ECPs was relatively good, however, the majority of providers expressed a desire for more information about ECPs. Awareness of ECPs among clinic clients was limited.

Findings from the Ibis and RHRU studies indicate that provider training should focus on concerns that ECPs may encourage unprotected intercourse and on conveying accurate information, particularly about repeat use and contraindications. The results also identified a need to focus on promoting counseling on condom use for STI prevention and regular methods of contraception. Carefully designed interventions to promote ECP awareness among potential users are urgently needed.

We look forward to working with government and NGOs to increase access to and awareness of ECPs, and would be more than happy to provide additional information.

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