


Emergency Contraception is an integral element in RH services...



Some hard facts.....

500,000 women (globally) die annually from abortion related causes..... According to WHO, 44 per cent of these deaths occur in Africa


...Illicit abortions on the rise in Kenya

...an estimated 14 per cent of all pregnancies in Kenya end in abortion and nearly one in five maternal deaths are a result of unsafe abortion (according to Guttmacher Institute)




Let's see EC in a social backdrop

- 20% of births are unwanted and 25% are mistimed (KDHS 2003)
- Unmet need for Family Planning (FP) about 24% (KDHS 2003) implying that many Kenyan women are at high risk for unplanned and unwanted pregnancy
- EC has been widely available through the commercial channel since 1992, but is still the least known FP method (24%, KDHS 2003)
- In 1996 the International consortium of EC and its partners launched a campaign to broaden access in the country by strengthening private sector distribution
- Kenya was one of the pioneers in public sector provision of EC. In 2005 the Ministry of Health demonstrated commitment by procuring 700,000 units to be distributed in public facilities




Our goals for the EC 'Tulia' campaign were...

Long term

- Reduce unwanted and mistimed pregnancies
- Lower the incidence of unsafe illegal abortions
- Increase routine use of modern contraceptive methods (bridging)

Short term

- Increasing awareness and address knowledge gaps of EC amongst at risk women (18 – 30 yrs)
- Increase accurate knowledge of EC among public sector and private sector pharmacists and providers



The media mix used...



- **Mass media campaign** – radio, print & TV – placement of messages on local soap operas (May 08 – July 09)
- **Face to Face Communication** - Women group outreaches - 609 sessions reaching 11,779 women
- **Counseling** - Liver pool hotline



Promoting uptake of regular FP methods





10 events primarily targeted at women aged 18 – 30 yrs
Interactive FP sessions
Average of 1000 attendants per event






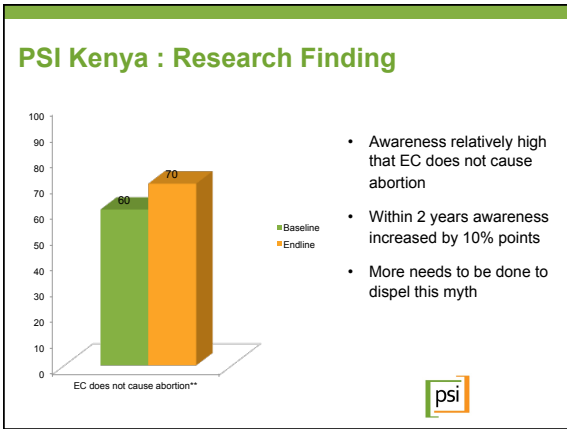
Demystifying EC:
 1) Global studies
 2) PSI Kenya research results



Myth 1: EC causes abortion

Fact:
 EC works by delaying or preventing the release of egg from ovary thereby preventing fertilization


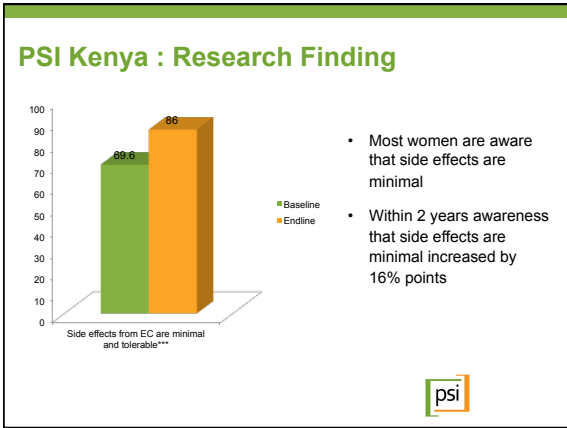
(source: WHO, FP Global hand book for providers)

Myth 2: EC is not safe

Fact:
 WHO guidelines on EC delivery state that 'although frequent use of emergency contraceptive pills is not recommended, repeat use poses no health risk'

(source: WHO, EC. A guide for service delivery)


Myth 3: EC is abused

Fact:
Two thirds of users report using EC 2 or less times in a year

On average use = 1.8 times

41.8% of users shifted to regular methods after using EC

(Source: PSI/Kenya EC End line study, Aug 2009)

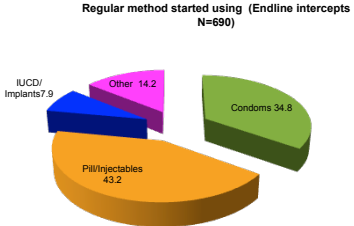


Uptake of Regular FP Methods


After the last time you used EC, did you start using a regular method of FP?

Yes 41.8%

Regular method started using (Endline intercepts N=690)




| Method | Percentage |
|-------------------|------------|
| Pills/Injectables | 43.2 |
| Condoms | 34.8 |
| Other | 14.2 |
| IUCD/Implants | 7.9 |



Myth 4: EC could be undoing HIV gains

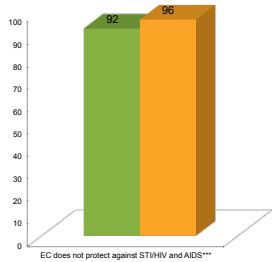
Fact:
Studies have shown that women with readily available EC are no more likely to engage in unprotected sex or abandon use of other methods than women who do not have access

(source: Journal of the American medical association)




PSI Kenya : Research Finding

Very high awareness that EC does not protect against STIs/ HIV /AIDS



| Time Point | Awareness (%) |
|------------|---------------|
| Baseline | 92 |
| Endline | 96 |


EC does not protect against STI/HIV and AIDS***



Myth 5: EC is taken by irresponsible/ immature women


Fact:
The average age of women using EC is 23.6years

(Source: PSI/Kenya EC End line study, Aug 2009)




Profile of EC users

| Description | Proportions (%) |
|-------------------------------|-----------------|
| Age (in years) | |
| 18-21 | 28.7 |
| 22-25 | 45.0 |
| 26-30 | 26.3 |
| <i>Mean age=23.6years</i> | |
| Social economic status | |
| Low | 26.0 |
| Middle | 36.0 |
| Upper | 38.0 |
| Marital status | |
| Not currently married | 77.5 |
| Education level | |
| At least secondary | 89.7 |
| Religion | |
| Somewhat religious | 68.0 |
| Exposure to media | |
| Listen to radio or TV daily | 78.5 |

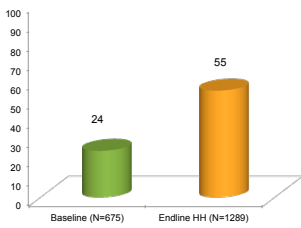


Learnings from EC Campaign




Scope to continue EC education

Ever heard of EC***

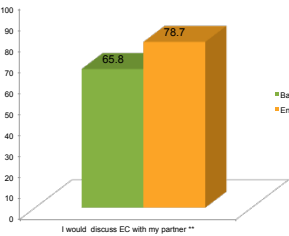


| Survey Point | Percentage |
|---------------------|------------|
| Baseline (N=675) | 24 |
| Endline HH (N=1289) | 55 |

- Campaign objective was met with an increased awareness about EC
- More needs to be done in order to have the intended impact




Partner involvement is important

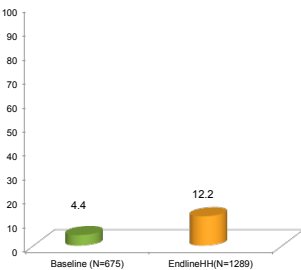


| Survey Point | Percentage |
|--------------|------------|
| Baseline | 65.8 |
| Endline | 78.7 |

- More and more women recognize the need to have a dialogue about FP methods including EC
- We need to increase this percentage as it's beneficial




Women now have a choice

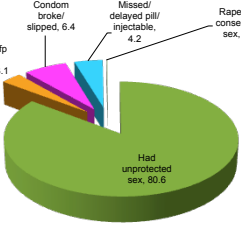


| Survey Point | Percentage |
|---------------------|------------|
| Baseline (N=675) | 4.4 |
| Endline HH (N=1289) | 12.2 |

- More awareness has naturally resulted in increased usage
- Women can now make an informed choice




Need to further promote RH services



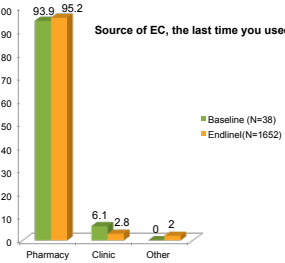
| Reason | Percentage |
|--------------------------------|------------|
| Had unprotected sex | 80.6 |
| Doubtful fp method efficacy | 3.1 |
| Condom broke/slipped | 6.4 |
| Missed/delayed pill/injectable | 4.2 |
| Rape/non consensual sex | 0.2 |

- Most women now have a choice to avoid unplanned and mistimed pregnancies
- Opportunity to promote bridging ardently



Pharmacies can provide more than just EC


Source of EC, the last time you used

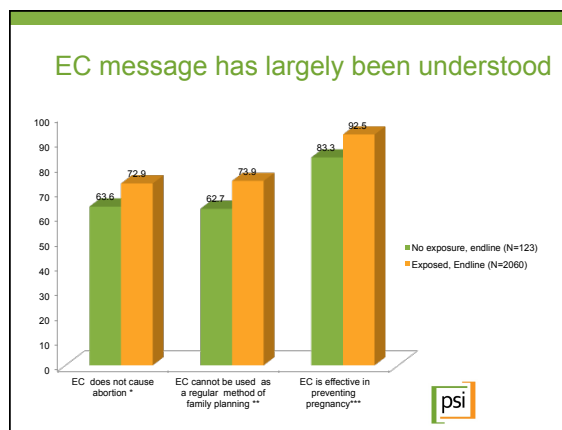
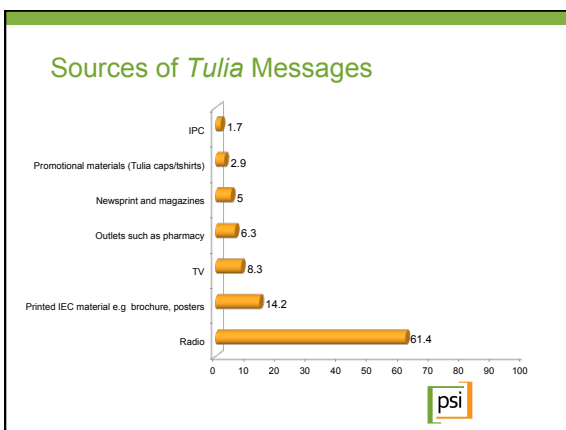
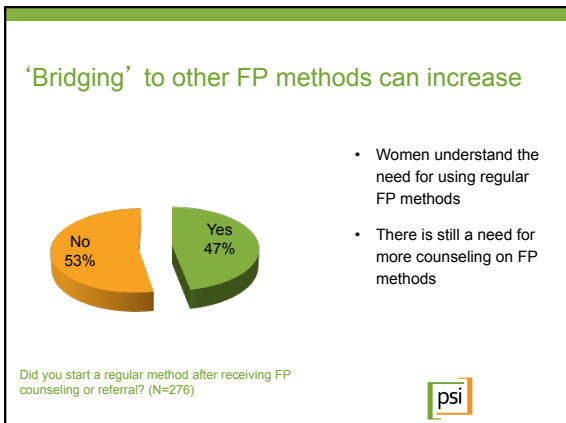


| Source | Baseline (N=38) | Endline (N=1652) |
|----------|-----------------|------------------|
| Pharmacy | 93.9 | 95.2 |
| Clinic | 6.1 | 2.8 |
| Other | 0 | 2 |

NB no sign trend

- Knowledge of access to EC is universal
- A pilot project to include Pharmacies as bridging agents was conducted by Pop. Council





Conclusions

- The typical user of EC is 24 years old on average, single, with at least secondary education
- Awareness and knowledge of EC has increased over time
- Awareness of EC has not necessarily translated to misuse
- There is almost universal knowledge that EC does not protect from STIs/ HIV
- Bridging to regular methods of FP is significant

Thank-You