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Sex, tensions and pills

Young people's use of contemporary reproductive and sexual health technologies in Addis Ababa, Ethiopia

Both, R.E.C.

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CHAPTER 2

Young people's use and perceptions of emergency contraceptives in sub-Saharan Africa: Existing insights and knowledge gaps*

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Abstract

Despite growing international attention to the sexual and reproductive health and rights of young people, their uptake of modern contraceptive methods remains low, especially in sub-Saharan Africa. This article focuses on young people's use of a relatively new contraceptive method, emergency contraceptives (ECs). ECs can be used after intercourse and have been marketed to be used when other contraceptives fail or after unplanned, unprotected intercourse. This article reviews qualitative evidence from seven studies on young people's experiences with this contraceptive method. Many users of ECs were in their twenties, well-educated, and either single or in a relationship. Repeated use was found in four of the studies, and ECs may fit within an existing range of post-coital methods used to prevent pregnancies. While concerns about side effects were reported frequently among non-users of ECs, other women preferred ECs over other hormonal contraceptive methods. Men were actively involved, for example as providers of information to their partners, and as purchasers of ECs. Young people's understandings of ECs hence differ from the meanings inscribed to these pills at an international level. Further research on this topic is needed to ensure that young people's (emergency) contraceptive needs are well understood and responded to.

Introduction

Since the International Conference on Population and Development (ICPD) in 1994, the sexual and reproductive health needs of young people have become a focus of attention of public health research and interventions. Moreover, international concerns about maternal mortality and morbidity amongst young people as a result of childbirth where the woman was too young as well as abortions (Price and Hawkins 2006), and interest in understanding the determinants of the HIV pandemic (Obermeyer 2005), have led to a growing body of studies on young people's sexual and reproductive health. In sub-Saharan Africa, more than half of all women give birth to their first child before the age of 20 (WHO and UNFPA 2006). Many die from pregnancy-related causes, including unsafe abortions (Singh et al. 2009). The rationale behind most studies and interventions is that the use of modern contraceptive methods could prevent the majority of abortions and many maternal deaths (Cleland et al. 2006). However, the uptake of modern contraceptives remains low: only 21 percent of married adolescents and 41 percent of unmarried, sexually active adolescents in sub-Saharan Africa who do not want a pregnancy are using modern contraceptive methods (Singh et al. 2009).

This article explores whether and how emergency contraceptives (ECs) – a contraceptive technology that has been introduced to sub-Saharan African countries since the late 1990s – are used by young people. Young people are considered an important potential user group, and ECs are viewed as a method of preventing many unwanted pregnancies. Unlike other contraceptive methods, ECs can be used up to 120 hours after intercourse.¹ Emergency contraceptives work by preventing or delaying ovulation, and thus preventing the fertilization of an egg (Wynn and Foster 2012). The side effects are generally mild (WHO 2012), and most common side effects experienced by users are nausea (experienced by about 50 percent) and vomiting (experienced by about 20 percent) (ibid.). Emergency contraceptives are sometimes referred to as the 'morning after pill' or post-coital contraceptive.² The term 'emergency' stresses the fact that the regimens are not intended for regular use because they are less effective when compared to other contraceptive methods³ and because frequent use can result in menstrual irregularities (WHO 2012). Rather, they are intended and marketed as a 'back-up' method to be used after unprotected intercourse, when other contraceptives have failed (for example, after breakage or slippage of condoms) or after incorrect use of contraceptives (for example, after having missed one or more regular contraceptive pills). Other intended users are women who have engaged in unexpected sexual activity by being forced or coerced into having unplanned, unprotected intercourse (Haggai 2003).

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Young people's use of ECs may, however, differ from the ways that their developers intended people to use them. For example, although oral contraceptive pills (OCPs) were marketed in the 1960s with the assumption that they could help reduce (rapid) global population growth, many women saw them not as a method of control but rather as a means to achieve greater freedom to decide about pregnancy and motherhood (Marks 2001). More importantly, women's acceptance and use of OCPs varied widely across countries; Marks (ibid.) terms this phenomenon 'cultural variability'. The emergency contraceptive pill, just like the regular oral contraceptive pill, is not a neutral object, and culturally informed attitudes towards contraception, as well as social, economic, and religious factors, shape how it is perceived (Marks 2001). Russel and Thompson (2000, 20) describe how contraceptives 'operate in and represent a universe of culture, morality, and emotion'; the inscribed, intended meanings that their developers attribute to contraceptive methods may thus be re-interpreted by users who also add new, unintended meanings. By reviewing the available qualitative research, this article explores the ways in which ECs are used by young people in sub-Saharan Africa, and whether and how this differs from the intended meanings ascribed to them.

In the late 1990s, the International Consortium for Emergency Contraception (ICEC) worked together with an industry partner to develop Postinor-2, an affordable emergency contraceptive product for developing countries (Wynn and Foster 2012).⁴ At first, the availability of ECs in African countries was often limited to public health facilities, and later expanded to over-the-counter access in pharmacies and drugstores. Their introduction, similar to in several Western countries, has been accompanied by debates on morality and health; although proponents argue that ECs have the potential to reduce the number of unwanted pregnancies and lead to greater women's empowerment, the method is also often confused with abortion and associated with sexually irresponsible (promiscuous) women (Barrett and Harper 2000; Glasier 1997; Westley and Glasier 2010; Ziebland 1999). In addition, ECs have been accused of leading to an epidemic of sexually transmitted infections (STIs) and general moral decay (Wynn and Foster 2012). In Kenya, this debate has been carried out in the national press through newspaper articles. Kenyan health providers and policy makers have expressed their worries about repeated use of ECs, claiming that (young) women are 'eating ECs like chocolate' and that the 'e-pill' is now the buzzword in Nairobi among sexually active women.⁵ Several studies have attributed these statements to women's and health providers' lack of knowledge about ECs and to a lack of information on how people use ECs (Ellertson et al. 2000; Wynn and Foster 2012).⁶ Instead, most available studies are quantitative, and have examined users' and non-users' knowledge of and attitudes towards ECs in sub-Saharan Africa. Such studies have often found that knowledge of ECs is low and that attitudes towards

them are predominantly positive (Ado and Tagoe-Darko 2009; Kongnyuy et al. 2007).⁷

This article reviews the available qualitative research on the use of ECs by young people in sub-Saharan Africa and the meanings they ascribe to this contraceptive method. Relevant studies were identified through systematic searches in PubMed, Web of Science, and OvidSP databases and the websites of sexual and reproductive health organizations.⁸ Seven qualitative studies were retrieved and included in this review: five articles and two study reports. After reading the studies closely, several common themes emerged. These themes are discussed and illustrated using quotations from the original articles.

Common themes emerging from the studies

The seven studies included in this review present data from Burkina Faso, Ethiopia, Ghana, Kenya, Nigeria, Senegal, and Uganda (see Table 1). The studies were conducted with pharmacy clients, university students, commercial sex workers (CSWs), and informants recruited through the researchers' personal networks. Three studies included only females. All studies were conducted in urban settings, often in capital cities. Sample sizes ranged from 24 to 226, and two studies reported on findings from focus group discussions (FGDs) only (4 and 7 FGDs respectively). The majority of respondents were in their twenties. One study focused on men and women between 18 and 40 years old (Teixeira et al. 2012), and the age range of the men included in one study in Ghana (FHI 2011) is not provided.⁹ In all but three of the studies (Gold 2011; L'Engle et al. 2011; Teixeira et al. 2012), the majority of participants had a high level of education (up to college and university). In the study carried out in Ethiopia (Gold 2011), in addition to university students, commercial sex workers and people from the general population also participated.

Young people using ECs and patterns of use

Four studies focus exclusively on EC users (FHI 2011; Gold 2011; L'Engle et al. 2011; Renne 1998) and in one other study EC users form a considerable part of the study participants (Teixeira et al. 2012). The majority of EC users were unmarried and either single or in a relationship. Female study participants had another shared characteristic: the majority reported engaging in sex on an infrequent basis (sometimes despite being in long-term relationships, for example, because of being involved in long-distance relationships). Emergency contraceptive users often felt that ECs were the

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most suitable method for their contraceptive needs. The study conducted in Ethiopia (Gold 2011) reports that, among CSWs, condom failure was a commonly mentioned reason for using ECs, as was intercourse during a woman's fertile period, as mentioned by students (the majority of students reported using the rhythm method as their main mode of contraception). Emergency contraceptives were most often obtained from drugstores and pharmacies because they were considered convenient, quick, and confidential or because studies were conducted with pharmacy clients.

Four studies found that some women use ECs repeatedly (Gold 2011; L'Engle et al. 2011; Renne 1998; Teixeira et al. 2012). An anthropological study carried out in Burkina Faso, Ghana, and Senegal describes a few such cases (Teixeira et al. 2012). After taking an HIV test, one female Ghanaian student decided with her partner to stop using condoms. From then on, she took an EC regularly each week. According to one respondent, ECs have several advantages:

The method is very convenient, it is easy to take, it is not too much of drugs. If you are the type who doesn't like to take medicine, it is not the type which you have to take every day; it is only two pills. (22 year old female student, higher education level, unmarried) (Teixeira et al. 2012, 152).

One respondent also mentioned buying up to five doses at a time in order to stock up (Teixeira et al. 2012). In a study among female pharmacy clients in Accra, Ghana (L'Engle et al. 2011), the majority mentioned having used ECs between three and six times in the last year and seemed satisfied with this:

I feel normal [after taking ECs]. I have my normal menstrual flow. I don't feel anything. It is good to me, that's why I don't want to change it. (27 year old female, student) (ibid., 148).

In addition, in Ethiopia women who mentioned using ECs repeatedly often reported having unplanned or infrequent sex, for example due their involvement in a long-distance relationship. In such cases, ECs were often not used in emergencies but rather in a planned (non-urgent) way, and repeatedly, suggesting that different patterns of ECs use are developing.

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Study author (date)	Aim	Methods	Participants	Setting
Byamugisha, Mirembe, Gemzell-Danielsson & Faxelid (2009)	Explore perceptions of ECs among university students.	Focus group discussions (N=7); key informant interviews (N=4)	Female and male students; students' overall leader; interior secretary, secretaries for health.	Uganda (Kampala)
Gold (2011)	Assess the attitudes and behaviours of pharmacists and Postpill users and provide recommendations for future programming.	Key informant interviews (N=22); in-depth interviews (N=46)	Pharmacists and women who have used the Postpill.	Ethiopia (Addis Ababa, Awassa, Sheshamanye, Debre Zeit)
Family Health International (2011)	Learn about men's involvement in EC use and family planning.	In-depth interviews (N=31)	Male pharmacy clients who had supported their partners' use of ECs.	Ghana (Accra)
L'Engle, Hinson & Chin-Quee (2011)	Investigate the potential for bridging EC users who purchase the product in pharmacies to longer-term contraception.	Semi-structured, qualitative interviews (N=24)	Women aged 18-30 years, purchasing ECs from pharmacies.	Ghana (Accra)
Muia, Ellertson, Lukhando, Elul, Clark & Olenja (1999)	Investigate knowledge, attitudes, and practices about ECs.	Review of policy documents; structured interviews (N=5); in-depth interviews (N=93); survey (N=282); focus group discussions (N=4)	Key policymakers; health care providers; family planning clients; male and female university students.	Kenya (Nairobi)
Renne (1998)	Investigate the experience of young women with post-secondary education who have used Postinor.	Individual interviews (N=26)	Female college and university students.	Nigeria (Ondo, Ikere-Ekiti, and Ado-Ekiti)
Teixeira, Guillaume, Ferrand, Adjamagbo & Bajos (2012)	Analyse the representations and uses of ECs from a social anthropological perspective.	Semi-structured interviews (N=226)	Men and women between 18-40 years.	Burkina Faso (Ouagadougou), Ghana (Accra), Senegal (Dakar)

Post-coital contraceptives as befitting the everyday lives of young people

Two studies conducted in West African settings suggest that ECs are acceptable to young people because they fit within an existing range of post-coital methods used to prevent pregnancies. For example, a study conducted in Nigeria describes how women used ECs together with other post-coital methods with which they were familiar, such as Andrew's Liver Salt, Menstrogen Forte tablets, and lemon. They used post-coital methods after they missed a period in the hope it would 'wash away a pregnancy' and to bring on a 'seized' or delayed menstruation (Renne 1998). In addition, around 40 men and women who participated in the study conducted by Teixeira et al. (2012) spontaneously referred to post-coital methods with which they were already familiar, including coffee, decoctions of local plants, pharmaceutical products such as antibiotics and paracetamol, body positions, and post-coital baths. These methods were used from immediately after sex to a week before the expected date of menstruation. Both studies suggest that these women see acting after intercourse has taken place, but before the expected date of their next period, as a contraceptive approach (Renne 1998; Teixeira et al. 2012).

Concerns about side effects and ideas about conception

Concerns about the side effects of ECs were frequently repeated in the discussion sections of the reviewed studies. Study respondents often included users and non-users of ECs, and some of the latter were not familiar with ECs. The different levels of familiarity may have influenced perceptions of side effects. Emergency contraceptives were commonly linked to fears about users' future health and infertility. Moreover, respondents were concerned and/or uncertain about whether ECs are abortifacients. Such reasons were sometimes specifically mentioned as discouraging the use of ECs. One early study conducted in Kenya reports on FGDs conducted with students from two different universities in Nairobi. Most students were unfamiliar with ECs, and the issue of side effects and the appropriateness of their use came up repeatedly in discussions. A female undergraduate student, concerned about how ECs might affect her health, said, 'If it affects my system then I do not want to use it' (Muia et al. 1999, 230). A study with Ugandan university students reports how many respondents viewed the method as similar to abortion. Students feared side effects (especially related to infertility and the ability of the pills to cause foetal malformation) and believed there was a risk

that ECs might encourage unsafe sexual behaviour (Byamugisha et al. 2009). A study among men and women in Ghana, Senegal, and Burkina Faso – of which only 86 out of 226 respondents claimed to have heard of ECs – reveals that almost half of the respondents were concerned that using ECs could lead to infertility. Respondents were also divided about whether or not ECs work in an abortive way (Teixeira et al. 2012). However, two studies that focused exclusively on EC users present contrasting results. Although a few female pharmacy clients in Accra, Ghana, who used ECs thought their use might cause infertility or cancer, the majority were unconcerned and mentioned that they had not experienced any side effects from repeated use:

I have not experienced any side effects by using Postinor-2 and I don't think repeated use is going to be any problem. In fact, I don't see any problem in using it repeatedly. As for me, there is no way I would stop using Postinor. (23 year old female student) (L'Engle et al. 2011, 148).

Nearly all women who participated in this study and the study conducted in Ethiopia mentioned negative perceptions about other types of hormonal contraceptive methods (such as injections or oral contraceptive pills). For some, the side effects that they experienced when using these hormonal contraceptive methods motivated them to start using ECs (Gold 2011; L'Engle et al. 2011).

Reproductive strategies and male involvement

The significant involvement of men in the use of ECs is one prominent issue for four of the studies. Men were found to be involved in different ways, for example as providers of information about ECs to their partners; as decision makers who encourage their partners to use ECs; as purchasers, for example to prevent their partners from feeling embarrassed when buying ECs; supplying the financial means to buy ECs; as monitors, ensuring that their partners took the pills correctly; and offering emotional support (FHI 2011; Gold 2011; Renne 1998; Teixeira et al. 2012). In Nigerian Yoruba society, it is common for boyfriends to provide their girlfriends with financial support, and this includes paying for contraceptives; often, boyfriends paid for and sometimes purchased the Postinor tablets. One female respondent reported:

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At first, I was buying it but later, when my friends were saying that their boyfriends bought their prevention tablets for them, I forced him to buy it. (Details of respondent not available). (Renne 1998, 108).

Two studies described examples of couples with conflicting ideas about having children and the (non-) use of ECs became a part of the strategies used by women and men to achieve their goals. In Ghana, the support offered by men was sometimes controlling and aimed at making sure that women took the pills. One man said:

Since I'm the man and maybe she wants the pregnancy so if I give her the money, she may not buy it but will come and tell me that she's bought it and that the medicine didn't work, so I have to buy it myself and make sure she takes it. (Details of respondent not available) (FHI 2011).

The study suggests that because ECs are taken after unprotected intercourse, women's use of ECs may be easier for men to control than other hormonal methods (*ibid.*). However, Teixeira and colleagues (2012) portray a more complicated scenario in which women purposely take or do not take ECs without informing their partners if they have different childbearing aspirations. One woman (aged 20, engaged to marry, and having completed secondary education) from Burkina Faso explained how her partner does not want to have a child but she wants to become a mother. Her partner monitored her cycle and bought ECs for her whenever they had sex during the time he identified as her fertile period. He did not know, however, that she did not take the pills. She achieved her goal, became pregnant, refused to have an abortion, left her partner, and brought the pregnancy to term (Teixeira et al. 2012, 153). In addition, the study by L'Engle and colleagues (2011) mentions four instances in which women used ECs secretly because their male partners did not want to use condoms or because the women felt relieved when taking ECs after having had sexual intercourse.

Discussion

In sub-Saharan Africa, young people's use of modern contraceptive methods remains low. This article has presented data around common themes that emerged from qualitative research on the use of a new contraceptive

technology, emergency contraceptive pills. Qualitative data on young people's use of ECs in sub-Saharan Africa are scarce and, to date, the available studies have been conducted in urban areas of certain countries: Burkina Faso, Ethiopia, Ghana, Nigeria, Kenya, Senegal, and Uganda. Emergency contraceptives were introduced into the majority of these countries in the late 1990s or early 2000s. The studies involved users and non-users with different levels of knowledge of, and familiarity with, ECs. Due to the study designs, most of the young men and women were in their twenties, often unmarried, and often reported having irregular sex (see also Keesbury et al. 2007). The earliest studies were conducted when the availability of ECs was limited: they could only be obtained in clinics. By contrast, the most recent studies were conducted when the pills were more widely available through over-the-counter access in pharmacies. The studies were thus conducted among groups and in settings at different stages of exposure to ECs. Nevertheless, several common themes emerged from the studies that were similar across the different settings. Although these findings cannot be generalized to other settings, they offer insights into local dynamics regarding young people's experiences with ECs. These local dynamics do not necessarily reflect the meanings that were inscribed to ECs by their developers and policy makers at an international and national level, who intended them to be used after unprotected intercourse when other contraceptives have failed, after incorrect use of contraceptives, or after coercion into unplanned, unprotected intercourse.

Repeated use of ECs by certain groups of women – as four studies identified – is an 'unintended' way of using ECs (Gold 2011; L'Engle et al. 2011; Renne 1998; Teixeira et al. 2012). In these local settings, small groups of women use ECs after having unprotected intercourse or when other contraceptives have failed in a non-urgent way and on a regular basis (see also Keesbury et al. 2011 for a quantitative study conducted in Kenya on repeated use).^x The women valued ECs for a number of reasons: they are convenient, they fit with their relationship (many women mentioned engaging in infrequent sex), the number of pills to take is small, and they do not experience disturbing side effects. In this regard, ECs are not alone; users have given 'unintended' meanings to other contraceptive methods as well. For example, from an international perspective, female condoms were developed as a form of women's empowerment and based on the assumption that women value female-controlled barriers that they can use covertly. However, studies have shown that women (and men) often experience the female condom as a method that can enhance sexual pleasure, and women found many creative

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ways of presenting this new technology to their sexual partners (Hardon 2012). However, the public health issues that surround ECs, such as their effectiveness compared to other contraceptive methods and the fact that regular use of ECs can result in menstrual irregularities, can cause concern. Yet at the same time, levels of knowledge about ECs remain low among the majority of young people, and it is not clear how many young people use ECs regularly. Future studies need to investigate the scope of repeated use and include different age groups (such as adolescents), rural sites, as well as respondents who are involved in different types of relationships.

The side effects linked to hormonal contraceptive methods are frequently reported to be a barrier to the use of modern contraceptive methods (Castle 2003). Indeed, the young people involved in the reviewed studies, and especially those who were less familiar with ECs, mentioned concerns about possible side effects. However, many of the women who participated in two studies focusing exclusively on EC users seemed less concerned about side effects and found them acceptable (Gold 2011; L'Engle et al. 2011). Instead, they were more concerned about the side effects of other hormonal methods, and this sometimes motivated them to switch to ECs. Future studies should therefore not exclusively focus on ECs but should also examine previous contraceptive methods used by EC users and their reasons for ceasing to use these other methods.

Two of the studies conducted in West African settings suggest that ECs are accommodated well in a context where young people already use post-coital methods (Renne 1998; Teixeira et al. 2012). Other studies confirm that a wide variety of post-coital methods are utilized in West Africa (see Koster 2003 on Nigeria). As Marks (2001) argues, the types of contraceptive methods available prior to the introduction of a new method have an important impact on how it is received (in this case, ECs). When introduced in settings where post-intercourse 'contraceptive' use is more common, ECs may be easily acceptable and become popular.

Proponents of EC use have argued that ECs have the potential to reduce the number of unwanted pregnancies and lead to greater women's empowerment (Wynn and Foster 2012). They are also viewed as allowing women to use a contraceptive discretely, with or without their partner's knowledge (Marks 2001). However, men's involvement with regard to ECs was a notable theme in four of the reviewed studies, and this has also been found in other, quantitative and anecdotal, studies on EC use (ECAfrique Bulletin 2006; Keesbury et al. 2007).^{xi} The findings show how men often take on

supporting roles. However, one study highlighted how they may also take control of women's EC use (FHI 2011). In sub-Saharan Africa, contraceptive methods – with the possible exception of condoms, which are often purchased by men – are often considered a female responsibility (Nzioka 2001; Varga 2003).^{xiii} The multiple roles fulfilled by young men need to be investigated further, as do their reasons for taking up these roles. In addition, the studies showed how ECs can form part of a strategy to achieve both a man's and woman's desired reproductive goals, albeit in different ways (especially when partners disagree about a possible pregnancy). The use of ECs by men and women to achieve desired reproductive goals requires more attention in future studies.

Overall, little qualitative data is available on young people's use of ECs and, for that reason, all available reports and articles based on qualitative data were included in this review, even if their findings were based on a limited number of respondents. As a result of the search strategy used, it is possible that articles in which ECs were studied as one of many contraceptive methods have been overlooked. As the reviewed studies suggest, the specific characteristics of ECs may respond well to the everyday realities of young people's lives, though sometimes in different ways to those foreseen by their developers. If the marketing of ECs is accompanied by sufficient clear information about their use, the method may play an important role in young people's sexual and reproductive health. However, the common themes that emerged from the studies are based on limited evidence and need to be supported by additional research. Further studies are needed to explore local practices of EC use further so that policy makers and sexual and reproductive health service providers can better respond to young people's (emergency) contraceptive needs.