

## Raising Public Awareness

### Objective

To generate public support for large-scale provision of emergency contraceptive pills (ECPs).

Building community support and creating demand for ECPs are important steps in preparing for their introduction into a large-scale family planning program. In order for an ECP program to be effective, potential clients need to be aware that the option exists, understand when ECPs are appropriate, and know where to obtain ECPs when they need them. By educating the community about emergency contraception and involving all stakeholders in planning for ECP introduction, ECP advocates can help to create broad awareness and support for the method that will lead to client demand.

The following topics are discussed in this module:

- Social Context and Financial Resources
- Key Audiences
- Framing Key Messages
  - Women’s rights and human rights approach
  - ECPs and public health messages
  - Web-based resources for rights and public health messages
- Choosing Effective Channels to Communicate Messages
  - Community resources
  - Media
- Awareness-Raising Approaches
  - Informational workshops for the media
  - Networking with advocates

This module is closely related to Module A: Information for Policy Makers, and Module D: Informing Clients. The tools provided in these modules can be used across all three areas of activities. The tools are presented as examples and should be adapted according to local needs.

### Tools Provided at the End of This Module

- Agenda for a Media Workshop on Emergency Contraception
- Emergency Contraception Radio Script
- Emergency Contraception Telephone Hotline Script
- Posters
- Postcards

## Social Context and Financial Resources

When developing strategies for raising public awareness, it is vital to understand the social and cultural environment of the country. Another important consideration is the availability of resources. Some strategies for raising public awareness, such as television advertisements, can be very costly; others, such as holding workshops and meetings with women's groups, can be fairly inexpensive. Rarely do people have the luxury of implementing all of the strategies they would like. Instead, resources must be weighed against potential outcomes. It is important to be clear about the audiences that will be targeted in assessing the most cost-effective strategies to implement. Knowing the financial resources available as well as the organizational capacity to carry out advocacy efforts will help determine the direction of the strategy. Some questions that may be helpful in working through this process include:

- What are the social, cultural, and religious attitudes toward family planning and reproductive health issues in the country, and how will they affect the messages and mechanisms of awareness-raising?
- What financial resources are available to conduct an awareness-raising campaign?
- Given the organization's staff expertise and capacity to conduct an awareness campaign, what other resources will be needed?
- Given the social context (and the accompanying political currents), as well as the resources available, should advocacy efforts focus on a large-scale campaign or a more targeted approach?

For information on potential sources of financial resources that may be available, see the section on resources in Module A: Information for Policy Makers.

## Key Audiences

Given the resources and constraints identified above, the next step is to determine the key audience(s) who are the most important to reach. Awareness-raising can be effectively carried out at the grassroots level, as well as at the national level. The strategy will depend on the availability of ECPs in the country, financial resources, and the geographical reach of the organization carrying out the advocacy work. The following questions will help identify the critical target audiences.

- Who will have the most interest in messages about ECPs?
- Who has the greatest need for this method?
- Are there organized groups through which these people can be reached effectively?
- Which groups will have the greatest impact in terms of helping spread the message about ECPs?

Successful ECP advocacy campaigns around the world have been aimed at the following audiences:

- Women’s groups
- Organizations of health professionals
- Clients of public health clinics
- Youth-serving organizations
  - General public
  - NGOs (both local and international NGOs and their affiliates)
  - Community-based health organizations and community-based distributors
  - Media, including journalists

## Framing Key Messages

When developing a public awareness campaign, key messages are often communicated within an overall framework, or approach, designed to appeal to a specific audience. Examples of frameworks that have been used when advocating for ECPs in different political and cultural environments include women’s rights and human rights, as well as public health. The framework must be appropriate for the social and political context and resonate with the public if the campaign is to be successful. Regardless of the messages selected, it is important to pretest them with members of the target audience. Some framing approaches that have been used successfully are described below.

### Women’s rights and human rights approach

The rights-based approach for reproductive and sexual health has been highlighted at several international conferences during the past two decades, including the International Conference on Population and Development (ICPD) in 1994 and the Fourth World Conference on Women in 1995. The ICPD Programme of Action clearly puts access to contraception within the framework of human rights, stating, “Reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health.”<sup>1</sup> ECPs are a unique contraceptive method and as such need to be put in the context of the right to contraceptive choice.

A useful resource for considering a rights-based approach in the context of reproductive health is the recent issue of PATH’s publication, *Outlook: A Rights-Based Approach to Reproductive Health*<sup>2</sup>: [http://www.path.org/resources/pub\\_outlook.htm](http://www.path.org/resources/pub_outlook.htm)

## ECPs, Human Rights, and Women's Rights in Latin America

- In Colombia, Profamilia faced an uphill battle to integrate ECPs into the family planning system due to strong opposition by conservative forces, including local Catholic religious leaders. Several elements were crucial to Profamilia's success in registering a dedicated levonorgestrel-only ECP product in 2001. Profamilia framed ECPs first and foremost as an important rights and legal issue. By highlighting access to ECPs as a sexual and reproductive right as stated by the Programme of Action of the ICPD, which Colombia signed in 1994, the responsibility of the Colombian government to ensure access to the widest range of contraceptive methods was reiterated. Additionally, Profamilia publicized the fact that the Ministry of Health standards already included ECPs, which meant they were sanctioned as part of the family planning program. Profamilia staff championed the cause of ECP access and helped build alliances with the media, women's groups, medical associations, and youth networks. The groups within these alliances proved to be key allies with Profamilia when the local religious leaders mounted a campaign opposing the registration of a dedicated ECP product. In the end, it was the support of these groups and the understanding on the part of the government and the public that ECPs should be an integral option in family planning programs that helped secure registration and women's access to a dedicated ECP product. More information on Profamilia's experience can be found in both English and Spanish at: [http://www.ippfwhr.org/publications/download/serial\\_issues/spotEC1\\_s.pdf](http://www.ippfwhr.org/publications/download/serial_issues/spotEC1_s.pdf).

For additional information, contact Profamilia at: Asociacion Pro-Bienstar de la Familia Colombiana, Calle 34 No 14-52, Santa Fe de Bogotá, Bogotá, Colombia; or email: [info@profamilia.org.co](mailto:info@profamilia.org.co).

- Linking ECP access to human and women's rights issues has been particularly successful in the Latin American region. Since 1999, the Pacific Institute for Women's Health (PIWH) has used this approach to advocate for ECPs in Mexico and Nicaragua in a project titled "Emergency Contraception as a Woman's Right." PIWH has collaborated closely with other groups in these countries to provide training and advocacy about ECPs, stressing that it is an important option for any woman wanting to avoid or delay pregnancy and that it is a woman's right to decide when and if she will have children. More information on PIWH's approach and work can be found on their website: <http://www.piwh.org/latinamerica.html#ecright>.
- The rights-based approach has also been successful in the initiatives undertaken by the Latin American Consortium for Emergency Contraception (LACEC). Advocacy efforts of LACEC member organizations focus on integrating ECPs into family planning programs and norms within a sexual and reproductive rights framework, emphasizing the fact that ECPs are a female-controlled method and that this method empowers women to decide whether and when they will become pregnant. It has been a cornerstone of the work done by LACEC groups and has been cited as a key element of their success.<sup>3</sup>

## ECPs and public health messages

### Unintended pregnancy

By preventing pregnancy before it happens, ECPs help reduce the number of unintended pregnancies and pregnancy-related maternal deaths, which can have a devastating effect on the lives of women and families in the world's poorest countries.

- The United Nations estimates that 200 million women become pregnant each year, and one-third of those pregnancies are unintended.<sup>4</sup>
- Every year, 8 to 30 million women experience contraceptive failure.<sup>3,4</sup>
- The stress and risks related to carrying a pregnancy to term and delivering a child are extremely high in countries where family planning services are limited. In fact, a woman delivering a child is twice as likely to die as a woman undergoing an abortion.<sup>5</sup>
- The Global Health Council calculates that from 1995 to 2000 nearly 700,000 women died as a result of an unintended or unwanted pregnancy.<sup>6</sup>

### Abortion

Greater access to ECPs could reduce not only the number of unintended pregnancies, but also the number of abortions and associated maternal mortality.

- Worldwide, abortion-related complications are the cause of 14 percent of all maternal deaths.<sup>6</sup>
- Many unintended pregnancies in the developing world result from a lack of access to adequate family planning services. Women who decide to terminate their pregnancies are often faced with undergoing unsafe abortions, which severely threatens their lives. In the report *Promises to Keep: The Toll of Unintended Pregnancies on Women's Lives in the Developing World*, the Global Health Council notes that every year nearly 60 million unintended pregnancies occur, resulting in approximately 43 million abortions. Of these 43 million abortions, approximately 75,000 result in the death of the mother.<sup>6</sup> These deaths occur not because abortion is an inherently unsafe procedure, but because of the poor and unsafe conditions in which abortions often take place in countries where adequate family planning services are not available and access to safe abortion is restricted.

### Optimal birth spacing

Access to ECPs would enable women to achieve the optimal spacing of three years between births—which has shown to improve the health of both mothers and children.

- Over 50 percent of nonfirst births in developing countries occur with less than three years spacing, which can have serious adverse effects on the health of both mothers and children.<sup>7</sup>
- Infants and children born less than three years apart are significantly more likely to die than their counterparts born more than three years apart.<sup>7</sup> Children born with birth spacing intervals of 36 to 41 months show a 26 percent, 43 percent, and 51 percent reduction in neonatal, infant, and under-five deaths, respectively, compared to those children born just 24 to 29 months apart.<sup>7</sup>

- Longer birth intervals are also associated with improved nutritional status of children. Data show that birth intervals of 36 to 41 months show a 28 percent reduced rate of stunting and a 29 percent reduction in underweight children.<sup>7,8</sup>
- Longer birth intervals also showed significantly reduced risks in terms of maternal mortality in a study conducted using data from nineteen Latin American countries.<sup>9</sup>

### Web-based resources for rights and public health issues

Listed below are websites offering information and resources that can be used for advocating for ECP access based on the issues of rights and public health. These websites are also included in the website resources appendix, which lists websites and other resources for creating advocacy messages.

**Global Health Council:** <http://www.globalhealth.org>

The Global Health Council website contains information on international public health issues and news from around the world as well as publications useful for advocates. The Global Health Council report *Promises to Keep: The Toll of Unintended Pregnancies on Women's Lives in the Developing World* (<http://www.globalhealth.org/assets/publications/PromisesToKeep.pdf>) contains global and regional statistics on unintended pregnancy and abortion and related maternal mortality, as well as links to other data sources.

**The Center for Reproductive Rights:** <http://www.crlp.org/>

The Center for Reproductive Rights website contains updated information on global issues and events related to reproductive health and rights. It includes links to other sites, publications, news, and information on advocacy, human rights, legal issues, contraception, abortion, adolescents, equality, and safe pregnancy.

**PIWH:** <http://www.piwh.org>, <http://www.piwh.org/latinamerica.html>

Information for media and advocacy efforts and descriptions of PIWH programs and publications can be found on this site.

**Catalyst Consortium:** <http://www.rhcatalyst.org/>

This site contains information about Catalyst Consortium projects and focus program areas, including optimal birth spacing, postabortion care, south-to-south collaboration, adolescence, empowerment, and HIV/AIDS/STI prevention.

## Choosing Effective Channels to Communicate Messages

To educate the public and raise awareness about emergency contraception, it will be necessary to decide which channels will be most effective, as well as how to tailor key messages for the target audiences. Answering the following questions can help determine which channels and messages would be most effective:

- Is the audience in a rural or urban area?
- What is the literacy level of the audience?
- Does the audience have access to mass media such as newspapers, magazines, and radio?

- Can the audience be targeted as a group, or would person-to person contact be more feasible and effective?

The following approaches have been used successfully for ECP advocacy.

### **Community resources**

- Enlisting local champions such as educators, students, women’s advocates, community workers, NGO staff, and factory union representatives to conduct advocacy about emergency contraception. With training, these individuals can spread the message through mechanisms of their own choosing such as holding meetings and discussions at workplaces, community gathering halls, and schools; putting up posters; passing out information; and sharing information with friends and family.
- Holding information sessions at women’s group meetings, schools, offices, factories, and other workplaces.

### **Media**

Mass media can be an excellent method of raising public awareness. Paid advertising tends to be an expensive approach; however, messages can also be integrated into television or radio programming, incorporated into the themes of story lines, or delivered through public service announcements. Press briefings can provide journalists with information that they use to write their own stories about ECPs. Media outlets to consider include:

- Radio
- TV
- Newspapers, press releases
- Magazines
- Traditional folk media, theater
- Soap operas

## **Awareness-Raising Approaches**

### **Informational workshops for the media**

Workshops that prepare journalists to report accurately and effectively on issues related to emergency contraception help ensure that correct information is communicated to a large audience—including potential users, providers, advocates, and even opponents. The Population Council in Mexico conducted successful workshops for journalists in both Mexico and Honduras that provided background on reproductive health issues and key information about emergency contraception. Emergency contraception advocates found that this approach not only raised awareness, but also helped to neutralize a misinformation campaign mounted by several opposition groups in Mexico. The agenda of the Population Council’s journalist workshop is provided as a tool at the end of this section. The emergency contraception fact sheet provided as a tool in Module A: Information for Policy Makers can be distributed to workshop participants to take with them as a reference for informing the public about emergency contraception in the media.

## Networking with advocates

Networking with groups that provide reproductive health information and services can strengthen the base of support for emergency contraception advocacy. Holding workshops or forming local emergency contraception alliances can be effective mechanisms for sharing emergency contraception information and advocacy materials, which can be disseminated more broadly. Groups that would be effective networking advocates include:

- Women's groups
- Youth advocacy groups
- Academic and health institutions
- Government sector
- ECP manufacturer or distributor

## Developing Local Champions

Working with local networks and community groups, as well as encouraging active local champions, were successful strategies for increasing access to emergency contraception in Mexico. The Population Council in Mexico enlisted the help of grassroots organizations such as youth groups, whose members helped raise awareness of emergency contraception—especially among adolescents—by handing out flyers at fairs and concerts. The Population Council also worked with two highly respected physicians who were strongly supportive of increased access to ECPs. The physicians conducted numerous ECP training sessions for Ministry of Health clinicians and because of this were able to become a catalyst for change within the health system. The two physicians also became very involved in providing information about ECPs to the public through the media, participating in interviews on radio and television. By identifying and working with individuals like these two physicians who actively championed the cause of greater access to ECPs, it was possible to make progress within the government systems and circumvent the barriers created by political pressures and the multiple concerns faced by government officials.

## References

<sup>1</sup> ICPD Program of Action. Paragraph 7.3 (1996).

<sup>2</sup> PATH. A Rights-Based Approach to Reproductive Health. *Outlook* 20(4):1-7 (2004).

<sup>3</sup> Pacific Institute for Women's Health website ([www.piwh.org](http://www.piwh.org)) (accessed September 2003).

<sup>4</sup> United Nations Population Fund. *The State of World Population 1997*. New York: UNFPA (1997).



<sup>5</sup> Segal, S.J. and LaGuardia, K.D. Termination of pregnancy—a global view. *Baillieres Clinical Obstetrics and Gynaecology* 4(2):235-247 (1990).

<sup>6</sup> Global Health Council. Promises to Keep: The Toll of Unintended Pregnancies on Women's Lives in the Developing World. New York: Global Health Council (2002).

<sup>7</sup> Setty-Venugopal, V. and Upadhyay, U.D. Birth Spacing: Three to Five Saves Lives. Population Reports Series L, No. 13. Baltimore: Johns Hopkins University Bloomberg School of Public Health, Population Information Program (2002).

<sup>8</sup> Rutstein, S. "Effects of Birth Interval on Mortality and Health: Multivariate Cross-Country Analysis." Presentation at the OBSI Champions Meeting, Washington, D.C. (May 2000).

<sup>9</sup> Conde-Agudelo, A. and Belizan, J.M. Maternal morbidity and mortality associated with interpregnancy interval: cross-sectional study. *British Medical Journal* 321(7271):1255-1259 (2000).



# Module C Tools List

## ■ **Agenda for a Media Workshop on Emergency Contraception**

The Population Council conducted successful workshops for journalists in both Mexico and Honduras, which provided background on reproductive health issues and key information about emergency contraception to encourage accurate reporting on the issues. A sample agenda from these meetings is provided here to assist in implementing such a workshop in other settings.

## ■ **Emergency Contraception Radio Script**

Outreach through mass media can be very effective. Profamilia Colombia used radio stations to air messages tailored to different demographic groups in the country. Profamilia strategically aired messages at different times throughout the day to cover the various target audiences. For TV or radio advertising, a series of messages that change frequently can more effectively retain peoples' attention than a single message. Using multiple messages also makes it possible to cover multiple issues. A transcription of a radio spot developed by Profamilia in Colombia is provided here.

## ■ **Emergency Contraception Telephone Hotline Script**

Hotlines are telephone services individuals can call to receive information or to request help with an emergency or a problem requiring immediate attention. Hotlines, usually toll-free, have proven to be useful tools for increasing access to emergency contraception information. They can provide information about what emergency contraception is, how it works, its advantages and disadvantages, where to get it, and how to take it. Some hotlines provide recorded information; others are staffed by trained operators who speak directly with callers about their concerns and provide information about how and where to obtain ECPs.

An emergency contraception hotline, set up by the Population Council, was successful in Mexico, receiving over 10,000 calls a month at its peak. The Population Council in Mexico has documented this success in two articles.<sup>1,2</sup> The hotline received a great deal of attention from journalists and received good coverage in the media, raising awareness of ECPs and helping the efforts of advocates.

When developing an emergency contraception hotline, it is critical to ensure that women receive accurate and objective information. This tool is adapted from a transcript of information provided to women calling the 1-888-Not-2-Late automated emergency contraception hotline in the United States, developed and operated by the Office of Population Research at Princeton University and the Association of Reproductive Health Professionals. It provides information about ECPs and also directs callers to providers who have said they are willing and licensed to prescribe ECPs. It is an example of the kind of ECP information that can be provided through an emergency contraception hotline.

## ■ Posters

Posters placed strategically in places frequented by women are another effective way to raise awareness about emergency contraception. Women's centers, health centers, night spots such as bars or discos, universities, and public transportation such as buses, subways, and trains are just some of the places where posters advocating emergency contraception can be placed. Examples of posters used in Zambia and South Africa are provided here to stimulate ideas. All messages and visual presentations should be tested with audiences to ensure they will work well.

## ■ Postcards

The Population Council in Mexico used advertising postcards in efforts to educate women about emergency contraception. Staff placed postcards in cafes, bars, restaurants, on public transportation, at bridal shows, and other areas where young women might have the chance to see them. Sample postcards from the Mexico campaign are provided here.

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<sup>1</sup> Ellertson, C. et al. Information campaign and advocacy efforts to promote access to emergency contraception in Mexico. *Contraception* 66:331-337 (2002).

<sup>2</sup> Heimbürger, A. et al. Practices among providers and potential clients after a 3-year introduction effort. *Contraception* 66:321-329 (2002).

# Agenda for a Media Workshop on Emergency Contraception (EC)

## General Objective:

Inform members of the media about the importance of emergency contraception.

## Specific Objectives:

- (a) Learn the legal standard (or framework) for the introduction of EC in Honduras.
- (b) Learn the most important medical aspects of EC.
- (c) Determine the role of mass media in reporting on and promoting EC.

**Target Audience:** members of the media

**Date:** November 6

**Location:** Tegucigalpa

## Agenda:

9:00–9:15 a.m.	Welcome	Dr. Sandra García, Population Council. Dr. Carlos Morlacchi, Executive Director, Ashonplafa.
9:15–9:45 a.m.	What is EC? History and medical aspects of EC.	Dr. Guillermina Mejía, Consultant, Population Council, Mexico.
9:45–10:15 a.m.	Experiences from EC introduction in other countries.	Lic. Patricia Merlo, IMIFAP, Mexico
10:15–10:30 a.m.	Presentation of the EC project in Honduras, and presentation of research results in Ashonplafa clinics.	Mtra. Suyapa Pavón, Ashonplafa, Honduras Dr. Diana Lara, Population Council, Mexico.
10:30–10:50 a.m.	Legal framework for EC introduction in Honduras, and strategy of introduction in Ashonplafa.	Dr. Marielos Barahona, Ashonplafa, Honduras.
10:50–11:10 a.m.	The role of mass media in reporting on and promoting EC. Results of a review of various types of media.	Mtro. Vladimir López Recinos.
11:10–11:45 a.m.	Questions and answers	
11:45–12:00 p.m.	Closing	Dr. Carlos Morlacchi, Ashonplafa.
12:00–1:00 p.m.	Lunch	

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# Emergency Contraception Radio Script

## Emergency Contraception

You had sex.

But there was no protection.

You were forced or the method failed.

Look, I will give you the solution.

Although it is better to use family planning, there are emergency methods.

Call: \_\_\_\_\_ or log onto: \_\_\_\_\_ for more information.

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# Emergency Contraception Telephone Hotline Script

## Application Voice Script

### English Greeting

Welcome to the Emergency Contraception Hotline, now managed by the Association of Reproductive Health Professionals. If you are calling from a rotary phone, please get ready to write down the names and phone numbers of the providers near you. If you have a touchtone phone, please press 1 to hear more in English.

### Introduction

Emergency contraceptives are birth control methods that can prevent pregnancy after sex. Emergency contraception does not protect against sexually transmitted infections.

This hotline tells you about emergency contraception and gives the names and phone numbers of places nearby where you can get emergency contraceptives. Do not use emergency contraception except under the care of a health care provider who is licensed to prescribe. This hotline is not tied to any companies that make or sell emergency contraceptives.

You will now hear a menu of six choices. To return to this menu at any time, press the star key.

### Menu

For information on where you can get emergency contraception press 1.

For more information on emergency contraceptive pills, press 2.

For more information on emergency insertion of a Copper-T IUD, press 3.

For guidelines on making calls to providers, press 4.

If you are a provider who would like to be included in the directory or your directory information has changed, or if you are a consumer who would like to comment on the hotline, press 5.

For more information about emergency contraception and where to obtain it anywhere in the country, please visit our website. Our address is (insert web address) If you would like additional written information about emergency contraception, ask your health care provider or press 6.

### Providers

This directory lists hospitals, private doctors, family planning clinics, pharmacies, and others who can tell you about emergency contraceptives and who have said they are willing and licensed to prescribe emergency contraception. As with all health care choices, take care when choosing a provider of emergency contraception. The operators of this hotline make no claims about the quality or cost of the services offered. If you have a regular health care provider, you may wish to call the provider first.

If you have had sex that was not protected by birth control, or if your method failed in the past few days and you do not wish to become pregnant, call a provider as soon as you can and tell the person who answers the phone that you need emergency contraception.

You will now hear the name, location, and phone number of five clinics near you. Have a pen and paper ready. If you find an error in the names and phone numbers listed, please call the hotline again and press 5 to let us know.

The five providers nearest you are:

## Repeat Option

**To return to the main menu, press the star key. To repeat this message, press the pound key.**

## Emergency Contraceptive Pills

There are two types of emergency contraceptive pills. One type is nothing more than ordinary birth control pills that contain hormones called estrogen and progestin. The brand name of the combined birth control specially packaged and labeled for emergency use in (insert name of country) is (insert brand name). About 50 percent of women who use this type get nauseated and 20 percent vomit. Use of this type of pill cuts the chance of pregnancy by 75 percent. The other type of emergency contraceptive pill contains only the hormone called progestin. This type is specially packaged and labeled for emergency use as the brand name (insert brand name). It is more effective than the first type, and the risk of nausea and vomiting is also lower.

Some people call emergency contraceptive pills “morning after” pills. But you do not have to wait until the morning after. You can start the pills right away or up to five days after you have had unprotected sex—that is sex during which you did not use birth control or your birth control may have failed. Your health care provider will tell you to take the first dose within 120 hours after unprotected sex. The provider will tell you to take the second dose 12 hours after the first dose. Each dose is 1, 2, 4, or 5 pills, depending on the brand. Not all brands of birth control pills can be used for emergency contraception. Emergency contraceptive pills require a prescription. Do not use them except under the care of someone licensed to prescribe.

Most women can safely use emergency contraceptive pills, even if they cannot use birth control pills as their regular method of birth control.

To return to the main menu, press the star key. To repeat this message, press the pound key.

## Emergency Insertion of a Copper-T IUD

An IUD, or intrauterine device, is a small device that is placed into the uterus, also called the womb. You can get the emergency Copper-T IUD inserted up to seven days after unprotected sex—that is sex during which you did not use birth control or your birth control may have failed. IUDs require a prescription. A provider will tell you the advantages and disadvantages of using an IUD.

For medical reasons, the IUD is not the best option for many women who need emergency contraception. The IUD is the most expensive emergency contraceptive, but it may be left in place to provide highly effective contraception for up to 10 years after insertion. The copper-T IUD is the most effective emergency contraceptive. An emergency insertion of the Copper-T IUD cuts the chance of pregnancy by more than 99 percent.

To return to the main menu, press the star key. To repeat this message, press the pound key.

## Send a Message

If you are a consumer with comments about this hotline or a provider whose information has changed, you may either write in your comments or leave a voice-mail message. Consumers should write to (provide address for written correspondence). Providers should write to (provide address for written correspondence). Please stay on the line to leave a voice-mail message. Questions about individual medical problems will not be answered. Please consult a clinician for those questions.

## Tips for Calling Providers

If you need emergency contraception, chances are you are feeling worried, maybe even panicked. When you call to make an appointment, ask any questions you may have about emergency contraception or about what will happen when you come in for an appointment. Many providers are happy to take the time to give more information when asked. By seeking out information and services to avoid an unintended pregnancy, you are acting responsibly. The following tips may help you get the most out of your calls to hotline providers.

Be aware that the directory of providers is not 100 percent failproof. If a hotline provider cannot help you, we strongly encourage you to let us know by leaving a message on the hotline (option 5 on the main menu).

Keep in mind that the cost of services will vary. Be sure to ask how much a visit will cost and check to see if there is a sliding scale fee depending on your income.

If the receptionist does not have information emergency contraception or thinks it is not provided there, ask to speak to a nurse or physician if possible.

If you call a site with a specific clinician listed and that clinician is unavailable, ask if there is someone else there who will prescribe emergency contraception, or ask for a referral to another provider.

Ask whether the clinician can phone in an emergency contraception prescription to your local pharmacist.

Be prepared to answer questions regarding the start date of your last period, when unprotected intercourse took place, your medical history, and your last pelvic exam.

If you are concerned you will run out of time before a provider can see you, try your local emergency room.

To return to the main menu, press the star key. To repeat this message, press the pound key.

## **Request Phone Number**

In order to connect you to the emergency contraception hotline, please enter your ten digit telephone number, beginning with the area code first. Please enter now.

## **Goodbye**

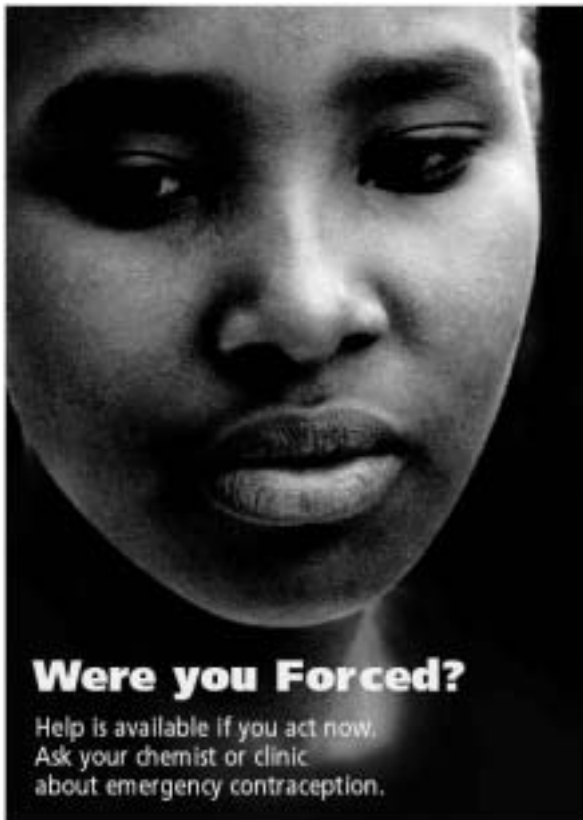
Thank you and good-bye.

Content and format adapted with permission from Association of Reproductive Health Professional's (ARHP) Emergency Contraceptive Hotline Application Voice Script.

# Posters



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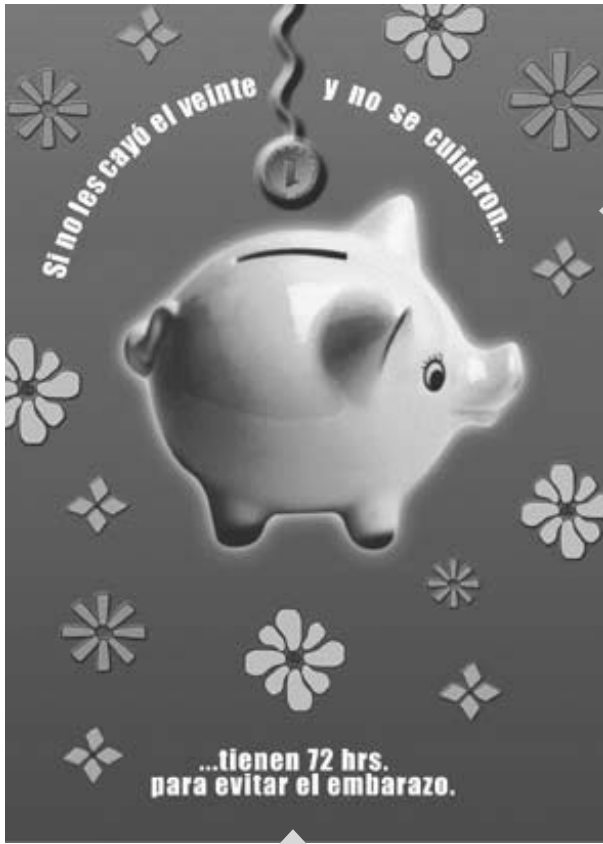
**Were you Forced?**  
Help is available if you act now.  
Ask your chemist or clinic  
about emergency contraception.



**Condom Broke?**  
Help is available if you act now.  
Ask your chemist or clinic  
about emergency contraception.

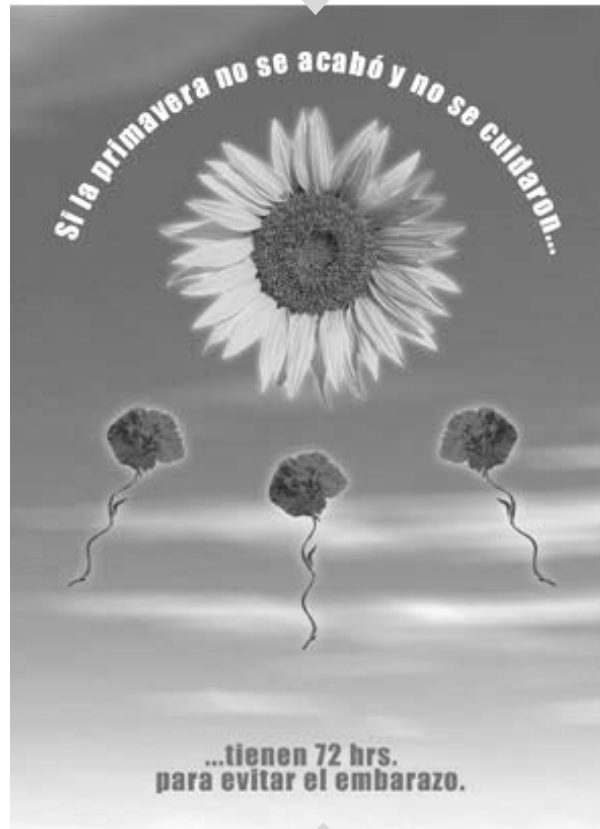
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# Postcards



If you forgot to save for a rainy day

...you have 72 hours to avoid pregnancy.



If spring isn't over yet and you didn't take precautions...

...you have 72 hours to avoid pregnancy.

These materials were reprinted from the Population Council.



If you ate the whole pie...

...you have 72 hours to avoid pregnancy

01-800-363-3427 in three days

Your call is confidential [www.inthreedays.org.mx](http://www.inthreedays.org.mx)

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If love was sugar sweet and you didn't take precautions...

Consult your physician.