

Assessment

Objective

To gather information for guiding the integration of emergency contraceptive pills (ECPs) into large-scale family planning or health programs.

An important step in developing a successful emergency contraception program is to gain an understanding of the existing context, including the perceptions of clients, providers, program planners, and decision makers. This understanding will provide the basis for developing appropriate ECP introduction strategies and will ensure that ECP information and services are tailored to local needs. The following topics are discussed in this module:

- Assessment of Existing Program
- ECP Introduction Assessment
- Key Questions and Considerations for An Assessment
- Effective Ways to Gather Information
- Moving from Assessment to Action
- Using and Adapting Assessment Tools

Tools Provided at the End of this Module

- Client Knowledge, Attitudes, and Practices Questionnaire
- Provider Knowledge, Attitudes, and Practices Survey on Emergency Contraceptive Pills
- In-Depth Interview Guide for Key Reproductive Health Authorities
- Mystery Shopper Survey Guidelines

Assessment of Existing Program

The World Health Organization (WHO) publication, *Making Decisions about Contraceptive Introduction: A Guide for Conducting Assessments to Broaden Contraceptive Choice and Improve Quality of Care*,¹ is a useful tool that can help program planners prepare for introduction of a new contraceptive method by assessing user perspectives as well as the quality of family planning services currently being delivered. It addresses three questions:

1. Is there a need to improve the provision of currently available contraceptive methods?
2. Is there a need to remove any methods from a given setting?
3. Is there a need to introduce new contraceptive methods?

When this WHO assessment process was undertaken in Zambia, beginning in 1995, one recommendation that emerged was to introduce emergency contraception into the Zambian national family planning program. Following this recommendation, ECP service delivery support systems were developed and tested together with several alternative strategies for improving access to and the quality of emergency contraception services.²

ECP Introduction Assessment

Once the decision has been made to introduce ECPs into a large-scale program, an assessment specific to ECP introduction will provide information that can be used to design an introduction plan. The first step in undertaking this assessment is to identify what information is needed and how it will be used. The assessment tools should directly relate to these information needs, in order to obtain appropriate and targeted information.

Prior to developing an assessment plan it will be important to identify:

- The priority groups/informants from whom information should be gathered to help shape ECP introduction strategies (e.g., ministry of health officials, social marketing groups).
- The information that is available and information gaps (the gaps will determine the key questions).

Key Questions and Considerations for an Assessment

The following questions, outlined by the International Consortium for Emergency Contraception, can help stimulate thinking on issues that need to be addressed in emergency contraception introduction.³ This list of key questions can provide a start for determining what information is already known and what gaps will need to be addressed through the assessment process.

Regulatory system requirements

- Is a post-coital contraceptive or specially packaged ECP product registered for use? If not, what requirements must be met for registration approval?
- What are the procedures for changing the labeling for existing products?
- Can medical providers prescribe combined oral contraceptives for off-label uses?
- Are pharmacists and other nonmedical health professionals authorized to distribute contraceptives? If so, does that authorization also apply to ECPs?

Service delivery capabilities

- What is the current overall knowledge among providers of family planning methods in general and ECPs in particular?
- Do providers perceive a need for ECPs?
- What standards of care would be required for ECP services?
- What are providers' capabilities with regard to ECP information and services?

- What mechanisms exist for the distribution of regular oral contraceptives (clinics, hospitals, pharmacies, social marketing, and community-based and commercial distribution systems)?
- What is the capacity of these distribution channels to take on an additional, closely related product?
- What is the capacity of non-family planning/reproductive health care providers (e.g., hospital emergency rooms, maternal and child health clinics, and sexual assault crisis centers) to supply ECPs?
- What level of provider training would be required to ensure high-quality services?
- What training and information mechanisms are preferred by providers?
- What do providers consider to be barriers to providing quality ECP services?

Client needs and perspectives

- Are potential clients aware of family planning in general and the method in particular?
- When told about the method, do potential clients perceive a need for it?
- What questions do they have about it?
- Are rumors or misinformation about the method widespread?
- Which population groups report the greatest need for ECP services?
- What distribution mechanisms would be most convenient and acceptable to potential clients?
- What are user perceptions of existing services through which ECPs might be provided?
- What information channels (both formal and informal) are preferred by potential clients?

Effective Ways to Gather Information

There are a number of useful information gathering methods to help ECP introduction. It is important to think about how the information will be used in determining which methods are best in a particular setting. Consider how scientific the information gathering process needs to be and whether relatively simple, inexpensive, and quick methods of gathering information will meet the program needs for assessment.

The following table summarizes characteristics of data gathering methods and issues to consider in determining which methods will be used as part of the ECP assessment.

Data Gathering Method	Issues to Consider
Knowledge, attitude, and practice (KAP) surveys	<ul style="list-style-type: none"> • Are used when it is important to determine what percentage of people in a community or particular group know or believe certain things or act in specific ways. • Are useful for assessing client and provider perspectives about ECPs. • Can use close-ended or open-ended questions or both. However, open-ended questions are more difficult to collect and analyze. • Require participants randomly selected from various parts of the community and can be expensive and time consuming. Consider whether it is necessary to know what proportion of people believe something, or whether it is enough to know what kinds of things people believe. In the latter case, quicker and less expensive qualitative research techniques may be more appropriate.
In-depth interviews	<ul style="list-style-type: none"> • Provide detailed insight into people's thoughts, feelings, and behaviors. • Are a good method for gathering information from hard-to-reach or influential target audience members such as policy makers. • Require more time to analyze because they contain many open-ended questions.
Focus group discussions (FGDs)	<ul style="list-style-type: none"> • Are in-depth discussions, usually one to two hours in length, in which six to ten representatives of the target audience, under the guidance of a facilitator, discuss topics of particular importance to the forthcoming program. • Produce qualitative results: they are an exploration of knowledge, beliefs, concerns, and attitudes. • Are often the method of choice for audience research geared toward developing print materials.
Desk research	<ul style="list-style-type: none"> • Is collecting data from secondary sources, which can be a useful first step in an ECP assessment process. • Can identify existing information on relevant topics such as demographic or regulatory information. • May be possible to frame the issue of ECP provision in a broader sociocultural, economic, and political environment based on existing information.
Mystery shoppers or clients	<ul style="list-style-type: none"> • Are researchers (or members of the research team) who pose as clients to assess how services are being provided (e.g., a mystery shopper walks into clinic and tells the provider that she had sex and does not want to get pregnant and documents the provider's response). • Can be used to provide a measure of whether and how ECP information and services are provided. • Need to ensure that mystery client surveys are handled ethically and that results are used constructively.

Source: Information on KAP surveys, in-depth interviews and FGDs adapted from: Zimmerman, M., Newton, N., Frumin, L., Wittet, S. *Developing Health and Family Planning Materials for Low-Literate Audiences: A Guide (revised ed.)*. Washington, D.C.: PATH (1996).

Moving from Assessment to Action

The most important aspect of an assessment is ensuring that the information gathered is used to guide and inform the program development decision making process. Before undertaking the assessment, it is generally helpful to develop a plan for analyzing and interpreting the data that will be gathered. It may be useful to organize the assessment findings in a matrix according to the original research questions, the central findings from the assessment, and programmatic recommendations that come out of the findings.

The matrix below, based on an initial assessment in Sri Lanka demonstrates how assessment findings can inform programmatic decisions. Program planners in Sri Lanka completed a baseline survey, a postal questionnaire of medical service delivery personnel, in-depth interviews with community leaders, and group discussions with family health workers (midwives) selected from different parts of the country. The introduction plan informed by this assessment was successful. The new method was well received by both providers and clients and ECP use has continued to expand over time.

Assessment Questions	Key Findings	Programmatic Recommendations
<p>What are provider attitudes about ECPs?</p>	<ul style="list-style-type: none"> • Doctors and midwives willing to distribute ECPs. • Concerns expressed that some people would resort to ECP use in place of regular contraceptive methods. • Concerns expressed about possible spread of STIs and HIV/AIDS due to increased sexual activity without condoms (since pregnancy protection available through ECPs). 	<ul style="list-style-type: none"> • Train clinic staff and telephone operators on how ECP information should be provided to possible users. • Train clinicians willing to introduce ECPs in clinics. • In provider training, address concerns regarding use of ECPs as a regular contraceptive method and possible decrease in condom use. (Studies have provided evidence that these concerns are not borne out—see a discussion of this issue in Module A: Information for Policy Makers.) • Train providers to use ECP provision as an opportunity to discuss its correct use and encourage clients to adopt regular contraceptive methods.
<p>How will the public respond to an ECP product?</p>	<ul style="list-style-type: none"> • Subject is new to the general public. • Idea of ECP well accepted by both married and unmarried men and women. • Perception that ECP can be used to cause an abortion. 	<ul style="list-style-type: none"> • An aggressive educational and publicity campaign should be implemented. • Educational activities and materials should be aimed at preventing the misconception that ECP would be abortifacient. (See Module A: Information for Policy Makers.)
<p>What are the issues regarding marketing of a branded ECP?</p>	<ul style="list-style-type: none"> • Brand name should be given wide publicity to maximize public awareness. • Service providers would be happy to popularize such a product. • Government restrictions prevent media advertising of drugs that require a doctor's prescription. 	<ul style="list-style-type: none"> • Given that publicity of the brand name is not possible, due to government restrictions, promotional campaign should focus on the concept of emergency contraception.

Source: Matrix adapted from assessment findings described in Abeywickrema, D., Basnayake, S., Subasinghe, C., and Bamunusinghe, J. *An evaluation report on the marketing of Postinor 2 in Sri Lanka*. Family Planning Association of Sri Lanka (March 2000).

Developing recommendations from assessment findings can be a difficult process. Including partners and community members in the development of recommendations is a way of ensuring that appropriate solutions to issues are identified. It is important to consider available resources, the feasibility of proposed solutions, and program priorities when determining how to best translate the data collected into the actions required for a successful program.

Using and Adapting Assessment Tools

The assessment tools included in this module are adaptations of instruments that have been used in a variety of field settings around the world. They are intended to serve as examples of the multiple ways that assessments can be performed. These tools are not intended to be used for operations research, but rather are geared toward shaping program development to meet local needs. If more academic research is the objective, it will be important to seek help from local experts to meet that need.

Tool adaptation and pretesting

These instruments (or portions of them) may be translated and freely adapted as needed for use in particular settings. It will be important to pretest the tools that are developed prior to producing the final version, to make sure that the questions are clear and culturally appropriate for the setting in which they will be used and that they will effectively yield the information sought.

Data entry and analysis

It is useful to develop a plan for data entry and analysis before tools are finalized to ensure that the instruments are designed to facilitate these processes as much as possible. Make sure that the assessment team includes staff with experience designing databases and analyzing the type of data that will be collected.

Data collection

If multiple interviewers will participate in the data collection process, it may be helpful to develop a guide that explains each question and details any special instructions for the interviewers (such as whether they are supposed to prompt the interviewee by reading each possible response or record only the responses offered by the interviewee). It is also useful to hold a training session for interviewers (or mystery shoppers) to review the interview guide and to standardize the way in which the questions are asked and data is recorded.

References

¹ World Health Organization. Making Decisions about Contraceptive Introduction: A Guide for Conducting Assessments to Broaden Contraceptive Choice and Improve Quality of Care. Available at: http://www.who.int/reproductive-health/publications/rhr_02_11_contraceptive_introduction/ci-guide.pdf. Accessed November 2003.

² World Health Organization. The Strategic Approach to Improving Quality of Care in Reproductive Health Services. Available at: http://www.who.int/reproductive-health/strategic_approach/zambia.en.html Accessed November 2003.

³ International Consortium for Emergency Contraception. *Expanding Global Access to Emergency Contraception: A Collaborative Approach to Meeting Women's Needs* (October 2000).

Module E Tools List

■ **Client Knowledge, Attitudes, and Practices Questionnaire**

This structured interview guide was developed by the Population Council in Mexico as a follow-up to a baseline survey evaluating the introduction of ECPs in Mexico. It was implemented by interviewing clients at a family planning clinic. The questions, however, are relevant for use as part of a preliminary assessment of client KAP, though they should be adapted for and pretested in the setting in which they will be applied. The format of the tool could also be adapted for use as a paper survey (if a paper survey is appropriate for the literacy level of the client population).

■ **Provider Knowledge, Attitudes, and Practices Survey on Emergency Contraceptive Pills**

This provider KAP survey was adapted from different provider surveys developed by PATH, the Population Council in Mexico, and the Family Planning Association of Sri Lanka. It is formatted as a paper survey that could be mailed or distributed to providers (perhaps at a meeting or conference); however, the questions could be adapted for use in a different format (such as an interview) if a paper survey is not practical.

■ **In-Depth Interview Guide for Key Reproductive Health Authorities**

This in-depth interview guide was developed by PATH for use with high-level reproductive health medical authorities. It is geared toward learning about reproductive health authorities' attitudes toward ECPs, their perceptions of the need for ECPs and barriers to providing high-quality ECP services, and their opinions about training needs of their staff and the best mechanism to expand ECP information.

■ **Mystery Shopper Survey**

This mystery shopper survey was adapted from mystery shopper surveys developed by PATH and the Reproductive Health Research Unit of the University of Witwatersrand, South Africa. It is intended as a measure of whether and how ECP information and services are provided in a pharmacy setting. In this tool the primary scenario includes a woman posing as a secret shopper and walking into a pharmacy and telling the pharmacist, "*Yesterday I had sex and didn't use any method of contraception. I am worried about getting pregnant and I would like to know if there is something I can do to prevent pregnancy.*" Immediately following the pharmacy visit, another member of the research team interviews the woman who visited the pharmacy and documents her experience in the pharmacy on the recording sheet. While this tool was developed for use in a pharmacy setting, the questions could be adapted for use in clinical settings.

Client Knowledge, Attitudes, and Practices Questionnaire

Follow-up on Emergency Contraceptive Pills Questionnaire for Family Planning Users

I. Identification Data

1.1 Date of interview: _____
Day/Month/Year

1.2 User's sex:
Female
Male

1.3 Time interview began: _____
Hours: Minutes

1.4 Time interview finished: _____
Hours: Minutes

1.5 Place:

1.6 Interviewer initials:

Introduction

This interview is part of a study to evaluate the introduction on a larger scale of a contraceptive method. As a follow-up to a survey, we are now interviewing clients of some family planning clinics. We expect the interview to take about 15 minutes. You do not need to provide your name, none of the information collected through this interview will be included in your clinical record. If you prefer not to respond, your decision will not affect in any way the services you are receiving at the clinic. Please be assured that all the information gathered will be kept strictly confidential. Are you willing to participate in our study?

Yes *Skip to 2.1*

No

Thank you anyway.

Have a nice day.

II. Background Information

The first questions are to obtain general information.

- 2.1 How old are you?
 Does not respond.....
- 2.2 What is the highest level of education you attained?
 Primary
 Secondary
 Technical not leading to secondary degree.....
 Preparatory
 Technical leading to secondary degree.....
 University
 Postgraduate studies
 Degree obtained: _____ Years: _____
 Does not know/not respond.....
 No studies at all
- 2.3 Have you ever had sexual relationships?
 Yes
 No *Skip to 3.1*
- 2.4 Have you (or your partner) ever been pregnant?
 Yes
 Yes, I am pregnant right now.....
 No
- 2.5 **(In the case of a male user)** Have you ever gotten a partner pregnant?
 Yes
 No
 N/A
- 2.6 Do you (or your partner) use a contraceptive method? **(In case the client is pregnant—Were you or your partner using a method before you got pregnant?)**
 Yes
 No *Skip to 3.1*
- 2.7 Which contraceptive method or methods are you using?
(Read and check those methods mentioned and then prompt: Any other?)
 Pills.....
 Injectables.....
 Condoms

- IUD.....
- Tubal ligation
- Vasectomy
- Withdrawal (your husband takes care of you).....
- Calendar (rhythm)
- Other..... Specify: _____

III. Knowledge About Emergency Contraception

- 3.1 Have you ever heard about emergency contraception or the morning-after pill?
 - Yes
 - No *Skip to 4.1*

- 3.2 When was the first time you heard something about emergency contraception?
 - Less than 6 months ago
 - 6-11 months ago
 - 1-5 years ago
 - > 5 years ago
 - Does not remember

- 3.3 Where did you hear about it? **(Read and check those methods mentioned and then prompt: Somewhere else?)**
 - At this clinic
 - At a different clinic/health center
 - Through friends' or relatives' comments
 - Through the news, in magazines
 - Through the radio
 - Television
 - Course or formal lecture
 - Telephone line
 - Internet page
 - Other Specify: _____
 - Does not remember

- 3.4 Do you know where a woman can obtain emergency contraceptive pills?
(Read and check those methods mentioned and then prompt: Somewhere else?)
- Hospital/health center/clinic.....
 - Social worker/community worker
 - Private clinic
 - Pharmacy
 - Supermarket
 - Other..... Specify: _____
 - It is not possible to obtain them
 - Does not know.....
- 3.5 Would emergency contraceptive pills work if there is a menstrual delay?
- Yes
 - No
 - Does not know
- 3.6 How long after unprotected sex should emergency contraceptive pills be taken?
- Immediately after sex
 - Within 24 hours
 - Within 120 hours (5 days)
 - Within one week.....
 - At any time before the first day of the next menses
 - Other.....
 - Does not know..... Specify: _____
- 3.7 Which drug do you believe is contained in emergency contraceptive pills:
(Read and check responses mentioned.)
- The same as in normal contraceptive pills
 - The same one, but stronger
 - A completely different drug
 - Does not know.....

3.8 Did the person or media (for example, television, radio, etc.) from which you obtained information about EC explain to you: **(Read and circle those methods mentioned.)**

	YES	NO	N/R
Which methods can be used?	1	2	3
How often you can use them?	1	2	3
Where they can be obtained?	1	2	3
That it would be advisable to talk about the method with your partner?	1	2	3
That you would not have any problem to become pregnant in the future?	1	2	3
That after using emergency contraception it would be advisable to start using a different contraceptive method?	1	2	3

3.9 How effective are emergency contraceptive pills in preventing a pregnancy? **(Read and check those methods mentioned)**

- Almost always (99%)
- Three out of four (75%)
- Half of the times (50%)
- Less than the third part (30%)
- Not sure

IV. Quality of Care

4.1 Have you received during the last year (lately) information about emergency contraception at this center?

- Yes
- No *Skip to 5.1*
- Does not remember

4.2 Who provided this information?

- Doctor
- Psychologist
- Social worker
- Group talk
- Poster
- Brochures
- Video
- Other Specify: _____
- Does not remember

V. Use of Emergency Contraceptive Method

- 5.1 Have you (or your partner) ever used emergency contraceptive pills?
 Yes
 No **Skip to 6.1**
- 5.2 How many times have you used this method during the last year? _____
 Does not remember
- 5.3 Who recommended it? (**Read if the person does not respond**)
 A friend
 Partner (male)
 Telephone line
 Web page
 Radio program
 Television program
 Other Specify: _____
 Does not remember/know
- 5.4 Why did you use it? (**Read and check those methods mentioned.**)
 You do not use a contraceptive method
 The timing was miscalculated (rhythm)
 The condom broke or slipped
 You missed pills
 You were forced to have sex
 The withdrawal failed
 Other Specify: _____
 Does not remember
- 5.5 After you (or you partner) used emergency contraception, did you start using a regular method of birth control or one different from the method you were using?
 Yes
 No **Skip to 6.1**
 Does not remember **Skip to 6.1**
 Does not know **Skip to 6.1**

5.6 Which method did you start using?

- Pills.....
- Injectables.....
- Condoms
- IUD.....
- Tubal ligation
- Vasectomy
- Withdrawal
- Calendar (rhythm)
- Other Specify: _____
- Does not remember

VI. Attitudes Toward Emergency Contraception

Let me define briefly what emergency contraceptive pills are. They are traditional contraceptive pills, those that are taken daily, but administered in higher doses and for a short time. Women can use them after having had unprotected sex and as a way to help them prevent a pregnancy. This method is sometimes called the “morning-after pill,” but the woman actually has up to five days after intercourse to get protected.

Emergency contraceptive pills must be taken as soon as possible within the first 120 hours after unprotected sex. If taken within 72 hours, and with the correct doses, they prevent about 3 out of 4 pregnancies that would have otherwise occurred. Some women who have taken them have experienced nausea or vomiting. The ingredient in these pills is the same as the one in normal contraceptive pills, but in higher doses. This method is used in case of emergency; it is not recommended for routine use.

6.1 What do you think about this method?

- Adequate for women
- Inadequate for women
- Adequate for some women
- You would like to have more information.....
- Other.....
- Does not know Specify: _____

6.2 Do you have any questions or concerns about this method?

- Yes
- No **Skip to 6.4**

- 6.3 Which are your concerns?
- It may cause health problems
 - It may hurt the baby in case it does not work.....
 - It may result in complications to get pregnant in the future
 - It is abortifacient
 - Its use may be illegal
 - It will result in more women suffering from STI and even AIDS.....
 - If men know that this method exists they would exert pressure on women to use it
 - Some women may use it frequently instead of using regular contraceptives.....
 - Other Specify: _____
 - I do not have enough information

- 6.4 Where do you think this contraceptive method should be provided? **(Read and check those methods mentioned.)**
- Public hospitals
 - Private hospitals
 - Institutional health centers
 - Community health centers.....
 - At midwives' houses.....
 - Pharmacies
 - Any shop where drugs are expended
 - Schools
 - Vending machines
 - Other Specify: _____

- 6.5 Who should provide it? **(Read and check those methods mentioned.)**
- Doctors
 - Nurses.....
 - Social workers
 - Sex Counselors
 - Community health workers
 - Psychologists.....
 - Midwives
 - Pharmacists.....
 - Other Specify: _____

6.6 From what you have learnt about emergency contraception, do you think you would ever use it or recommend it to a friend or relative in case of need?

Yes

No

Not sure

6.7 Do you believe your partner would accept that you use this method? (Or would you accept that your partner uses it?)

Yes

No

Not sure

6.8 According to you, which would be the best ways to inform people about emergency contraception? (**Read and check those methods mentioned.**)

At the clinic

Group talks

Brochures

Posters

Radio

Television

Magazines/newspapers

Schools

Telephone line

Internet page

Other Specify: _____

Does not know

VII. Distribution

In some countries, providers supply women in advance with kits containing emergency contraceptive pills. Thus, women can easily resort to them in case of need, without having to return to the clinic.

7.1 What do you think about this idea?

Adequate

Has doubts

Inadequate

7.2 Why? _____

7.3 Some pharmaceutical companies have developed something called “a dedicated product” for emergency contraceptive pills. This dedicated product contains the exact dose, but it consists of two pills only and has fewer side effects; the cost of the product, however, is higher than that of using regular oral contraceptive pills for emergency contraception. Would you prefer this dedicated product?

- Yes
- No
- It depends
- Does not know

7.4 Why? _____

7.5 How much would you be willing to pay for this product? US \$ _____

- US\$0-3
- US\$3-5
- US\$6-10
- US\$10 -20
- US\$20-50
- US\$50-100
- More than US\$100
- Does not know/respond

We have come to the end. But before we finish:

We would like to mention that emergency contraceptive pills do not protect against sexually transmitted infections, including HIV, the virus which causes AIDS. Condoms are believed to be the most effective method to protect against these diseases.

Do you have any further doubts about emergency contraception?

User's questions:

- (1) _____

- (2) _____

- (3) _____

- (4) _____

Write the time the interview finished: ___Hours: ___Minutes

Write this same time on the first page of the questionnaire.

Thanks again for participating in this project.

This survey was originally developed in Spanish by the Population Council of Mexico. It was translated and adapted with permission from the Population Council of Mexico by PATH.

Provider Knowledge, Attitudes, and Practices Survey on Emergency Contraceptive Pills

Our organization, _____, is seeking to learn about medical providers' knowledge of and perceptions of the need for emergency contraceptive pills (ECPs), as well as barriers to providing high-quality ECP services. The information you provide will be used to design training curricula and materials about ECPs and other contraceptive methods. Your answers will not be released to anyone and will remain anonymous. Your name will not be written on the questionnaire or be kept in any other records. **Please return the survey by ____ to ____.**

Thank you for your help.

Please check below:

- Obstetrician/Gynecologist
- Nurse
- Psychologist
- Other _____

Please check below:

- Female
- Male

Region where you work

- Urban
- Rural

Do you agree that unintended pregnancies and, as a result, induced abortions are serious problems in our country?

- Yes
- No

How long does a typical appointment with your client last?

- Less than 15 min.
- 15-20 min.
- 20-30 min.
- More than 30 min.

Does a typical appointment include a discussion of family planning? *Please check **one***

- Always
- Most of the time
- Sometimes
- When the client requests information
- Never

What are the contraceptive methods available at your clinic or health center?

Please check **all** that apply

Hormonal methods

- Oral contraceptive pills
- Emergency contraceptive pills
- Contraceptive injection.....
- Contraceptive implant

Barrier methods

- Male condom.....
- Female condom
- Diaphragm.....

Other methods

- Vaginal spermicides.....
- Safe period (rhythm)
- Withdrawal
- Sterilization
- IUD.....

Do you have concerns about the methods listed below? **Check only** where you have a concern

	<u>Not effective</u>	<u>Unsafe</u>	<u>Other</u>
<u>Hormonal methods</u>			
Oral contraceptive pills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency contraceptive pills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive injection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive implant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Barrier methods</u>			
Male condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diaphragm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Other methods</u>			
Vaginal spermicides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe period (rhythm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Withdrawal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sterilization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IUD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If for any method you checked “*other*,” please explain:

What contraceptive methods would you like to learn more about?

What advice/treatment would you give to a woman who came to you with a history of a missed or delayed period?

What advice or treatment would you give to a woman who came to you with concerns about contraceptive failure (condom breakage, missed pills, missed injection)?

Do you agree or disagree with the following statement, “ECPs are primarily a form of contraception”?

Agree (*skip to question 14*)

Disagree (*go to question 13*)

Do you agree or disagree with the following statement, “ECPs are primarily a form of abortion”?

Agree

Disagree

When you or someone at your clinic discuss family planning, do you include a discussion of emergency contraception? *Please check **one***

- Always.....
- Most of the time
- Sometimes
- When the client requests information
- Never

Have you ever prescribed ECPs?

- Yes
- No (*skip to question 16*)

If yes, please check **one** of the following:

In the last year, how many times have you prescribed ECPs?

- 0 times
- 1-10 times
- 11-20 times
- 21-30 times
- More than 30 times

How familiar are you with the use of ECPs?

- Very familiar
- Somewhat familiar
- Not at all familiar

What advantages do you believe this method has?

- None
- Prevents unintended pregnancy
- Ideal when no contraception was used
- Accessible.....
- Easy to manage (dose).....
- Not necessary to use a routine contraceptive
- Women can self-prescribe
- Low cost
- Effective
- Few contraindications
- No important side effects
- Can be managed by the woman without the man's participation
- Other (*please describe*) _____

What concerns do you have about ECPs? *Please check **all** that apply*

- No concerns.....
- Moral or religious objection.....
- Women will rely on ECPs as a regular form of contraception.....
- Side effects—nausea and vomiting.....
- Ineffective in preventing pregnancy.....
- Safety of fetus if ECPs are not effective in preventing pregnancy.....
- Not safe.....
- Does not protect against sexually transmitted infections....
- Insufficient time for adequate patient counseling/education.....
- Encourages irresponsible behavior.....
- Other (*please describe*)_____

What would you like to learn more about emergency contraception?
*Please check **all** that apply*

- Types of emergency contraception.....
- Mechanism of action of emergency contraception.....
- Effectiveness.....
- IUD as emergency contraception.....
- Safety of EC and hormonal contraceptives.....
- Possible side effects.....
- Advance distribution.....
- Other (*please describe*)_____

Where do you believe ECPs should be offered? *Please check **all** that apply*

- Government hospitals.....
- Private hospitals.....
- Government health centers.....
- Private clinics.....
- Community health centers.....
- Midwives.....
- Pharmacies.....
- Supermarkets.....
- Schools.....
- Vending machines.....
- Other (*please describe*)_____

Who do you think should offer ECPs? *Please check **all** that apply*

- Doctors
- Nurses.....
- Social workers
- Community health promoters.....
- Psychologists.....
- Midwives
- Pharmacists.....
- Other (*please describe*)_____

How satisfied are you with current guidelines governing ECP use in this country?

- Very satisfied (*skip to question 24*)
- Somewhat satisfied (*skip to question 24*)
- Not at all satisfied.....

If you answered, “*Not at all satisfied*” to the previous question, what official documentation would make it easier for you to provide EC information to women?
*Please check **all** that apply*

- Health authorities guidelines.....
- Professional association recommendations.....
- Other (*please describe*) _____

Please check the statement that best describes your clients:

- “All of my clients know that there is a contraceptive method that can prevent pregnancy after unprotected sex.”
- “Some of my clients know that there is a contraceptive method that can prevent pregnancy after unprotected sex.”
- “Few of my clients know that there is a contraceptive method that can prevent pregnancy after unprotected sex.”

To which clients do you offer the method? *Please check **all** that apply*

- Adolescents.....
- Married or partnered women.....
- Rape cases
- Clients who used a contraceptive method
- Commercial sex workers
- Other (*please describe*)_____

Do you have any materials for clients that discuss emergency contraception?

- Yes
- No
- Do not know

Are there any written guidelines that you use for emergency contraception?

- Yes
- No
- Do not know

What information would make it easier for you to provide EC information to women?

*Please check **all** that apply*

- Written materials and resources designed for medical providers
- Written materials and resources for women.....
- Data/studies on emergency contraception effectiveness and safety
- Comprehensive emergency contraception training
- Other (*please describe*) _____

What are the obstacles to increased access to this method in this country in general?

*Please check **all** that apply*

- None
- Religious opposition.....
- Health center politics.....
- Opposition for health reasons.....
- Opposition from civil groups
- Opposition from medical personnel
- Lack of awareness on the part of clients
- Cost
- Availability
- Legal restrictions
- Other (*please describe*) _____

Do you have any ideas about how to overcome these obstacles? *Please check **all** that apply*

- Training courses
- Clarifying erroneous preconceptions
- Government norms
- Information to the general population
- Incorporation into counseling on family
planning methods
- Offer it at a low cost
- Provision in appropriate doses
- Dedicated product
- Over-the-counter provision
- Easy access to the method
- Other (*please describe*) _____

What barriers exist for your clients to access emergency contraception?

*Please check **all** that apply*

- Lack of awareness about ECPs
- Fear of side effects
- Fear of effects on fetus if already pregnant
- Cultural barriers
- Cost
- Other providers' reluctance to refer clients for ECPs
- Clinic or pharmacy hours
- Transportation
- Client fear or embarrassment about discussing
the need for ECPs
- Other (*please describe*) _____

In your community, is emergency contraception information easily available for women?

- Yes
- No

In your community, what organizations or information sources can most effectively reach women with information on health and lifestyle issues? *Please check **three***

- Medical institutions
- Media (radio, TV, newspapers)
- Nongovernmental Organizations
- Women's organizations (*please specify*) _____
- Printed materials (posters, brochures, booklets)
- Hotline
- Other (*please describe*) _____

Which health providers do you consider are most important to reach with information about emergency contraception? *Please number in order from most important (1) to least important (5)*

Obstetricians/gynecologists

Nurses

Hospital emergency rooms

Other medical providers (*please specify*) _____

Family planning counselors

In-Depth Interview Guide for Key Reproductive Health Authorities

Date (day/month/year): _____ Time interview began: _____

Name of facilitator: _____ Time interview ended: _____

Introduction

Introduce yourself and explain the purpose of the interview. If a notetaker is present, introduce the notetaker (it is often helpful to have a notetaker working in collaboration with the interviewer).

Our organization [insert the name of organization here] is seeking to learn about reproductive health authorities' attitudes toward emergency contraceptive pills (ECPs), their perceptions of the need for ECPs and barriers to providing high-quality ECP services, and their opinion on training needs of their staff and the best mechanism to expand ECP information. The information you provide will be used to design training curricula and materials on emergency contraception and other contraceptive methods.

Let the interviewee know that if at any time he/she does not feel comfortable with a topic, he/she is not required to respond. There are no wrong or right answers.

Ask interviewee to complete the background information form, then proceed with the interview guide.

Background Information Form for Key Reproductive Health Medical Authorities

(This form is to be filled out by the reproductive health medical authority before the interview begins.)

1. Please check: Female Male
2. How many staff are employed by your institution? _____
3. How many staff do you directly supervise? _____
4. Which contraceptive methods does your staff recommend most often?
*Check **up to five** methods*

Hormonal methods

- Oral contraceptive pills
- Emergency contraceptive pills
- Contraceptive injection.....
- Contraceptive implant

Barrier methods

- Male condom.....
- Female condom
- Diaphragm.....

Other methods

- Vaginal spermicides.....
- Safe period (rhythm)
- Withdrawal
- Sterilization
- IUD.....

5. Do you have concerns about the methods listed below?

Check only where you have a concern

	<u>Not effective</u>	<u>Unsafe</u>	<u>Other</u>
<u>Hormonal methods</u>			
Oral contraceptive pills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency contraceptive pills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive injection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive implant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Not effective</u>	<u>Unsafe</u>	<u>Other</u>
<u>Barrier methods</u>			
Male condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diaphragm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Not effective</u>	<u>Unsafe</u>	<u>Other</u>
<u>Other methods</u>			
Vaginal spermicides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe period (rhythm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Withdrawal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sterilization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IUD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If for any method you checked “*other*”, please explain:

6. What concerns do you have about ECPs? *Please check **all** that apply*

- No concerns.....
- Moral or religious objection.....
- Women will rely on ECPs as a regular form of contraception.....
- Side effects—nausea and vomiting.....
- Ineffective in preventing pregnancy.....
- Safety of fetus if ECPs are not effective in preventing pregnancy.....
- Not safe.....
- Does not protect against sexually transmitted infections.....
- Insufficient time for adequate patient counseling/education.....
- Encourages irresponsible behavior.....
- Other (*please describe*)_____

7. In your opinion, what aspects related to emergency contraception should be included in the training for medical providers? *Please check **all** that apply*

- Types of emergency contraception.....
- Mechanism of action of emergency contraception.....
- Effectiveness.....
- IUD as emergency contraception.....
- Safety of emergency contraception and hormonal contraceptives.....
- Possible side effects.....
- Advance distribution.....
- Other (*please describe*)_____

Interview Guide for Key Reproductive Health Medical Authorities

Note: When possible it is best to have two people attend the interview, an interviewer and a note taker. The interviewer should begin by saying:

Today I would like to discuss with you some issues that are important to women in [insert your country here]. As a key medical authority, your opinions and experience are important to us and will help us to design training curriculum and materials for medical providers.

Emergency Contraception Service Provision, Perceptions, and Attitudes

What do you think about the rate of unintended pregnancies and abortion rate?

Probe: Do you think something should be done to lower those rates?

What do you and your staff do to make it happen?

What do women do if they need to get help with preventing pregnancy after unprotected sex?

Probe: Do medical providers of your medical institution offer emergency contraception to the women?

If yes, who are their potential emergency contraception clients?

When is emergency contraception is offered?

How often do they discuss emergency contraception with their clients?

Is emergency contraception information currently available to women in your medical institution?

In what form?

What do you think about emergency contraception?

Probe: In your opinion, are ECPs primarily a form of contraception or a form of abortion? Why?

What are your concerns about ECPs?

What is the current overall knowledge among providers regarding ECPs?

In your medical institutions, what are medical providers' perceptions of a need for ECPs?

Barriers to Providing High-Quality Emergency Contraception Services

What barriers, if any, might prevent your staff from routinely providing emergency contraception information and services to women? Why? (don't read list)

- Personal, moral, or religious objection
- Women will rely on ECPs as a regular form of contraception
- Side effects—nausea and vomiting
- Ineffective in preventing pregnancy
- Safety of fetus if ECPs is not effective in preventing pregnancy
- Not safe
- Does not protect against sexually transmitted infections
- Insufficient time for adequate patient counseling/education
- Encourages irresponsible behavior
- Lack of support or opposition from local board of health

What standards of care might affect provision of emergency contraception?

Probe: Are you satisfied with current guidelines governing ECP use in this country?

What political or other concerns might limit more extensive development of Emergency contraception services or information dissemination in the communities you serve?

What financial or staff constraints could limit the expansion of emergency contraception information provision and services in your medical institution?

What do you see as the most effective mechanisms to expand emergency contraception information and services to women in your medical institutions? (don't read list)

- Staff training
- Materials
- Funding
- ECP product availability
- Authority for staff to provide ECPs
- Other?

What is the capacity of nonfamily planning/reproductive health personnel (pharmacists, feldshers, teachers, etc.) to supply ECP information?

Probe: Who are the most important providers to be reached with ECP information?

Contraception Provision

*Which contraceptive methods are recommended to women most often in your medical institution? Why? (**don't read list**)*

- Hormonal methods
- Barrier methods
- Other methods?

Information/Training Needs

*What information would be most helpful in enabling you and your staff to provide emergency contraception information and services to women? (**don't read list**)*

- Written materials and resources designed for medical providers
- Written materials and resources for clients
- Data/studies on ECP effectiveness and safety
- Comprehensive ECP training for service providers
- Other?

In your medical institutions, what are medical provider training needs in family planning and contraception? Why?

How would you organize this training? How long should it be?

What issues on ECPs and other contraceptive methods should be included in the training?

In your opinion, which medical providers should be trained on ECPs first of all?

*Where do you feel most women get information about family planning? (**don't read list**)*

- Friends or coworkers
- Family members or spouse
- Medical provider
- TV
- Radio
- Billboards
- Magazines
- Newspapers
- Brochure or printed matter
- Other

What source of information do you think women can trust the most, and why?

In your opinion, what informational materials do women need first of all?

Probe If you were to have educational materials on Emergency Contraception or other contraceptive methods to give to women, what would make them interesting?

From what source would you like women to learn more about Emergency Contraception and other contraceptives?

If media, what kind of media? If people, what people?

If printed materials, what kind? (describe)

Why do you prefer this source of information? What makes this source trustworthy?

What messages on ECPs are most important to pass to the women?

Conclusion

We will close today's interview with some final thoughts. We want to thank you for sharing your ideas and opinions today. Do you have anything you would like to add?

How do you feel about our discussion? Do you have any suggestions for improving the interview process?

Here is contact information in case you have any more questions or comments you wish to share after the interview.

The interviewer should thank the interviewee and tell them that their contribution has been very valuable. Emphasize that this information is being used to develop training and information materials on ECPs and other contraceptives.

After the Interview

Immediately after the discussion:

- Facilitator and notetaker debrief together.
- Make a note of suggested changes in the way the interview is conducted or in the technical aspects of the logistics.
- Revise, edit, and complete notes.

That afternoon or evening (notetaker and/or facilitator)—do not delay this step:

- Review the notes; make clarification notes as necessary.
- Complete and correct the notes in accordance with the recording.
- Summarize important themes or points made in the summary section of the interview.
- Send the tape and the clarification notes to be transcribed.
- Meet with the other project staff to discuss how the interviews are going. Share suggestions for changes to the guide or about the interviews.

Mystery Shopper Survey

Guidelines

Note: This page is for use in preparing for the pharmacy visit. It should not be used while in the pharmacy.

The following are two scenarios (one for a female shopper, one for a male shopper) for use in the pharmacy. The attached page is to be used by the interviewer who will interview the mystery shopper after he/she has finished his/her visit.

Female Mystery Shopper: *Yesterday I had sex and didn't use any method of contraception. I am worried about getting pregnant and I would like to know if there is something I can do to prevent pregnancy.*

Male Mystery Shopper: *I had sex two days ago. We always use condoms, but this time the condom broke. I am worried that my girlfriend will get pregnant. Is there anything we can do to prevent this?*

If the counter staff person or pharmacist says YES:

After the employee has told you about what you can do to prevent pregnancy, ask the following two questions to help initiate a discussion about sexually transmitted infections and ongoing contraception. If the pharmacy staff member provides this information without being asked, there is no need to ask the prompting questions:

- What else can happen to me (or my girlfriend, if mystery shopper is male)?
- Is there anything else I need to know?

If the counter staff person or pharmacist says NO, continue by saying:

I had a friend who said there were pills I (my girlfriend) could take; do you know anything about that?

Or: I see the poster in your window that says something about emergency contraception. What is that?

If the frontline staff member or pharmacist STILL says NO, ask:

Do you know from whom or where I may get information/help?

Note: Mystery shopper should be sure to emphasize he/she is interested in PREVENTING pregnancy, to avoid any potential confusion with abortifacients.

Mystery Shopper Recording Sheet

Name of mystery shopper _____ Date _____

Name of interviewer _____

1. Name of pharmacy	
2. Address of pharmacy	
3. Sex of person spoken to in pharmacy	Male Female
4. What was the general attitude of the person who attended you at the BEGINNING of the visit?	Positive (friendly, welcoming, attentive) Indifferent Negative (judgmental, impatient, rude)
5. What was the general attitude of the person who attended you at the END of the visit?	Positive (friendly, welcoming, attentive) Indifferent Negative (judgmental, impatient, rude)
6. If the staff person had a poor attitude are there reasons or things you observed that might have affected his/her attitude? Circle all that are mentioned.	Other customers Many customers Embarrassed Too many questions Didn't know how to answer questions Bored Other _____ Specify Don't know Not applicable
7. How long was the interaction with the staff person?	_____ minutes
8. Were you asked when you had your (your girlfriend had her) last menstrual period?	Yes No

<p>9. Were you asked whether the period was normal in length and timing?</p>	<p>Yes No</p>
<p>10. Were you offered any treatments or medications?</p>	<p>Yes No</p>
<p>11. What were you offered?</p>	<p>Emergency contraception dedicated product <i>[insert site specific name]</i></p> <p>_____</p> <p>Oral contraceptives for use as emergency contraception</p> <p>Other _____ Specify brand name</p>
<p>12. How much did it cost?</p>	<p>_____</p>
<p>13. Did the staff person explain what the product was for?</p>	<p>Yes No</p>
<p>14. Did the staff person explain how effective the product was?</p>	<p>Yes No</p>
<p>15. Did the staff person give you instructions on how to take it?</p>	<p>Yes No</p>
<p>16. What were the instructions?</p>	<p>Please describe below</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>17. Did the staff person discuss side effects?</p>	<p>Yes No</p>
<p>18. If yes, what side effects were discussed?</p>	<p>Nausea</p> <p>Vomiting</p> <p>Irregular bleeding</p> <p>Other _____ Specify</p>

<p>19. Did you observe any printed materials about emergency contraception, sexually transmitted infections, contraception, or other reproductive health issues?</p> <p>If YES, write down what you saw.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Yes No</p>
<p>20. Did the staff person talk to you about sexually transmitted infections?</p>	<p>Yes No</p>
<p>21. Did the staff person recommend the use of a family planning method for future use?</p>	<p>Yes No Skip to Q23</p>
<p>22. What method was recommended?</p>	<p>_____</p> <p>Specify method</p>
<p>23. Did the staff person offer you a referral?</p>	<p>Yes No Skip to Q26</p>
<p>24. Why were you referred?</p>	<p>Didn't have the product/or information</p> <p>Pregnancy test</p> <p>Sexually transmitted infection exam</p> <p>Other _____</p> <p>Specify</p>
<p>25. Where were you referred?</p>	<p>Another pharmacy</p> <p>Specific doctor's office or clinic</p> <p>Hospital</p> <p>Doctor affiliated with pharmacy</p> <p>Counseling center</p> <p>Other _____</p> <p>Specify</p>
<p>26. Did the pharmacy staff person ask you if you had any questions?</p>	<p>Yes No</p>

27. Did the pharmacy staff person give you any other information or advice?	Yes No Please describe below _____ _____ _____ _____
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Content and format for this tool were adapted from mystery shopper surveys developed by PATH and the Reproductive Health Research Unit of the University of Witwatersrand, South Africa.