

WORLD POPULATION DAY 2018 HIGHLIGHTS INEFFECTIVE AND UNSAFE PREGNANCY PREVENTION BEHAVIORS AND PRACTICES. WHAT ABOUT FOR EMERGENCY CONTRACEPTION?

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World Population Day 2018 highlights ineffective and unsafe pregnancy prevention behaviors and practices. What about for emergency contraception?

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For this year's World Population Day on 11 July, our community celebrates and affirms the [right to family planning](#). On this day, the United Nations Population Fund (UNFPA) is also calling attention to the many people around the world unable to realize this right. The Guttmacher Institute's analysis, [Adding it Up](#), estimates that globally, [214 million women of reproductive age](#) in developing regions want to avoid pregnancy but are not using a modern method of contraception. One hundred and fifty five million women are not using a contraceptive method. Some 59 million women use traditional practices and remedies for pregnancy prevention. UNFPA has listed some of these practices in this [article](#) and accompanying [photo essay](#). They are cause for concern because the users of such "pseudo" contraceptive practices act in the belief that they are protecting themselves from the risk of unintended pregnancy. But in fact they are exposing themselves to that risk, and potentially to further health consequences.

This phenomenon affects emergency contraception (EC) as well. [The level of awareness towards emergency contraceptive pills \(ECPs\)](#) is low at the global level, as indicated in the Demographic and Health Survey (DHS) data. Most women have never heard of the dedicated, safe and effective [pill](#), and copper-[IUD](#) regimens that are the only effective ways to prevent pregnancy after sex.

Yet, research in one country context reveals that the same phenomenon of folk or traditional contraceptive behaviors and practices also exist *after* sex. Although levels of awareness of dedicated ECPs in the Democratic Republic of the Congo (DRC) is low at [18.8% \(DHS 2013-14\)](#), only about a third of respondents in ICEC's recent qualitative study believed that nothing could be done to prevent pregnancy after sex. Kinshasa women and girl participants discussed in structured focus group, in detail the arsenal of potential post-coital contraceptive "emergency" behaviors and practices that they, and other women and girls in their communities, were familiar with. They described a range of folk remedy treatments, such as douching, drinking very salty water or sodas, using a herbal concoctions of avocado leaves, and "jumping really hard to make the sperm come out". In other cases, they described the use of non-contraceptive drugs, such as antibiotics, deworming medications (Décaris, Tanzol) and antimalarial medications (quinine, tetracycline). Describing some of these behaviors, participants detailed very complex regimens and timeframes for use to prevent pregnancy after sex.

The focus group discussion participants had a range of explanations for these practices. For one, most women had never benefited from a family planning counseling information session, and relied on the “handed-down” ingrained beliefs and practices that they observed among their mothers, sisters, aunts, and others in their communities. This is grounded in their self-admitted generally poor knowledge of reproductive biology, including the fertile period. Others calculated that the risks of these behaviors amounted to less than what they perceived to be the high and numerous “costs” of using modern contraceptive methods, citing their fears and rumors about these, including perceived health risks. Participants explained the high financial cost of paying for a contraceptive method, saying that, in comparison the relatively lower cost of non-contraceptive drugs made them more appealing. Focus group participants also explained the “social” cost, in terms of embarrassment and stigma, of asking for a contraceptive out loud to a pharmacist or store clerk (potentially male) at a pharmacy counter, a public place. For these and other reasons, women and girls in Kinshasa who participated in our research revealed that post-coital contraceptive behaviors were practiced within their communities, albeit using ineffective and unreliable treatments.

The recourse to unsafe behaviors and practices to prevent pregnancy highlights the great imperative of improving awareness, through [training and counseling](#) on the full and diverse range of high-quality, safe, effective contraceptive methods, including on [EC](#). They must be made available, acceptable, accessible and affordable for all women and girls, then enabled and empowered to make free and informed choice and realize their rights to family planning.

To read the full article referenced above, please see “[Awareness and Perceptions of Emergency Contraceptive Pills Among Women in Kinshasa, Democratic Republic of the Congo](#)”, co-authored by Tulane University, the DRC Ministry of Health’s National Program for Adolescent Health and the National Program for Reproductive Health, and by the International Consortium for Emergency Contraception, hosted by Management Sciences for Health.



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