ICEC Worldwide Case Studies: Mexico

Navigating a Politically Sensitive Landscape

Even in the absence of a dedicated product, the Consortium advanced understanding and acceptability of emergency contraception.

Political and religious sensitivities often challenge proponents of family planning services and legislation in Mexico. Fearing a conservative backlash against the method, some service providers and reproductive health workers in Mexico initially were hesitant to promote emergency contraception, even though Mexican women experience a high rate of unintended pregnancy and complications from illegal abortion.

As a result of this concern, beginning in the late 1990s, the Consortium adopted a demand-oriented strategy to introduce emergency contraception into family planning programs. Led by the Population Council in collaboration with the Pacific Institute for Women's Health and local agencies such as Mexfam, GIRE, and IMIFAP, the Consortium worked to improve provider training and service delivery, conducted an innovative marketing and educational campaign directed at potential method users, and disseminated research results among academic and institutional colleagues, including Ministry of Health officials.

The Consortium began by conducting a baseline survey of provider and client knowledge, practices, and beliefs in 1997. Results showed that, although 88% of service providers had heard of emergency contraception, fewer than 40% knew the correct dosages and only 7% provided the method. Among prospective clients, only 13% were familiar with emergency contraception.

Initial activities were based on the use of regular oral contraceptive pills while registration of Postinor-2 was being pursued.

The Consortium began its provider training and service delivery programs at Mexfam and other NGO clinics in Mexico City. Local partners prepared a training kit containing key scientific articles, Spanish-language abstracts, and a slide show for use in training lectures. These kits enabled local partners to standardize and replicate training sessions. Using these materials, the Consortium educated more than 600 trainers in the government system (who in turn went on to train a total of 12,000 providers), and conducted training seminars for a range of providers, including pediatricians, obstetricians, gynecologists, and general practitioners. Prior to the registration of a dedicated emergency contraception product, these providers dispensed emergency contraception by providing oral contraceptive pills at doses that could be used for emergency contraception. Some providers also repackaged regular oral contraceptive pills as emergency contraception.

The Consortium also met with medical school leaders, which resulted in an agreement to train the next generation of Mexican health care providers in medical, nursing, and pharmaceutical programs about emergency contraception.

To reach the general population, the Mexico Consortium developed extensive media campaigns. A wide array of materials, including brochures, bookmarks, and pamphlets, was developed to increase awareness and understanding of emergency contraception. As part of the community outreach strategy, the Consortium developed a Spanish-language website (http://www.en3dias.org.mx), which is linked to other sources of information within Mexico. This website has been particularly popular among students and young professionals. Other local NGOs (GIRE, IMIFAP, Mexfam) also have included information about emergency contraception on their websites and trained office receptionists to answer questions about EC.
In addition, the Consortium set up a telephone hotline (1-800-en-3-dias) in February 1999 that was receiving over 10,000 calls per month by late 2000. As part of the project's youth services component, the Consortium negotiated an informal agreement with university authorities to provide information about emergency contraception through a university telephone hotline, which is available to students and the general public.

The Consortium also reached potential clients through a series of innovative marketing projects:

- Worked with condom distributors to overlay condom packages with stickers providing the emergency contraception hotline number and website address in the event that a condom breaks
- Distributed information at rock concerts and large women-oriented events
- Distributed emergency contraception information and supplies through selected factories (which primarily employ women aged 15 to 25)
- Promoted the method through printed and electronic media, including articles in national newspapers and magazines and coverage on television and radio talk shows
- Aired a series of radio jingles featuring an emergency contraception superhero in the summer of 2000
- Distributed emergency contraception mousepads at internet cafés

Substantial time and effort was also spent working with Mexico's Ministry of Health to include emergency contraception in their family planning guidelines. Unfortunately, just as these family planning guidelines were to be adopted, a pro-life group charged that emergency contraception, IUDs, and Norplant® caused abortion. Their protest spurred enough controversy to cause the government to withdraw the guidelines temporarily. Subsequently, a lawsuit was filed against Mexfam by an anti-choice group for allegedly distributing "abortion pills," though the lawsuit was defeated twice on legal grounds.

Despite these setbacks, Postinor-2 finally was approved in Mexico in September 1999. A second dedicated product (HRA Pharma's Vika®) was approved in June 2000.

**UPDATE, 2006:**

In the past five years, two more dedicated EC products were registered in Mexico: Postday and Glanique. EC was added to the Mexican family planning norms in January 2004. This move was challenged constitutionally by pro-life groups, but in 2005 the Supreme Court dismissed the case on technical grounds. In July 2005, EC was added to the Mexican essential drug list, thus mandating its availability in all public health facilities.

A follow up study found that client recognition of EC jumped from 13% to 32% following publicity efforts and provider knowledge increased from 88% to 100%. Once a very sensitive topic, emergency contraception is now considered an important aspect of standard reproductive health care.

In 2004, Ipas Mexico produced a publication clearly describing the EC process and ways to make EC more available to adolescents. Over 50,000 copies have been printed and distributed.

**Successes:**
The Mexico Consortium's strategy to promote emergency contraception in general, rather than a specific dedicated product, proved beneficial, given the lengthy product registration process.

The strategy to build support among opinion leaders and policy makers was key to overall acceptance of the method.

Working in alliance with local NGOs helped expand project reach.

Innovative marketing approaches and effective utilization of the media reached a wide audience with information about emergency contraception.

Emergency contraception is now institutionalized in the curricula of the National Autonomous University of Mexico medical and nursing schools.

Four dedicated emergency contraceptive pill products are currently available in Mexico.