

COUNTING WHAT COUNTS: TRACKING ACCESS TO EMERGENCY CONTRACEPTION

Policies support the use of Emergency Contraception (EC) in Kenya: EC is included in various national norms and guidelines for family planning and post-rape care. Social marketing programs have procured EC, and ECPs are widely available in family planning clinics and private pharmacies. Knowledge and usage of EC are high in Kenya relative to the rest of the region.

ABOUT KENYA

Kenya has an estimated population of 43,013,341. Fifty percent of the population lives in poverty and only 22% of people live in urban areas.¹ Only 22% of women have completed secondary education or above.² Kenya has a very mature Family Planning (FP) program and has the highest levels of FP usage in the region.

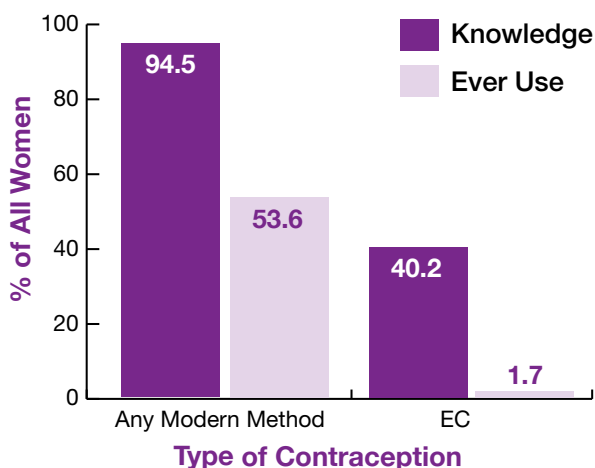
CONTRACEPTIVE AND EC KNOWLEDGE & USE

- **Total fertility rate:** 4.6 children per woman (5.2 Rural, 2.9 Urban)
- **Unmet need for contraception (among currently married women):** 25.6%
- **Current use of modern contraceptive:** 28% of all women

Source: Demographic and Health Surveys, Kenya 2009 DHS.²

According to the 2008-09 DHS, women with any level of formal education are significantly more likely to have knowledge of EC than women with no or incomplete primary education. Secondary analysis indicates that never married women are significantly more likely to have used EC than currently married women (5.51% versus 1.25% respectively). In a separate study of EC use among urban women in Kenya who have ever used EC (N=895), the characteristics of women who have used EC at least once in the last year include that they: are on average 20-24 years old, have a secondary or higher education, are currently working, are single or never married, have few or no children, are more likely to come from the wealthiest quintile, and overall have a lower than average coital frequency as well as high motivation to prevent an unwanted pregnancy.³

KNOWLEDGE AND EVER USE OF MODERN CONTRACEPTION & EC



POLICIES

Essential Drug List: Levonorgestrel (LNG) in the dose needed for emergency contraceptive use is included in Kenya's essential drug list.⁴

National Norms and Guidelines: EC is included in the *National Family Planning Guidelines for Service Providers*.⁵ These Ministry of Health guidelines for EC are evidence-based with no age or other restrictions. EC is available in government, private, and NGO health facilities, as well as over-the-counter in pharmacies. The guidelines, revised in 2010, define EC as "an essential component of quality FP service provision" and provide comprehensive instructions for the provision of both the Yuzpe method and dedicated EC pills (ECPs). The guidelines caution against repeat

use of EC and encourage providers to counsel in bridging EC users to other RH services.

Prescription Status and who is authorized to dispense: Women can obtain EC from all service delivery points of the Kenyan health system, including hospitals, health centers, maternity homes, HIV testing as well as counseling centers, private clinics, SGBV centers, mobile clinics, pharmacies, and chemists. Both clinical and non-clinical providers can dispense EC. These practitioners range from doctors, midwives, nurses, and clinic officers to pharmacists, community health extension workers, public health officers, and community-based distributors.

Post-rape care: Access to EC is provided as part of post-rape care counseling and services. Kenya's *National Family Planning Guidelines for Service Providers* stipulate that EC is an important element in post-rape care and should be used if "a woman has had coerced sexual intercourse, such as rape."⁵ EC is also included in the "National Guidelines on Management of Survivors of Sexual Violence" and in the "Clinical Management for Survivors of Sexual Violence" sections of the *Pocket Handbook on Integrating the Management of STIs/RTIs into Reproductive Health Services*.^{6,7}

PRODUCT AVAILABILITY

Registered Products: Multiple ECP products are registered and distributed.⁸

Locally manufactured products: None available.

Poor quality or counterfeit EC products: Counterfeit and poor quality ECPs are a problem in Kenya. In 2009, Kenya's Pharmacy and Poison Board (a local regulator of Postinor-2) published an advertisement in national newspapers alerting users and distributors to the dangers of counterfeit EC pills.⁹

WHERE WOMEN CAN ACCESS EC

EC in the Commercial Sector: EC has been available over-the-counter since the 1990s. The 2009 DHS shows that 42% of current contraceptive users obtain their method from the private/for-profit sector.² A recent study has determined that the private pharmacy sector is now a primary point for EC access. Statistics from 2008 show 895,752 units of EC sold through pharmaceutical sales versus 371,250 in the public sector.⁹

Dedicated LNG ECP products are widely available in select pharmacies and health outlets. In the study of urban women in Kenya, 96% of women who have ever used EC (N=895) reported their preferred source of EC as a pharmacy or chemist versus 2% who preferred a hospital, clinic, or dispensary.³

EC in the Public Sector: In 2006 the MOH, in conjunction with Population Council and Population Services International (PSI), launched an initiative to mainstream EC in Kenya, including strengthening EC provision in the public sector. The public sector procures EC.⁹

EC in the NGO, Social Marketing, and Social Franchising Sectors: Several programs distribute EC, including MSI Kenya, IPPF (through the Family Health Options Kenya [FHOK]) social franchise, and FHI 360 (through the Gold Star Network).^{10,11}

Community-Based Distribution of ECPs:

Community health workers and community health extension workers can dispense EC but we are unaware of the volume of distribution.^{4,12} The 2009 DHS indicated that less than 1% of contraceptives are provided through the community-based distribution system.²

PROVIDERS

According to the 2010 Service Provision Assessment Survey (SPA),¹³ 72% of all health facilities, including public facilities, provide EC and 83% of health facilities provide, prescribe, and counsel about EC use. However, a 2007 survey of public sectors providers found that while overall awareness of EC was high (96%), specific knowledge was low. Only 5% of public sector providers knew the correct time frame for EC effectiveness (120 hours) and fewer than 50% knew EC was legal in Kenya.¹⁴ These data suggest that more training may be needed for public sector providers, pharmacists, and front line workers who can distribute EC.

MEDIA COVERAGE OF ECPs

Over 80% of women have exposure to the mass media at least once a week.² In 2009 and 2010, the *Daily Nation*, Kenya's leading newspaper, published articles describing ECPs' mechanism of action, efficacy, and countrywide availability.^{15,16} In May 2008, PSI launched "Tulia," a national mass media campaign to increase public awareness of

ECPs. PSI utilized radio, print media, and television to provide information and counseling, including the number for a national hotline, to current and potential ECP users.⁹ However, a 2009 *BBC News* article¹⁷ entitled “Kenya concern over pill popping” cited cautions from the Pharmaceutical Society of Kenya regarding side effects such as infertility and increased risk of cancer. In addition, the article cited the MOH family planning director’s concern that women are at increased risk of HIV because there has been a shift in mindset from preventing STDs and HIV to preventing unplanned pregnancy, which may lead them to engage in risky behavior.

DONOR SUPPORT

According to RHInterchange, between 2003 and 2012, nine shipments of EC have been made to Kenya; the funding sources were IPPF, MOH, MSI, and UNFPA.¹⁸

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This fact sheet has been prepared by the **International Consortium for Emergency Contraception** and represents the best information we have been able to gather. We welcome your input for future revisions. Please contact us at info@cecinfo.org. Visit our website at www.emergencycontraception.org for more information on EC.