



COUNTING WHAT COUNTS: TRACKING ACCESS TO EMERGENCY CONTRACEPTION

Policies and some practices support the use of emergency contraception (EC) in Senegal: EC is included in national policies for family planning, social marketing programs have procured EC, and local drugstores and pharmacies distribute EC. Knowledge of EC is still very low, however, and biases and misconceptions about EC persist.

ABOUT SENEGAL

Senegal has an estimated population of 13,635,927.¹ The country is poor but fairly urban, with 42% living in urban areas. A large majority of the population (94%) identifies as Muslim.¹ Only 4.1% of women have completed education at the secondary level or above.² 18.7% of young women aged 15-19 have begun childbearing. The rate is higher in rural areas and among adolescents with little or no education.²

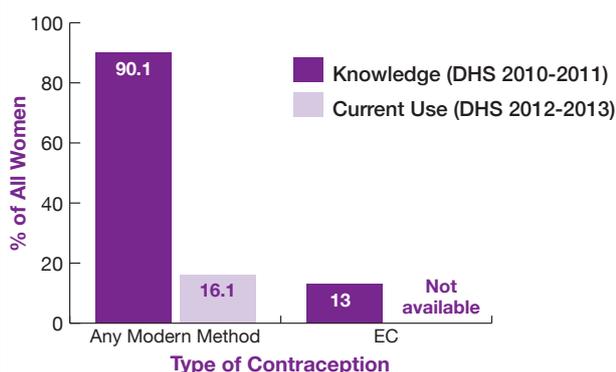
Use of contraception is low, and high fertility remains the social norm. Nevertheless, in 2005, the government demonstrated its strong commitment to family planning by enacting the Reproductive Health Law, which established access to reproductive health services as a universal right.³ To reach the

CONTRACEPTIVE KNOWLEDGE AND USE

- **Total fertility rate:** 5.3 children per woman (6.3 rural, 4.1 urban)
- **Unmet need for contraception:** 29.3%
- **Current contraceptive modern method use (among currently married women):** 16.1%

Source: Demographic and Health Surveys, Senegal.⁴

CONTRACEPTIVE KNOWLEDGE & CURRENT USE



Source: Demographic and Health Surveys,^{2,4} Senegal. Data on EC ever use was not available.

Millennium Development Goals (MDG) targets, in recent years, the government has engaged in initiatives to reposition the perception of family planning.

The 2011 Senegal Urban Health Initiative survey interviewed 9,614 women aged 15-49 in six cities and found that 4% of urban women had ever used EC.^{5,6} According to the 2010-11 DHS, women with some secondary or higher education are significantly more likely to know about EC than women with no education.²

POLICIES

Essential Drug List: Levonorgestrel in the dose needed for emergency contraceptive use is included in Senegal's Essential Medicines List.⁷

National norms and guidelines: EC is included in the "Policies, Norms, and Protocols for Reproductive Health Services" in Senegal.⁸

Prescription status and who is authorized to dispense: EC is available in private pharmacies and can be obtained without a prescription.⁸ In the public sector, EC can be obtained from skilled providers such as nurses, midwives and physicians at health facilities.

Post-rape care: Senegal does not have specific national guidelines for post-rape care. However, EC may be included in other policies as a component of gender-based violence treatment and/or post-rape care service packages.⁹

PRODUCT AVAILABILITY

Registered Products: According to the ICEC database, as of November 2014, two levonorgestrel-alone EC products are registered

and distributed: NorLevo (HRA Pharma) and Duet (FamyCare).

Locally manufactured products: None available.

Poor quality or counterfeit EC products: No information is available; however, counterfeit drugs are a problem in the region.

WHERE WOMEN CAN ACCESS EC

EC in the commercial sector: The 2010-11 DHS shows that 12% of current contraceptive users obtain their method from the private/for-profit sector.² However, a 2009 study determined that pharmacies are the primary outlet for EC access.¹⁰ NorLevo is the major product available in the private sector. Despite the availability of EC in pharmacies, a majority of private sector providers have very low knowledge of EC medical protocols and efficacy timeframes.¹¹ The lowest level of health care provider allowed to sell or dispense ECPs in the private sector is auxiliary nurses.¹²

EC in the public sector: The 2010-11 DHS shows that 85% of current contraceptive users obtain their method from the public sector, making this an important source of family planning supplies.² In partnership with the Ministry of Health (MoH), in 2006, UNFPA purchased Pregnon for distribution in public clinics.¹¹ However, a 2006 evaluation of the MoH's family planning program determined that few health centers offered EC because of a lack of service provider training. In 2007, the MoH in conjunction with Population Council's ECafrique implemented a program to train providers and community volunteers about EC to increase accessibility in public sector clinics. As a result of the program, EC became more accessible and available at all public health facilities at an affordable price.¹³ Later, however, in a 2011 study with key opinion leaders, some cited low availability of EC products, particularly in public health facilities. These facilities have experienced stock shortages since 2010 due to the expiration of the public sector EC product, Pregnon. (Duet is now the product available in the public sector).¹¹ Currently, the lowest level of health care provider allowed to sell or dispense ECPs in the public sector is auxiliary nurses.¹²

EC in the NGO, social marketing and social franchising sectors:

Senegal's IPPF affiliate, Association Sénégalaise pour le Bien-Etre Familial (ASBEF), distributes EC. Additionally, in conjunction with school officials and students, the Centre de Formation et de Recherche en Santé de la Reproduction (CEFOREP, a Senegalese non-profit organization) introduced an initiative in 2008 to build awareness of EC as an option for young people who are sexually active.¹³ The initiative also sought to build a link between the school community and the health care system for EC provision. However, currently there is no specific campaign by social marketing organizations to promote EC use in Senegal.

Community-based distribution of EC: Current policies and standards in reproductive health do not yet provide for community-based distribution of EC.

MEDIA COVERAGE OF EC

Over 80% of women in rural areas and over 90% of women in urban areas have exposure to the mass media at least once a week.³ In March 2010, Agence de Presse Sénégalaise (The Herald), a local newspaper in Dakar, published an article describing EC and the need for providers to increase their awareness and understanding of EC protocols. A 2013 article from the same newspaper urged pharmacists to warn women about the dangers of repeat EC use and counsel them on long-term contraceptive method options.¹⁴ The national network of journalists for population and reproductive health has expressed interest in educating its members about EC more extensively.¹⁵

PROVIDERS

In 2009 and 2011, two studies were conducted in Senegal yielding information on providers and EC. The 2009 study determined that the majority of providers in local pharmacies were unaware of existing medical protocols for EC, such as the timeframe for effective use. Providers were also divided on whether to offer EC to young people.¹⁰ The 2011 study found that 38% of providers had never received specific training in EC provision, and that training in EC provision was not sufficiently integrated into the basic training of providers (only 23% of providers were trained in EC through their basic training). Most knowledge is gained through

their professional practice (52% said they were trained on the job). The providers least likely to be trained are counter agents and pharmacists, with only 30% and 65% trained respectively. Only 41% of trained providers said they were comfortable with EC being sold without a prescription. In addition, many of the trained providers continue to believe that EC use increases the risk of contracting STIs and sexual risk-taking.¹¹

DONOR SUPPORT

Donors have purchased EC for Senegal's family planning programs. According to RHIInterchange, in 2003, IPPF shipped 10,000 packets of EC to Senegal, and between 2013-2014, UNFPA shipped 50,080 packets¹⁶ for use in the public sector.¹⁷

REFERENCES

- ¹ CIA The World Factbook. Africa: Senegal. Retrieved 17 November 2014 from, <https://www.cia.gov/library/publications/the-world-factbook/geos/sg.html>.
- ² L'Agence Nationale de la Statistique et ICF International. 2012. L'Enquête Démographique et de Santé à Indicateurs Multiples du Sénégal de 2010-11 : Rapport de synthèse. Calverton, Maryland, USA: ANSD et ICF International. (<http://dhsprogram.com/pubs/pdf/FR258/FR258.pdf>).
- ³ Senegal Initial Country Assessment Executive Summary. PATH. June 2009. Retrieved 21 November 2011 from, http://www.path.org/publications/files/RH_depo_subq_ia_senegal.pdf.
- ⁴ Sénégal Enquête Démographique et de Santé Continue. 2012-2013. Agence Nationale de la Statistique et de la Démographie et ICF International. Juillet 2013. (<http://dhsprogram.com/pubs/pdf/FR288/FR288.pdf>).
- ⁵ 2011 Baseline Survey for the Senegal Urban Health Initiative (ISSU). Household Survey: Final Report. Measurement, Learning and Evaluation Project for the Urban Reproductive Health Initiative. 2012.
- ⁶ Mane B, Brady M, Ramarao S, Thiam A. Emergency contraception in Senegal: Challenges and opportunities. *The European Journal of Contraception and Reproductive Health Care*. Early Online September 2014;1-10.
- ⁷ National Drugs and Essential Products List, Sixth Edition. Ministry of Health and Prevention. Republic of Senegal, Dakar, Senegal, 2008. Retrieved 11 November 2011 from, <http://apps.who.int/medicinedocs/documents/s18819fr/s18819fr.pdf>.
- ⁸ Protocoles de Services de SR au Senegal. Le Ministre de la Santé de l'Hygiène. (<http://advancefamilyplanning.org/sites/default/files/resources/Protocoles%20SR.pdf>).
- ⁹ Thompson J, Undie C, Askew I. Access to Emergency Contraception and Safe Abortion Services for Survivors of Rape: A Review of Policies, Programmes and Country Experiences in Sub-Saharan Africa. Population Council. September 2014. (http://www.popcouncil.org/uploads/pdfs/2014STEPUP_EC-SA_Report.pdf).
- ¹⁰ Diop JN, Mane B, Faye O, Niang C, Thiaw T, Sano Coly A, Mbow FB, Niang Faye Y. EC Afrique. Enquete sur la Contraception d'Urgence(CU) au niveau des pharmacies. Population Council Senegal, September 2009. (http://www.popcouncil.org/pdfs/2009RH_EnqueteCU.pdf).
- ¹¹ Mane B, Ramarao S, Brady M, Mbow F, Thiam A. Attitudes, Beliefs, and Practices of Key Opinion Leaders (KOL) and Providers About Emergency Contraception (EC) in Senegal. April 2012.
- ¹² USAID, John Snow Inc. Senegal Contraceptive Security Indicators Data Dashboard. 2014.
- ¹³ Emergency Contraception: Addressing Unwanted Pregnancies and Maternal Mortality in Senegal. Population Council. September 2009.
- ¹⁴ Les pharmaciens invites a mieux informer sur l'utilisation de la contraception d'urgence. Agence de Presse Sénégalaise. 16 January 2013. Accessed 21 November 2014 from, http://www.aps.sn/articles.php?id_article=107974.
- ¹⁵ Enquête sur Attitudes, croyances et pratiques et des leaders d'opinions clés autour de la contraception d'urgence. Synthèse. March 2012.
- ¹⁶ RHIInterchange database, Reproductive Health Supplies Coalition. Retrieved 17 November 2014 from, http://www.myaccessrh.org/rhihome?p_p_id=rhiuserportlet_WAR_rhiportlet&p_p_lifecycle=1&p_p_state=normal&p_p_mode=view&p_p_col_id=column1&p_p_col_count=1&rhiuserportlet_WAR_rhiportlet__spage=%2Fvaluesummary.do&rhiuserportlet_WAR_rhiportlet__sorig=%2Fshipmentsummary.do.
- ¹⁷ Diaw N. Coordinator, Securing Reproductive Health Product, UNFPA. Personal Correspondence. 1 December 2014.

This fact sheet has been prepared by the International Consortium for Emergency Contraception, in conjunction with Population Council Senegal, 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.