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TESTING STRATEGIES TO DISSEMINATE KNOWLEDGE
OF EMERGENCY CONTRACEPTION

MEXICO CITY, MEXICO

INOPAL III/THE POPULATION COUNCIL

IMIFAP

FINAL REPORT

TESTING STRATEGIES TO DISSEMINATE
KNOWLEDGE OF EMERGENCY
CONTRACEPTION

VOLUME I

Mexico City, April 30, 1998

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INSTITUTO MEXICANO DE INVESTIGACION EN FAMILIA Y POBLACION
IMIFAP

OPERATIONS RESEARCH FINAL REPORT PRESENTED TO
INOPAL III/THE POPULATION COUNCIL

VOLUME I

TESTING STRATEGIES TO DISSEMINATE KNOWLEDGE
OF EMERGENCY CONTRACEPTION

(Subaward No. CI97 09)

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SUMMARY

This project tested the effectiveness of different strategies for disseminating information about emergency contraception among service providers, such as physicians and pharmacists, and audiences of potential users, such as adolescents and women of fertile age

To inform physicians and pharmacists, a) brochures were mailed to 1,518 private physicians and 411 pharmacists, b) brochures were directly distributed in eight public health centers and social security clinics, and c) articles were published in three professional courtesy journals for physicians and pharmacists. To evaluate these interventions phone surveys were conducted before and after the mailing of the brochures. Visits by simulated clients were also conducted in health clinics and pharmacies. The phone surveys showed that the proportion of physicians who had heard of emergency contraception increased from 38% to 61%, whereas in the case of pharmacists, the increase was from 5% to 26%. In both cases, the majority of the respondents in the endline survey said they had learned about the method in the last year, and identified as their source of information brochures or other project sources. The mystery clients visits also confirmed a strong increase in the proportion of both types of providers who were able to inform and recommend emergency contraception.

The strategies tested to inform potential users about emergency contraception included a) direct distribution of 7,000 brochures to students and placement of 850 posters in the campus of the National Autonomous University of Mexico (UNAM), and b) a public relations campaign to motivate the publication and broadcasting of news items on emergency contraception in the mass media, especially media targeting on women of fertile age and youth.

Baseline and endline surveys at the campus of UNAM showed that the proportion of students who had heard about emergency contraception increased from 37% to 50%. There were also statistically significant increases in the proportion who agreed that the method should be offered to all women in Mexico as another method of family planning, and who identified pharmacies as the source where the method (pills) could be obtained. The cost per student informed about emergency contraception was estimated at US \$ 0.11.

The public relations campaign to motivate the inclusion of news items on emergency contraception consisted in sending a folder with brochures and articles on emergency contraception to a selected list of 115 media, with telephone follow-ups to discuss the possibilities with the editors of the sections, programs or magazines. A content analysis of the media in the six months before the project started showed that no news items on emergency contraception had been published. During the project, eleven were published in

popular magazines and magazines, and a similar number were accepted for publication in the future. Television and radio programs including information about emergency contraception were also produced, reaching and informing 12,773,190 people about the method. The cost per person informed was less than seven per cent the costs that would have been incurred by purchasing the time or space at commercial rates.

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Testing Strategies to Disseminate Knowledge of Emergency Contraception

I INTRODUCTION

Emergency contraception (EC) consists of methods women can use following unprotected sexual intercourse to prevent pregnancy. Combined oral contraceptives and the IUD are two methods widely available in Mexico that can be used for emergency contraceptive purposes.

An unwanted pregnancy may be avoided by swallowing two contraceptive pills with 50 mcg ethynil estradiol/250 mcg levonorgestrel in the first 72 hours after the unprotected sexual relation, followed by two additional pills after 12 hours. If low-dose pills (30 mcg ethynil estradiol/150 mcg levonorgestrel) are used, four pills must be swallowed for each dose. There are no known contraindications for these regimes, and they are 98% effective in the prevention of pregnancy. Side effects include nausea (in approximately 50% of the cases), irregular uterine bleeding and breast tenderness.

Copper-medicated IUDs may also be used as an emergency contraceptive, inserting them within the first five days following an unprotected sexual relation. The effectiveness of this treatment is as high as 99% in preventing unwanted pregnancies. The same contraindications apply as for the regular use of the IUD when used for emergency contraception purposes (IPPF, 1994).

II PROBLEM STATEMENT

Although EC methods have been known for about a quarter of a century and are widely available, safe and relatively effective, EC is little used in Mexico because it is largely unknown both by service providers and potential users. This lack of knowledge is translated into low demand for the method and a low number of service delivery points prepared to provide the service.

The reasons for this lack of knowledge among providers and clients are manifold. First, donor organizations who are often the main channels for the diffusion of contraceptive innovations, had largely ignored EC until recently. Second, in most countries, the use of the pill and IUDs as EC methods is not included in the family planning norms, a fact which

makes uneasy most providers who learn about the method. Third, the fact that EC methods are used *after* the unprotected sexual relation leads most people to incorrectly think that EC works as an abortifacient. Since abortion is considered a crime under the law of almost all Latin American countries, service providers are very reluctant to advise it to their clients. Health authorities think that by offering this method they could jeopardize their public family planning programs while benefiting a rather small segment of the public. In this kind of situation, it would be better if non-governmental organizations (NGOs) lead the efforts to disseminate knowledge on emergency contraception method while seeking to avoid, as much as possible, sterile discussions with adversarial groups.

III OBJECTIVE

The objective of this demonstration project was to test the effectiveness of different communication channels to provide information on emergency contraception to specific audiences: physicians, university students, women and young adults of the general public.

IV STRATEGIES TESTED

In order to avoid attacks from the usual opponents to family planning, IMIFAP sought to use highly specific, non-controversial, cost-effective channels to disseminate information on emergency contraception. Specificity is the degree to which only members of a target group are reached. Being non-controversial means the degree to which a given source is identified as responsible for the dissemination and, hence, is subject to direct attacks from family planning opponents. Cost-effectiveness is the cost per member of the intended audience.

The intended audiences of the EC messages were a) physicians, both private and working in public institutions, b) pharmacists, c) students attending universities, and d) the media that can reach women and young adults in the general population. These audiences were selected as targets because they included the most likely providers for emergency contraception information and services, as well as the most likely groups to demand this information and services. It was expected that by informing service providers and potential users, the project would help create conditions that would generate demand for emergency contraception, and meet this demand through routine contraception service delivery sources.

The following strategies to reach the intended audiences were tested:

4.1 Strategies to Reach Service Providers

A Mailing of brochures for physicians and pharmacists

IMIFAP designed and printed one brochure for physicians and one brochure for pharmacists. These brochures are presented as Appendices 1 and 2. The main source for the contents of both brochures was the folder produced by the Consortium for Emergency Contraception entitled "Emergency Contraception Pills: A Resource Packet for Health Care Providers and Program Managers." The brochures were pretested in individual interviews with members of the target publics. They synthesize, in a language appropriate for each audience, the most relevant facts on emergency contraception. The brochure for physicians also included a list of scientific references, which physicians could request from IMIFAP free of charge (up to five references).

A total of 1,518 brochures were sent to a list of physicians compiled from the yellow pages of the Mexico City telephone directory and from portions of the directories of "Asociación Nacional de Médicos con Ejercicio Privado A.C." (National Association of Private Physicians) and "Asociación Mexicana de Médicos Familiares y Médicos Generales A.C." (Mexican Association of Family and General Physicians).

Brochures were also mailed to 411 pharmacists. The list of pharmacists was also compiled from the yellow pages of the Mexico City telephone directory.

B Direct distribution of brochures in five public health clinics

The brochures were also distributed directly to service providers in six social security (IMSS) clinics in Mexico City (Numbers 160, 31, 21, 46, 7 and 15), in one IMSS general hospital (Number 32) and in one state worker's (ISSSTE) hospital (Zaragoza). In each site 250 brochures were distributed (Appendix 5).

C Publication of articles in professional courtesy journals for physicians and pharmacists

The final strategy to inform service providers about emergency contraception was to seek to publish articles in professional courtesy journals. These articles were either translated from articles published in American journals, written by project staff or commissioned from experts in the field. In as much as possible, IMIFAP also tried to publish the brochures and guidelines produced by the project or included in the folder produced by the Consortium on Emergency Contraception.

4.2 Strategies to Reach Students in Universities

The strategy tested to inform adolescents and young adults about emergency contraception consisted of distributing brochures and displaying posters in the campus of the National Autonomous University of Mexico main campus (attended by more than 141,600 students) during two weeks. The brochure and the poster are presented as Appendices 3 and 4. In addition to providing all the information required to use emergency contraception pills, the brochure has a card that can be torn off and kept for future reference. Both the brochure and the poster promote MEXFAM as a source of clinical services and its web page (linked to the web page posted by Princeton University) as a source of further information.

Six promoters at the campus of the National University distributed a total of 7,000 brochures and 850 posters during three weeks in November 1997.

4.3 Strategies to Reach Women and Youth in the General Population through the Mass Media

Finally, in order to disseminate information about emergency contraception among the general population (especially young people and women of fertile age), a press kit was made and sent to 115 editors and journalists.

The press kit consists of a folder, which includes a letter inviting the media to disseminate information on emergency contraception as well as all the materials that were produced by this project (brochures for physicians, pharmacists and students, and poster). Other materials in Spanish on emergency contraception were also included in the press kit, such as the *Outlook* issue on emergency contraception, two newsletters published by MEXFAM and GAM, the brochure for rape victims produced by a previous INOPAL project, a brochure produced by Kaiser Permanente for California. Finally, to illustrate the different journalistic angles that could be used to present the information, copies of different articles in the American press (*New York Times*, *Time Magazine*, *Cosmopolitan*, etc) were included.

The editors and journalists to whom the press kit was sent were selected after reviewing the different printed and electronic media and classifying them according to the degree in which they published health and sexuality information. Those who did do so were sent the press kit and contacted by telephone to explain the purpose of the campaign. Appendix 6 presents a list of the different types of media outlets contacted for the project.

V EVALUATION

5.1 Evaluation of Strategies to Reach Service Providers

To evaluate the strategies used to reach pharmacists, telephone surveys were conducted before (June-July 1997) and after (January 1998) the brochures for pharmacists were mailed. In each survey, 200 pharmacists were interviewed. Appendix 7 presents a copy of the questionnaire employed in the survey. In addition, 30 simulated client visits were made to pharmacies before and after the mailing. In all cases, the respondents were randomly selected from the list that had been compiled to prepare the mailing. Appendix 8 presents the guide used by simulated clients in their visits to pharmacists.

As in the case of pharmacists, a telephone survey of 200 physicians was conducted before and after the mailing of brochures. The questionnaire used is presented as Appendix 9. In each case, the physicians were randomly selected from the list that had been compiled after the mailing. Another example of the effectiveness of the mailing of brochures was reflected by the number of physicians who request copies of the additional bibliographic entries listed in the brochure.

The direct distribution of brochures at clinics was evaluated by means of 30 visits made to the four out-patient clinics by simulated patients who acted the part of women who had had unprotected sexual relations and wanted to avoid a pregnancy. Appendix 10 presents the guide used by the simulated patients.

Finally, the dissemination through professional courtesy journals was evaluated by the number of articles published and the cost of the space devoted to present information on emergency contraception.

5.2 Evaluation of the Information Campaign at the Campus of the National University (UNAM)

To evaluate the impact of distributing brochures and posters at the campus of the National Autonomous University of Mexico (UNAM), surveys of students were conducted before (July/1997) and after (January/1998) the campaign. During the pre-intervention survey, 398 students were interviewed, compared to 400 students in the post-intervention survey. Quotas by sex and school were established to complete sample size. Students were interviewed outside the different school buildings both in the morning and afternoon schedules. Appendix 11 presents a copy of the questionnaire used in the surveys.

5.3 Evaluation of the Media Public Relations Campaign

To evaluate the effects of the public relations campaign with media organizations, it had been proposed to develop a content analysis of the selected printed media before and after the public relations campaign with the media. Overall 11 articles were published in magazines directed towards the public over a period 4 months. However, during the pre-public relations campaign period only one news item in a magazine (*Que Interessante!*) was found so for all practical purposes, this strategy was evaluated according to the number of news items derived from the public relations campaign and the space devoted to them. In addition, by comparing the commercial costs of the space devoted to emergency contraception news with the amount spent on the campaign we obtained a measure of its cost-effectiveness.

VI RESULTS

6.1 Results of Dissemination among Service Providers

A total of 1,518 brochures for physicians and 411 brochures for pharmacists were mailed. In each case, the mailing was evaluated by means of 200 telephone interviews before and after the mailing. Table 1 shows that there were only slight variations in the characteristics of physicians and pharmacists interviewed before and after the mailings. In the case of physicians, about two thirds were male, about one-half were general practitioners with a mean of about 42 years of age. The pharmacists were also predominantly male, with a mean age of 32 years of age.

Table 2 shows that there were strong increases in the proportion of providers who knew of emergency contraception between the baseline and the endline surveys. In the case of pharmacists, the increase was from five percent to nearly 26%, whereas in the case of physicians, the increase was from 38% to 61%. In both cases, the majority had heard about emergency contraception during the last year. As can be seen, the proportion of pharmacists who mentioned brochures as the source of their information increased from 0% to 18.4%, whereas in the case of physicians, the increase was from 3% to 26.9%. Other project sources, such as articles in courtesy journals, had little increases in both cases. In the case of physicians, there were significant increases in the proportion that mentioned congresses and expositions (from 9% to 16.9%) and communication with peers (from 4% to 10.4%). Finally, the proportion of physicians and pharmacists who said they had recommended emergency contraception to a patient increased from less than one percent to five percent in the case of pharmacists and from about 10% to 13% in the case of physicians. Of the physicians who said they had recommended emergency contraception

the proportion who mentioned the correct dose increased from 65% to 77%. Finally, in the case of physicians the proportion who said they would recommend emergency contraception to patients increased from 86% to 92%.

A cost-effectiveness analysis estimated the costs of the mailing to pharmacists at US \$1907, so the estimated cost per pharmacist included in the list was of US \$4.64. Considering the increase in the proportion who had heard of emergency contraception (from 5% to 26% or 86 pharmacists), the cost per pharmacist informed was of US \$22. In the case of physicians, the cost of the mailing was estimated at US \$3,764, or \$2.48 per mailed brochure. Considering the increase in the proportion who had heard of the method (from 38% to 61% of the 1518 physicians, or 349 informed physicians,) the cost per informed physician was of US \$10.78. These costs include the project's staff time, materials, mail, and all costs. Partly, these costs are a function on the number of names and addresses in the list that were obtained or prepared and on the difficulty to find these names. Had the lists been readily available, the costs would have been much lower.

An increase in knowledge regarding emergency contraception was also observed in the evaluation with simulated patients and clients, as indicated in tables 3 and 4. In these case, a total of 2,000 brochures were distributed at a cost of US \$650, including the cost of the brochures and the cost of the promoters who distributed them. The cost per brochure distributed was US \$0.32. There were no baseline/endline surveys to estimate the number of physicians who had become aware of emergency contraception from the brochures but if we estimate that 23% did so in the mailing to physicians, the implied cost per physician informed would have been of \$US 1.41 a very low cost when compared to the observed costs in the mailings.

Finally, the public relations campaign conducted to have professional courtesy journals publish articles on emergency contraception was evaluated by means of the number of articles motivated by the campaign. Table 5 shows that a total of three articles were published, two in journals for pharmacists and one in journal for physicians with international circulation. Five additional articles have been accepted for publication in the near future. The articles for pharmacists included the publication of an adaptation of the brochure developed by the project. The article for physicians included the translation of an article by James Trussel in *International Family Planning Perspectives* and one of the five articles accepted for publication was written by Raffaella Schiavon, a well known Mexican expert who collaborated closely with project activities.

6.2 Results of Dissemination Among Students at UNAM

As mentioned earlier, a total of 7,000 brochures and 850 posters were distributed at the main campus of the National Autonomous University during a three-week period in November 1997. To assess the impact of these activities, 398 interviews were conducted before and 400 interviews after this campaign. Table 6 shows that there were no differences in the characteristics of the students interviewed before and after the campaign, except for the schools in which they studied. One half of the interviewees were male, the mean age was 21 years, about one fourth said they had had sexual relations and a similar number said they had used a contraceptive method (mostly the condom, the pill and vaginal suppositories).

Table 7 shows that the proportion of students who had heard of emergency contraception increased from 37% to 50% between the baseline and the endline surveys. Over one half of those who said in the endline survey they had heard of it, said they had done so during the last six months, compared to about one fourth of the students in the baseline survey. The only sources of information who were more frequently mentioned in the endline survey than in the baseline survey were project sources: brochures (from 2.3 to 5%), posters (from 1.8 to 19.5%) and "other" (from 3.8 to 12.5%), primarily school and university. Likewise, the only source for emergency contraception products more frequently mentioned in the endline survey was "other," which included pharmacies, and was mentioned by 32.45% in the endline survey, compared to 5.04% in the baseline survey.

Table 8 shows that both in the baseline survey and the endline survey, the vast majority of students who had heard about emergency contraception identified the first three days after the unprotected sexual relationship as the moment when it can be used. Nevertheless, about one third of the students believed EC could work if menses was delayed, and about one third more thought that emergency contraception pills were different from the regular contraceptive pills. Only about 1.5% of the students said they had used emergency contraception pills, and less than one percent said they had ever had unprotected sexual relationships and worried about the consequences after the relation, which would seem to indicate a low potential demand for the method among this population. Nevertheless, over one half of the students thought they would use the method at one point said they would recommend the method, and believed their partners would accept it. In all cases, the percent approving of emergency contraception increased after the campaign.

Table 9 shows the cost effectiveness of the information campaign conducted at the national university. Considering that there are 141,600 students in the main campus at UNAM, we estimate that 19,000 students learned of emergency contraception from the campaign.

Given that the total cost of brochures and posters was of US \$ 2,070 64 (including 50% time of the coordinator time for 1 month, US \$1,093 for printing, US \$217 64 for distribution), the cost per student informed was approximately US \$ 0 11

It should be pointed out that as part of a separate project funded by the Population Council 140 staff members of the medical services at UNAM, of a hotline service and of faculty members were trained in emergency contraception. According to reports, in the months following the campaign among students the medical services received an increased number of students requesting emergency contraception services

6 3 Results of Public Relations Campaign with the Media

The last strategy tested to inform the general public about emergency contraception was the implementation of a small public relations campaign to motivate the publication or diffusion of information on emergency contraception in the media. To achieve this, 115 folders with information were distributed to a pre-selected list of editors and program conductors, and follow-up telephone calls were made at regular intervals

Table 10 shows that a total of six radio programs, one TV interview and one scene in a soap opera resulted from the public relations campaign. The estimated audience of these programs is 11,800,000 persons. As part of the project, a total US \$880 was spent in the media campaign (Table 11). The cost per informed person through radio and TV was of US \$0 0000745. Given that if we had obtained the same coverage with commercial rates, it would have cost US \$44,802 82, the public relations campaign achieved savings of 98 03% over commercial costs

In the case of printed media Table 12 shows that 11 articles have been published reaching an estimated 953,190 people. The cost of this component was US \$2,585, for an estimated cost per person informed of US \$0 002, which is 93 66% lower than the cost that would have been paid with commercial advertising rates

In addition, 10 magazines had confirmed that they would publish news items and articles on emergency contraception. The circulation and equivalent commercial rates are also presented on Table 12. If all of these articles are published, the total number of people informed will have been 423,115 at a cost of US \$0 006 per person informed

Appendix 12 presents a copy of the different articles that had been published at the time this report was written

VII OTHER EMERGENCY CONTRACEPTION DISSEMINATION ACTIVITIES CONDUCTED AS PART OF THE PROJECT

In addition to the dissemination activities conducted in the context of the operations research project, the following activities have been conducted to increase knowledge about emergency contraception among service providers and potential users

- Seven hundred brochures for pharmacists were distributed at Expo Farmacia 97, an exposition of pharmaceutical producers for pharmacists that took place in Mexico City in October 1997
- MEXFAM, the IPPF affiliate, is distributing 10,000 copies of the brochure for adolescents and young adults. The Centros de Integración Juvenil, an NGO devoted to substance abuse prevention and rehabilitation for the youth, is distributing 5,000 copies of the brochure. Another 3,280 copies of the brochure for adolescents were given to a large variety of other NGOs, as well as 775 brochures for physicians, 305 brochures for pharmacists and 235 posters (Appendix 3)
- The brochure that was sent to the physicians included bibliographic information for articles that were available upon request. Twenty-five of the physicians requested articles
- Copies of the brochures and posters for university students were distributed at the National Polytechnic Institute at the ENEP Acatlan and at the Ixtapalapa and Xochimilco campuses of the Metropolitan Autonomous University (2,000 brochures and 50 posters in each case). They were also distributed at the Iberoamerican University (145 brochures) during the Social Services Fair. In addition, 1,800 copies were distributed at the International Women Fair held in Mexico City's *Zocalo*, or main square
- An international version of the brochures and posters were designed. Ten thousand copies of the brochures for pharmacists, physicians and youth were printed, as well as 5,000 posters. These were distributed in the Latin American Workshop on Emergency Contraception held in Quito, Ecuador, April 27-29, 1998. It is expected that workshop participants will distribute in their countries the large number of copies they were given. Countries represented at the workshop included Argentina, Bolivia, Brazil, Chile, Costa Rica, Guatemala, Honduras, Mexico, Nicaragua, Peru, Uruguay and Venezuela
- Press kits were sent to eight universities so that they would publish the information in their own student newspapers (Appendix 4)

- The public responded to the campaign within various means of communication. Five hundred and ninety people requested further information by phone (appendix 15) and 25 others requested that information be sent to them by mail.

VIII CONCLUSIONS AND RECOMMENDATIONS

The purpose of this project was to test strategies to disseminate information on emergency contraception to service providers -mainly physicians and pharmacists- and the general public. The main concern at the beginning of the project was that there would be strong opposition to emergency contraception and thus that specific, non-controversial channels and sources had to be used. The strategies tested included mailing of brochures to physicians and pharmacists, direct distribution of brochures in public health clinics, direct distribution of brochures and posters in the main campus of the largest public university in Mexico and the direct distribution of information to editors and program conductors to motivate the publication of news items and interviews about emergency contraception in the media (it should be mentioned that IMIFAP decided to conduct this campaign instead of a planned press conference because different advisors thought it too controversial to hold the press conference.)

There was not one single case in which IMIFAP was attacked for disseminating information on emergency contraception. In fact, most of the service providers, university students and media editors expressed their interest on the topic and thought they would use the information in their professional activities, be it providing care to patients or disseminating information through the media or in their personal lives, as potential users of the method.

Considering all the different project activities, this project seems to have informed as many as 5,638 physicians, 1,561 pharmacists, 26,070 students and 12,755,662 members of the general public, about emergency contraception. Considering that the total cost of the project was US \$45,000, the total cost per person informed was US \$0.0035 (Table 13), which is a very low figure compared to the amount needed if these services had been purchased at commercial rates. When this criterion is used, the project seems to have achieved savings of about 60-90% of commercial costs.

Finally, it should be underlined that these estimates do not include the impact of other dissemination activities conducted as part of this project, such as the distribution of brochures and posters through NGOs both in Mexico and in other Latin American countries.

IX REFERENCES

IPPF, 1994 IMAP Statement on Emergency Contraception IPPF Medical Bulletin
Volume 28, No 6, December 1994

TABLE 1

**Characteristics of Service Providers
Interviewed by Survey and Type of Provider**

Variable	Pharmacists		Physicians	
	Before	After	Before	After
Number of cases	201	201	200	200
Sex				
Male	60.7 %	68.7 %	64.1 %	58.5 %
Female	39.3 %	31.3 %	35.9 %	41.5 %
Mean Age	32.3 %	31.7 %	42.9 %	41.5 %
Standard Deviation	12.1 %	13.0 %	11.6 %	9.5 %
Type of Respondent				
Owner	12.4 %	7.5 %	-	-
Employee/Responsible	87.5 %	92.5 %	-	-
Specialty				
General Physician	-	-	55.2 %	57.5 %
Family Medicine	-	-	10.4 %	12.5 %
Other	-	-	34.4 %	30.0 %

TABLE 2

**Percent Service Providers who Know About
Emergency Contraception by Survey and Type or Service Provider**

Variable	Pharmacists		Physicians	
	Before	After	Before	After
% Who Have Heard of Emergency Contraception	5 0	25 9	38 3	61 2
% Who Have Heard of Emergency Contraception During Last Year	3 0	24 9	23 4	56 7
Where?				
Text books	-	-	3 5	3 0
Professional courtesy journals	0 5	5 0	10 0	8 5
Other professional journals	-	-	5 5	7 0
Congresses/expositions	1 0	0 5	9 0	16 9
Communication with peers	1 0	2 5	4 0	10 4
Pharmaceutical company promoters	0 0	0 5	3 5	2 5
Friends, relatives	0 0	0 0	1 0	0 5
Brochures	0 0	18 4	3 0	26 9
Popular magazines, newspaper	0 5	0 0	2 0	2 0
Radio/TV	0 0	0 5	4 5	2 5
Internet	0 0	0 0	0 5	0 0
Other	1 0	2 0	-	-
Have Recommended Emergency Contraception	0 5	5 5	9 9	12 9
Mean number of persons	3 0	4 5	7 9	4 5
In what Dose?				
2 + 2			5 0	6 0
4 + 4			1 5	4 0
IUD first seven days			0 0	0 0
Other			4 5	2 5
Would recommend to a Patient			86 5	92 0
Number of Cases	201	201	201	201

TABLE 3

Simulated Interview to Physicians
 Simulated Patient

	PRE	POST
Do you know of a way to avoid pregnancy after having unprotected relations?		
Yes	8	14
No	22	16
Number of Cases	30	30
If physician says NO:		
Do you know who could advise me?		
Specialists	10	7
Clinics	5	1
No	2	2
Other	5	4
Is there a contraceptive that can be taken after having sexual relations?		
Yes	3	4
No	11	6
I don't know	2	2
Other	6	4
If physician says YES:		
What is it called?		
Ovral	3	4
Eugynon		2
Nordirol		2
Neogynon	1	1
Microgynon		2
Nordet		1
Other	4	9

What dosage do I have to take, and how often?		
2 + 2	2	6
4 + 4		2
I don't know		2
Other	6	6
What reactions could I have?		
Nausea	1	7
Vomiting	2	3
Headache	3	3
Dizziness	1	5
None	2	3
Other	3	
What should I do if I have one of these reactions?		
See a doctor	5	5
Wait	3	2
Other		3
Is it an abortifacient?		
No	8	16
How effective is it?		
80% or more	3	5
80% or less	4	4
Other	1	1
Does another such drug or medicine exist? What other option is there?		
No	6	3
Other	2	5

TABLE 4

Simulated Interview to Pharmacists
Simulated Shopper

Do you know of a way to avoid pregnancy after having unprotected relations?	PRE	POST
Yes	10	13
No	20	17

Number of Cases	30	30
-----------------	----	----

If pharmacist says NO:		
Do you know who could advise me?		
Specialists	8	7
Clinics	4	2
No	7	5
Other	2	
Is there a contraceptive that can be taken after having sexual relations?		
Yes	11	1
No	10	9
I don't know	14	2
Other		1

If pharmacist says YES:		
What is it called?		
Ovral		2
Eugynon		1
Nordirol	1	3
Neogynon		1
Microgynon	1	6
Nordet	1	1
Other	5	8

What dosage do I have to take, and how often?		
2 + 2		4
4 + 4		3
I don't know	2	1
Other	5	7
What reactions could I have?		
Nausea	1	2
Vomiting	2	3
Headache		1
Dizziness	2	2
None	2	4
Other	1	5
What should I do if I have one of these reactions?		
See a doctor	1	2
Wait	1	6
Other	2	3
Is it an abortifacient?		
No	2	9
Yes		3
I don't know	4	1
How effective is it?		
80% or more	3	10
80% or less	1	1
Other	1	3
Does another such drug or medicine exist? What other option is there?		
No	3	3
Other	3	10

TABLE 5

**Articles Published in Specialty Journals,
Commitments for Publishing and Costs of Space Devoted**

Journal	Date	Cost of Space	Circulation
Articles Published			
<i>Farmacia Actual</i>	August, 1997	US \$5,073 52	10,000
<i>Galenos Internacional</i>	January, 1998	US \$6,768 00	15,000
<i>El Boticario</i>	February, 1998	US \$1,227 05	10,000
Commitments for Publishing Articles			
<i>Galenos Mexico</i>	May, 1998	US \$6,768 00	15,000
<i>Farmacia Actual</i>	1998	US \$5,073 52	10,000
<i>Mundo Medico</i>	1998	US \$7,058 82	15,000
<i>Ginecologia y Obstetricia</i>	1998	US \$2456 47	4,000
<i>Gineco</i>	1998	US \$3,384 00	10,000

TABLE 6

**Percent Distribution of Students Interviewed
According to Selected Characteristics by Survey**

Variable	Survey	
	Before	After
Sex		
Male	49.2	50.0
Female	50.8	50.0
School		
Architecture	12.3	12.5
Odonthology	12.3	12.5
Economy	12.6	--
Philosophy	12.6	12.5
Psychology	12.6	12.5
Veterinary	12.6	12.5
Engineering	12.6	--
Law	12.6	--
Sciences	--	12.5
Political Sciences	--	12.5
Chemistry	--	12.5
Age		
Mean	20.9	21.5
Standard Deviation	2.17	3.21
Have Had Sexual Relations	23.4	29.5
Have Had a Pregnancy	3.3	3.5
Have Used a Contraceptive Method	25.3	29.7
Number of Cases	398	400

TABLE 7

**Percent Distribution of Students
According to Knowledge and Perceptions by Survey**

Variable	Survey	
	Before	After
Have Heard About Emergency Contraception	37.2	50.0*
When Did They Hear About It		
Less than six months	9.5	26.8*
6-11 months	10.8	8.0
1-5 years	8.5	10.7
More than five years	4.3	3.7
Do not remember	4.0	0.7
Have not heard about it	62.8	50.0
Place where they learned About Emergency Contraception		
Clinic or health center	5.8	17.7*
Friends, Relatives	15.6	7.7
News, magazines	6.8	2.5
Radio	4.2	0.7
TV	6.3	4.2
Course	6.0	2.7
Brochure	2.3	5.0
Posters	1.8	19.5
School and University	3.8	12.5
Place where Emergency Contraception Can Be Found		
Hospital or clinic	26.1	16.7*
Social worker	4.0	1.0
Private clinic	13.8	2.0
Physician	11.3	5.2
Supermarket	5.3	3.5
Pharmacy	5.3	33.7
Cannot be found	1.7	1.0
Does not know	4.0	3.2
Number of Cases	398	400

• p <= .05 Chi square

TABLE 8

Percent Distribution of Students According to Knowledge and Perceptions of Emergency Contraception by Survey

Variable	Survey	
	Before	After
When is Emergency Contraception Used?		
Immediately after the sexual relation	7 8	16 5*
Pills during first 24 hours	15 6	16 5
Pills in first 72 hours, repeat after 12 hours	7 3	11 7*
Within the first week	0 7	--
Before menstruation	1 5	2 0
Does not know	4 0	2 0
Other	0 2	1 2
Percent who believe it would not Work with Delay in Menses	27 1	32 5
Type of Drug Used		
Same as in contraceptive pill	5 0	7 5
Same, but stronger	15 8	19 7
Completely different	9 8	16 0
Does not know	6 5	6 7
Percent who Have Used Emergency Contraception		
Ever	1 3	1 5
During last year	1 3	1 5
Percent who Have Had Unprotected Sexual Relations and Worried After Them	1 0	0 5
Percent who Believe they Will Use the Method in the Future**	53 5	65 5
Percent who would recommend the Method**	54 8	83 0
Percent who believe their Partner Would Accept the Method**	44 5	55 5
Number of Cases	398	400

TABLE 13 $p \leq .05$, Chi square

** Stated after receiving an explanation of what the method was

TABLE 9

Cost Effectiveness of Information for Students	
Item	Cost
Printing	
Brochures	US \$0 11
Posters	US \$0 38
Total printing	US \$1,093
Coordinator's Time	US \$760
Distribution	US \$217 64
Total	US \$2,070 64
Total Students Informed	12,000
INDIVIDUAL COST	US \$0 17

TABLE 10

Radio and TV Programs					
Medium	Station	Program	Date/Time	Total Cost	Audience
Radio	Radio Mil	Enfoque	26-09-97 8 00-8 15	US \$10,588 23	950,000
Radio	Radio Formula	Septimo Sentido	13-10-97 21 00-22 00	US \$9,411 76	640,00
Radio	Grupo Acr	Hablando Claro	27-10-97 11 00-12 00	US \$8,823 52	470 000
TV	Canal 13	Hola Mexico	25-11-97 10 00-10 15	US \$4,705 88	3,400,000
Radio	ABC Radio 760 AM	Contra Viento y Marea	21-11-97 12 00-13 00	US \$1,764 70	430,000
TV	Canal 13	"Mirada de Mujer"	17-1-98 21 30-22 30	US \$7,155 76	5,170,000
Radio	Grupo Radio Centro	Hablando con German Figaredo	25-2-98 16 10-16 30	US \$2,352 94	370,000
Radio	Grupo Radio Centro	Hablando con German Figaredo	12-3-98 16 00-16 30	US \$2 352 94	370,000
Total				US \$44,802 82	11,800,000

TABLE 11

Table of Cost Per Press Kit

Item	Cost
Printing of Press Kit	
Brochure Pharmacists	US \$0 15
Brochure Physicians	US \$0 28
Brochure Students	US \$0 11
Poster	US \$0 38
Copies	US \$ 1 41
Sheets	US \$0 09
Folder	US \$0 40
Individual Cost of Printing	US \$2 85
Total Press Kits (66)	US \$188 1
Follow-up Time	US \$2,682
Coordinator's Time	US \$760
Total Press Kit (66)	US \$3,630 1
INDIVIDUAL COST	US \$55 00

TABLE 12

**Articles Published in Printed Media,
Commitments for Publishing and Costs of Space Devoted**

MAGAZINE	DATE	COST OF SPACE	CIRCULATION
Articles Published			
<i>Periodico Novedades</i>	1997	US \$2,280	44,000
<i>Periodico El Nacional</i>	December 1997	US \$964 70	60,000
<i>Periodico El Financiero</i>	January 19, 1998	US \$285 88	135,000
<i>Periodico Reforma</i>	April 11, 1998	US \$3,058 82	115,000
<i>Contenido</i>	February, 1998	US \$3,764 70	124 190
<i>Familia Saludable</i>	February, 1998	US \$1,588 23	40,000
<i>Muy Interesante</i>	February, 1998	US \$2,941 17	185,000
<i>Padres e Hijos</i>	March, 1998	US \$18,823 52	115,000
<i>Elle</i>	March, 1998	US \$8,000	50,000
<i>Eres Novia</i>	March, 1998	US \$1,882 35	85 000
<i>Periodico Corre la voz</i>	March 19-25 1998		
Total		US \$40,836 37	953,190
Commitments for Publishing			
Articles			
Conozca Mas		US \$2,352 94	90 000
Expansion		US \$3,411 76	25,190
Kena		US \$3,529 41	76 925
Rizoma		US \$1,764 70	6,000
Viceversa		US \$4,517 64	9,000
Tu		US \$6,117 64	150 000
Complot Internacional		US \$2,941 17	15,000
Este Pais		US \$2,588 23	7 000
Novedades		US \$2,235 29	44,000
Linda			
Total		US \$29,458 82	423,115

TABLE 13

Total Cost per Person Informed

People Informed	
Physicians	5,543
Pharmacists	1,531
Students	26,070
General Public	12,753,190
Total number of people informed	12,786,334
Total cost of project	US \$45,000
Commercial prices	US \$115,098
Cost Per Person Informed	US \$0.0035