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## Hormonal Pregnancy Tests in Sub-Saharan Africa

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Until the mid-1970s, it was common practice worldwide to rule out, or to confirm, a pregnancy by using reproductive steroids to provoke withdrawal bleeding in women with late periods. This practice nearly disappeared after warnings about its ineffectiveness<sup>1</sup> and possible teratogenicity<sup>2</sup> and after fast, accurate pregnancy tests became available. We recently collected data in sub-Saharan Africa, however, that suggest that the practice of inducing menses to rule out pregnancy is still widespread.

Following up on anecdotal reports of the use of combined oral contraceptives to induce menses, we surveyed family planning providers in 3 countries. From May to July 2000, we surveyed 124 providers in 50 clinics in Ghana and 177 providers in 72 clinics in Kenya. Thirteen percent of the Kenyan providers and 22% of the Ghanaian providers reported that they had induced menses in their clients in the previous 6 months. Among supervisors in 10 family planning clinics surveyed in Zambia in January 2000, 40% reported that providers in their clinics "regularly induce menses." Use of this practice appears to be most common with postpartum family planning clients whose lactational amenorrhea makes it difficult for providers to rule out pregnancy with certainty.

We believe that this practice persists for 2 reasons. First, although the cost of pregnancy tests continues to decline, even inexpensive

tests may be prohibitively expensive (in comparison with the cost of subsidized hormonal contraceptives) for resource-strapped clinics in Africa. Second, family planning providers in Africa and other regions are often loath to prescribe contraception to nonbleeding clients for fear that they might inadvertently expose a fetus to steroids.<sup>3</sup> Paradoxically, this reluctance can result in the use of hormones to provoke bleeding, because providers are afraid to prescribe a hormonal method.

Although the risk of exposing fetuses to oral contraceptives is no longer considered significant,<sup>4</sup> inducing withdrawal bleeding to rule out pregnancy should no longer be tolerated. In areas where pregnancy tests are unavailable or unaffordable, evidence shows that a client history and examination is a safe way to screen nonmenstruating family planning clients in primary care settings, allowing providers to exclude pregnancy with more than 99% certainty.<sup>5</sup> ■

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This brief was accepted January 23, 2001.

### Contributors

J. Stanback conceived the study and was responsible for data collection, management, and analysis. E. Raymond interpreted the findings and added the necessary medical context.

### Acknowledgments

Funding for this research was provided by the US Agency for International Development.

We wish to thank Dr Marcia Angle, Ethel Mangani, and Dr David Grimes for their helpful comments.

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