Research Report

An Assessment of Emergency Contraceptive Pills in Nepal 2018

GOVERNMENT OF NEPAL
MINISTRY OF HEALTH AND POPULATION
FAMILY WELFARE DIVISION

USAID
FROM THE AMERICAN PEOPLE

AN ASSESSMENT OF EMERGENCY CONTRACEPTIVE PILLS (ECP) IN NEPAL, 2018

An Assessment of Emergency Contraceptive Pills (ECP) in Nepal 2018 was implemented by CAMRIS International, Monitoring, Evaluation and Learning Project of USAID, and Blitz media under the leadership of the Family Welfare Division, Department of Health Services, Ministry of Health and Population of Nepal. The technical assistance was provided by members from family planning sub-committee. Funding for the survey was provided by United States Agency for International Development (USAID).

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PREFACE

The "Emergency Contraceptive Pills Assessment' is a pioneering study in the country to test the assumption regarding availability, accessibility and usage pattern of ECP. This exploratory study is conducted among the ECP buyers, users, pharmacies and a diverse range of stakeholders directly or indirectly related to ECP sales and use. This report will serve as an imperative resource in terms of guiding future policy, guidelines as well as programmatic direction on ECP sales and use. It will also help in devising the program with proper information and messaging related to ECP use.

ECP was introduced with an intent to prevent unintended pregnancy thereby averting maternal mortality and morbidity in the country. Given the stark reality that many unplanned pregnancies in developing and underdeveloped countries result in illegal abortion, exacting a huge toll on women's health and wellbeing, ECP plays a pivotal role in securing women health. Many countries have explicitly approved of ECP as a contraceptive method through registration of dedicated EC products, and by permitting the products to be sold over the counter without a doctor's prescription, especially to women who are at greatest risk of unwanted pregnancy, such as rape survivors and adolescents having unprotected sex.

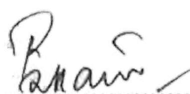
In Nepal, there were as many as 524,000 unintended pregnancies and 323,100 abortions in 2014. The incidence of sexual assault (including rape) cases remains high and has been increasing in recent years. In 2011, Nepal stood out among Asian countries as having the highest proportion of women who did not need contraception due to infrequent/no sex, which might be because of increasing labour migration thereby resulting in spousal separation. Taking an account of that, this study has also attempted to seek out the relationship between increased migration, stagnant modern contraceptive prevalence rate and increasing use of ECP among adolescents.

The study reveals that the use of ECP is not as rampant as perceived by various stakeholders including those directly involved in ECP sales. And, the data indicated higher proportion of young and unmarried users reporting non-use of other FP methods due to easy accessibility, convenience, and privacy factor associated with the use of ECP. Likewise, same was true for spouses of migrant population due to their infrequent sexual activities. In addition, current evidence do not support the perception that ECP is one of the factors for stagnating CPR. Moving forward, issues such as mechanism/function of ECP, the timing of ECP use, ECP as non-abortifacient, and side effects of ECP use need to be focused on while disseminating information.

Women- in general and specifically in rural areas- need to be informed and educated on the choice of ECP and its proper use to prevent unwanted pregnancy. Additionally, the underutilization of currently available private institutions, that offer a range of services related to ECP is another area requiring improvement. In this situation, the introduction of ECP by government health facilities could be an important strategy for improving access to ECP among women in rural areas.

This study found pharmacies as the major source where women/couples obtained ECP and therefore, pharmacies could be used as an entry point to educate buyers and users regarding the appropriate use of ECP. The study also shows a necessity to ensure restriction of unregistered brands in the market through a stringent monitoring system, which is currently lagging. Proper guidelines for the sale of ECP and reporting also are necessary since it provides evidence for future programming.

I hope the findings of this study will be pivotal to all the stakeholders for improving family planning and addressing the unmet needs of the country. Lastly, I would like to provide my sincere thanks to USAID Nepal, MEL project implemented by CAMRIS International and Blitz Media for conducting this study.



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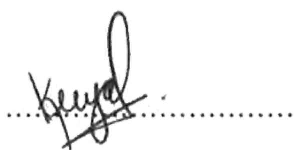
The "assessment of Emergency Contraceptive Study 20 18" reflects an exemplary collaborative effort of the Family Welfare Division, USAID/Nepal, USAID's MEL project managed by CAMRIS International, working group of Family Planning Sub-committee and its institutional and individuals' members. They all took aside some time despite their busy schedule in reviewing the scope of work and tools for this study. We are highly indebted to the entire health team at USAID for their generous support of this complex study. The study would not have been possible without the flexibility and agility of the health team to accommodate the exploratory and evolving nature of it. We give special thanks to Ms. Sabita Tuladhar Pradhan, Strategic Information Adviser, and Mr. Netra Bhatta. Senior Program Specialist-FP/ RH, from the Health Office at USAID/Nepal for their technical support throughout the study period. Our sincere thanks and appreciation to Ms. Ivana Lohar, Team Leader Family Planning, HIV and Social Marketing at USAID/Nepal, who was the connecting link between the study team and Contraceptive Retail Sales (CRS) Nepal. This study would not have been possible without the collaboration and support of CRS, who readily helped the study team in identifying pharmacies and arranging district-level stakeholder consultation meetings. The team also would like to thank the District Health office, family planning focal point and FCHVs of the sample districts. The team also would like to thank Blitz Media, the research agency, for conducting the training of the enumerators and data collection in a timely and efficient manner. We appreciate and acknowledge the support provided by the pharmacies, who kept the list of all walk-in customers purchasing emergency contraceptive pills (ECP) for about two weeks and helped the study team establish the sampling framework. Last, but not the least, the assessment team would like to acknowledge all the respondents and stakeholders including District Public Health Officer D(P)HO, FP focal person, Nepal Chemists and Druggists Association (NCDA) and Department of Drug Administration (DDA) representatives who participated in the interviews by providing information relevant to this study.



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ABSTRACT

As a postcoital contraceptive method, Emergency Contraceptive Pills (ECP) plays a vital role in averting unintended pregnancies. The sale of ECP has increased in recent years in Nepal. However, there has not been a systematic study to understand the availability, accessibility, patterns of usage, and the regulatory aspects of ECP. In such context, USAID/Nepal's Monitoring, Evaluation, and Learning (MEL) Activity conducted an exploratory study covering various aspects of ECP. It deployed quantitative and qualitative approaches, interviewing 306 buyers and 305 users of ECP, 122 pharmacies, and 56 stakeholders. It also maintained a basic profile of ECP buyers in 11 districts through 122 pharmacies. Out of 1,843 walk-in ECP buyers, one-third were young and unmarried. Of those who initially agreed to be interviewed, fifty percent rejected when it came to actual interviewing. Forty percent of the interviewees were young (15-24 years), and most of them were married. Among ECP users, the contraceptive prevalence rate (CPR) was 38 percent for modern family planning methods. Around two-thirds were recurrent ECP users, whereas 74 percent of buyers were recurrent buyers. Around 75 percent of users and almost 80 percent of buyers reported "unprotected sex" as the reason for the recent use of ECP. Age and marital status were significantly associated with having unprotected sex among both users and buyers. The study found widespread misconceptions among all the study groups regarding the effects of ECP, such as ECP causing infertility and affecting the uterus. The focus of future interventions should be on promoting the use of regular family planning (FP) methods, the importance of condoms, proper use of ECP, and accessibility of ECP in rural communities.

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ABBREVIATIONS AND ACRONYMS

Co-PI	Co-principle Investigator
CRS	Contraceptive Retail Sales
DDA	Department of Drug Administration
DHO	District Health Officer
DoHS	Department of Health Services
DPHO	District Public Health Officer
EC	Emergency Contraception
ECP	Emergency Contraceptive Pill
EDP	External Development Partner
FCHV	Female Community Health Volunteer
FHD	Family Health Division
FWD	Family Welfare Division
FP	Family Planning
FPAN	Family Planning Association of Nepal
FTE	Full-time Equivalent
HMIS	Health Management Information System
HP	Health Post
IDI	In-depth Interviews
INGO	International Non-Governmental Organizations
LNG	Levonorgestrel
MCPR	Modern Method Contraceptive Prevalence Rate
MoH	Ministry of Health
MoHP	Ministry of Health and Population
MoU	Memorandum of Understanding
MSI	Marie Stopes International
NCDA	Nepal Chemists and Druggists Association
NGO	Non-governmental Organization
NRP	Nepalese Rupees
NDHS	Nepal Demographic and Health Survey
NHFS	Nepal Health Facility Survey
NHRC	Nepal Health Research Council
P	Probability
PI	Principle Investigator
PHCC	Primary Health Care Center
PSI	Population Services International

SD	Standard Deviation
SFP	Sub-committee for Family Planning
SHP	Sub-Health Post
SPSS	Statistical Package for Social Science
USAID	United States Agency for International Development
WHO	World Health Organization

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EXECUTIVE SUMMARY

ASSESSMENT PURPOSE

The overall objective of this study was to better understand the usage patterns of Emergency Contraceptive Pills (ECP) in the context of rapidly increasing usage in Nepal. The study was designed to take stock of the emerging role of ECP in increasing reproductive choice, averting unintended pregnancy, and reducing the need for abortion in Nepal (the main attributes associated with ECP). The basic underlying strategies utilized in this study were to synthesize what is known regarding ECP in Nepal and to assess and inform, based on multiple perspectives, emerging policy, and programmatic issues. The study sought to identify both opportunities as well as barriers towards ensuring that the product reaches the women (and men) who may need to access the product post-coitally to prevent unintended pregnancies.

ASSESSMENT BACKGROUND

The ECP is the only postcoital contraceptive method to prevent pregnancy. ECP services are found in 80 percent of private hospitals and 28 percent of public facilities (Zonal and above hospitals- 67 percent, district hospitals- 48 percent, PHCCs- 42 percent, HPs- 27 percent). Looking at this increasing trend in usage has led health professionals to raise concerns about free marketing, the increase in the availability of ECP, and the probability that ECP is being used as a substitute for other contraceptive methods in Nepal. In recent years, this issue has been more poignant, considering the apparent stagnation of contraceptive prevalence in the country. Hence, the assessment was conducted to understand users and buyers' profile, perception and usage patterns, assess the knowledge and awareness of the product and its appropriate use, and explore policies and programmatic barriers and stakeholder's opinions on mainstreaming ECPs into a national health program.

ASSESSMENT QUESTIONS AND METHODOLOGY

The assessment questions focused on the following significant areas: ECP availability; ECP usage; knowledge, practices, perception, influencers, and usage patterns of ECP; policy and stakeholders' opinion and views of ECP; and the relationship between the usage of ECP and Modern Method Contraceptive Prevalence Rate (MCPR).

Broadly, the study focused on two main components: stakeholders' perspectives and ECP users'/buyers' profiles and perceptions. The stakeholders' data was based mostly on a qualitative (in-depth interviews) research method, and the buyers'/users' data was predominantly based on quantitative (survey) research methods, with some unstructured qualitative questions.

This study predominantly focused on selected urban and peri-urban areas to gain an understanding of the marketing, volume of sales, use patterns, and perception of ECP buyers/users. The assessment team conducted fieldwork in eleven selected districts: Jhapa, Sunsari, Dhanusha, Dolkha, Lalitpur, Kathmandu, Chitwan, Kaski, Rupendehi, Surkhet, and Kailali. In these eleven districts, it interviewed 305 ECP users, 306 ECP buyers, and 122 drugstore pharmacists. Further, the assessment team conducted in-depth interviews with 56 professionals from different backgrounds, including drug wholesalers, pharmacists, Contraceptive Retail Sales (CRS), international/non-governmental organizations' program and clinic managers and service providers, and government program managers.

FINDINGS

Overview of ECP Customers

During the study period, 1,843 customers visited the sampled pharmacies. Of them, 67 percent were males, 35 percent were between 15 and 24 years of age, and 32 percent were unmarried. Moreover, of the customers who visited the sampled pharmacies, only 35 percent (640 out of 1,843) of them initially agreed to participate in the interview. Of those who agreed, only 47 percent (303 out of 640) were interviewed. The assessment team recruited the remaining 274 interviewees (users) from other sources. The age distribution of the population listed by the pharmacy and the sampled population from the list appear in figures 8 and 9 of Appendix II: Additional Tables section.

Overview of Survey Respondents

Most buyers and users were over age 25. Among the ECP buyers, 34.6 percent of them were female. Seventy-four percent of the users were married compared to just half of the buyers, which included both males and females. Sixty-three percent of male buyers achieved higher than secondary education compared to 48.5 percent of female buyers. Approximately 38 percent of buyers were housewives, and 41.3 percent of them were employed. A higher proportion of users (21.3 percent) had no access to the internet compared to buyers (7 percent). Users' use of three or more types of social media, was low (55.7 percent) compared to buyers (78.1 percent).

ECP Usage; Knowledge, Perception, Practices, Influencers, Usage Pattern

Most buyers and users knew different methods of FP, such as sterilization, injectables, oral contraceptive pills (OCP), male condoms, and withdrawal. Users were less knowledgeable about female condoms and rhythm methods, whereas male buyers had less knowledge about intra-uterine contraceptive devices (IUCDs) and implants. A higher proportion of respondents reported appropriate timing of ECP use (87 percent of users and 77.5 percent of buyers thought one could take it anytime up to 120 hours after intercourse), while only 13.4 percent users and 22.5 buyers gave inaccurate responses indicating that ECP should be taken before sex or before or after sex. Spouses/partners were the primary sources of information on ECP for both users and buyers (23.0 percent and 26.8 percent), followed by pharmacies (22.6 percent and 25.2 percent). Health workers were a source of information for ECP for a small proportion of users and buyers (3.3 percent and 4.2 percent).

Sixty-six percent of users were recurrent users, and 74 percent of the buyers were repetitive buyers. Eighty-four percent of users and 68.6 percent of buyers stated, "unprotected sex" as a reason for the use of ECP, 12.5 percent of users stated use due to the "condom breaking/slipped," and 12.8 percent of users stated, "forgot to take regular pills." A higher proportion of unprotected sex users was reported from Terai districts at 86 percent versus 62 percent in the Hill districts. Likewise, 88 percent were never married/single users and buyers, and a higher proportion of them were younger users and buyers (15-24). Sixty-five percent of users and 64.4 percent of buyers were aware of the side effect of regular ECP usage. Making a joint decision for ECP use was observed to be significant among 63.2 percent of users versus 16.6 percent of users who decided for themselves.

Availability and Accessibility in Emergency Contraceptive Pills Use

The study showed eCON as a highly preferred brand at 92.6 percent compared to I-Pill, Unwanted 72, Max 72, and E72 at 47.5 percent, 40.2 percent, 38.5 percent, and 27.9 percent respectively. Based on the assessment of a willingness to pay, the current mandated price of NPR 80 (~USD 0.77) is at an acceptable level. Almost three-quarters of respondents felt there were no barriers (users' 73.8 percent; buyers' 73.2 percent), while 12.8 percent of users stated cost as a barrier to access ECP. All stakeholders believed there should be no restrictions on the availability and access to ECP, and that ECP usage should be voluntary, backed up by correct information and counseling.

Policy, Guidelines, and Other Issues on ECP

The National Medical Standard-Vol I provide details of ECP under the chapter "Emergency Contraception." While this guideline has general information on ECP that includes its effectiveness, clinical procedure, and even clarification about misunderstandings surrounding ECP, it does not necessarily provide implementation guidelines for the provision of ECP through a state- and a non-state medium. Notably, few stakeholders knew about national policy guidelines for ECP and its use. Looking at the growing popularity and increasing trend in its use and misuse, stakeholders recommended mainstreaming ECP into the National Health Programme policy and guidelines.

Procurement of ECP from the Government System

ECP has not yet been included in government service delivery and is unavailable through public health facilities. The stakeholder analysis on the growing concern for ECP's potential misuse and overuse recommended mainstreaming ECP into national programming and supply by implementing control mechanisms for improving the supply, training providers, and linking it with regular family planning programs. Provision of ECP through public supplies with stringent monitoring would control unregistered brands in the market and adhere to the guidelines of pharmacists and other service providers of ECPs for selling the product.

Reporting and Recording on ECP

There is no reporting and recording on ECP usage since it is not supplied through the government, and, thus far in practice, there is no practice of recording and reporting by private-sector actors either. The prominent reason coming from stakeholder analysis about why the private sector doesn't record and report on ECPs is due to a lack of a standardized system, guidelines, and format. Although private pharmacists showed a willingness to use Health Management Information System (HMIS) forms for recording and reporting of ECP use, issues, such as unregistered pharmacies and a lack of monitoring from the government, might pose challenges to proper reporting and recording of ECP use.

Relationship Between the Usage of ECP and MCPR

The study also examined whether there were any differences in the use of regular FP methods between those who have used ECP compared to those who have not used ECP. For this examination, the assessment team compared the use of family planning methods by ECP users (from this survey) with the data from the Nepal Demographic and Health Survey (NDHS). There was no difference in current contraceptive use between ECP users, non-users, and ECP-ever users. The perception of stakeholders, though, is that ECP is one factor leading to the stagnation of MCPR. As the analysis comparing the use of FP methods among groups of ECP users and non-users did not show any empirical evidence supporting that perception, one can conclude that ECP is not contributing to the stagnation in MCPR.

DISCUSSION AND CONCLUSION

Awareness and Knowledge of ECP and FP Methods

Awareness of FP methods was almost universal among buyers and users. Most respondents also were aware of at least one ECP brand and the correct timing to take ECP. However, complete and accurate information is crucial for appropriate use of ECP, which may be lacking among buyers, users, and other stakeholders. Furthermore, the assessment team found that the accessibility and availability of ECP and enhancing knowledge and information among women in rural settings about it is necessary.

Use, Misuse, and Overuse of ECP: Causes and Concerns

The data indicated the use of ECP across the reproductive age groups with a higher proportion of young users reporting non-use of other FP methods. ECP has become an easily accessible method triggered by high awareness on its availability and timing of use; notwithstanding the privacy factor that serves the need of young and unmarried individuals. The frequency of use, averaging at about two times in the previous three months, do not indicate rampancy in its use. Further, users and buyers had perceptions of minor to severe side effects of ECP

that could cause them to refrain from using ECP as shown in other studies as well. Rather than restricting access in the use of ECP, the focus should be on educating young people on sexually transmitted infections and the importance of using condoms.

Pharmacies Perceived as a Missed Opportunity

Stakeholders believe that pharmacies could be the appropriate platform to educate users and buyers on the appropriate use and side effects of ECP. Pharmacies could serve as a place where myths could be dispelled and where users could receive counseling on the use of other FP methods. However, there is no such provision in the form of guidelines or policies that require or encourage pharmacies to do more than merely providing ECP for buyers. Moving forward, it would be appropriate to employ pharmacies in educating and, if possible, counseling women and couples on ECP use.

Myths and Misconception Need to be Addressed

Several studies have shown myths and misconceptions of ECP use exist among the general population and service providers, too. This study also found that users and buyers perceived ECP could cause infertility or negatively affect a woman's uterus. Some stakeholders, including pharmacists, expressed similar views. Pharmacists, along with the media, play a vital role in transmitting such misinformation about ECP use. And it is important that women and couples do not refrain from accessing and using ECP because of myths and misconceptions. People need to be informed about fertility, family planning, and pregnancy risks, including dissemination of adequate information regarding ECP use, to dispel myths and help ensure the proper use of ECP.

1.0 RESEARCH PURPOSE

The overall objective of this study was to better understand usage patterns of the emergency contraceptive pill (ECP) in the context of rapidly increasing use in Nepal. The basic underlying strategies utilized in this study were to synthesize what is known regarding ECP in Nepal and to assess, based on multiple perspectives, emerging policy, and programmatic issues. The aim was to identify both opportunities as well as barriers toward ensuring that the product reaches the women (and men) who may need to access the product post-coitally to prevent unintended pregnancies.

The study aims to fill the current gap in knowledge management regarding ECP in Nepal. The synthesis of knowledge regarding what we know from previously available data, collection and analysis of new data to address the knowledge gap, and most importantly, the triangulation of the information/data are much warranted. The study further aimed to provide hitherto fragmented data comprehensively for the stakeholders, to develop evidence-informed and evidence-based strategies for the emerging role of ECP among the reproductive attitudes and behavior of both women and men of reproductive age in Nepal.

Exhibit 1: Research Specific Objectives

- Gain an understanding of the current patterns of availability and accessibility of ECP in public and private sectors (including I/NGOs), by types of health facilities and commercial outlets.
- Gain an understanding on ECP buyers'/users' patterns of use, perception of buyers, influencers and users on ECP, preference for ECP brands, pricing, misuse, and concerns in high ECP use districts by the buyers'/users' socioeconomic and other background (age, education, provinces, mass media, ethnicity) factors.
- Eexplore the existing policy gaps, opportunities and barriers related to the supply, marketing, distribution, advertising, pricing, legality, and accessibility from the perspectives of multiple stakeholders.
- Explore the relationship between increasing use of ECP and stagnation of Modern Contraceptive Prevalence Rate (MCPR).

Below are the questions and topics that guided the study.

Objective Area	Study Questions
ECP Availability	• To what extent are various social marketing and commercial brands of ECP available to the population and at what prices are the products available? • What are the concerns and perception of the providers, wholesalers, retailers, buyers, and other concerned stakeholders regarding the availability and accessibility of ECP? • What factors currently influence ECP availability and accessibility?
ECP Usage: Knowledge, Perception, Practices, Influencers, Usage Pattern	• What are the patterns of ECP use among different population subgroups in Nepal? Who are most of the users, and how and how often do they use ECP? What do ECP buyers and users believe is the appropriate use/misuse of the product (e.g., accidental vs. regular use)? • What is the main source of ECP users' knowledge and information? What are the circumstances of their use? What are their main concerns? • What knowledge do ECP users have regarding other contraceptive methods? Have they used contraceptive methods in the recent past? What barriers do they experience while trying to access ECP? What is their opinion regarding the price?
Policymakers' and Other Stakeholders' Opinion and Views	• What is the perception of ECP use among, providers, government and other stakeholders? What are their concerns and suggestions regarding the availability, pricing, and accessibility of ECP? • In what ways do the guidelines for ECP of the Government of Nepal (GON) align with practice? Where are there disconnects? What are the stakeholders' [including the Ministry of Health and Population (MoHP)] views regarding including ECP in the MoHP commodity logistics and reporting systems?
The Relationship Between the Usage of ECP and MCPR	• The study team will explore the relationship between the usage of ECP and MCPR by comparing the Nepal Demographic and Health Survey (NDHS) data with the survey data of ECP users. • Indicatively, the study team will explore the relationship through in-depth interviews among the pertinent stakeholders.

2.0 BACKGROUND

Emergency contraception (EC) is the only postcoital contraceptive method available that can increase reproductive choice, avert unintended pregnancy, and reduce the need for abortion (WHO 2005; WHO 2010; Koyama, Hagopian, & Linden 2013). It plays a vital role in averting unintended pregnancies due to the non-use of contraception, possible contraceptive failure, incorrect use of contraceptives, or if a woman is sexually assaulted. Emergency contraceptive pills (ECP) offers both women (and men) the advantage of the ability to access the method privately, quickly and conveniently, without a prescription, or necessarily going to a clinic. Many countries have explicitly approved of EC as a contraceptive method through registration of dedicated EC products, and by permitting the products to be sold without a doctor's prescription, especially to women who are at greatest risk of unintended pregnancy, such as rape survivors and adolescents (Center for Reproductive Right, 2008).

In Nepal, there were as many as 524,000 unintended pregnancies and 323,100 abortions in 2014 (Puri et al. 2016). The incidence of sexual assault (including rape) cases remains high and has been increasing in recent years (Ghimire & Samuels 2017). In 2011, Nepal stood out among Asian countries as having the highest proportion of women who did not need contraception due to infrequent/no sex: 73 percent, compared to an average of 34 percent for 13 Asian countries (Sedgh et al. June 2016). One of the contributing factors behind this fact could be labor migration of male youths who return to Nepal only for a few weeks each year. Records reveal that more than 350,000 people (mostly young males) obtained labor permits for foreign countries in 2016/17 (MoLE 2018) contributing further to spousal separation. With husbands returning home, studies have shown that there is low or no use of contraception while indulging in sexual activities (Uprety, Khatri, Baral & Regmi 2016). Thus, ECP fills a unique role, especially among those with infrequent sexual relationships (Thapa 2016).

Furthermore, globalization has changed the belief that sexual relationships are limited to traditionally defined marital unions only, which has served as a precursor to changes in attitudes and behavior regarding premarital sex (Bajracharya & Bhandari 2014). The Nepal Adolescents and Youth Survey 2010-11 conducted by the Ministry of Health and Population reveals that nearly 18 percent of women between 15 to 19 years of age knew about ECP. For young adolescents who are engaged in the unprotected sex and need to maintain their privacy, ECP is the best option. These situations underscore the emerging role of ECP to prevent unintended pregnancies as well as the increasing trend in the misuse of ECP as replacement of regular family planning (FP) methods.

According to the 2008 Population Council study, ECP was incorporated in the National Medical Standard (NMS) for Contraceptive Services and in Clinical Protocols for Health Providers in Nepal in 2003 (Shrestha et al. 2008). ECP was included in the Comprehensive FP Training Package (COFPTP) for paramedics and in 2004 was registered by the Department of Drug Administration (DDA) (Shrestha et al. 2008). Up until 2008, there was a modest rise in the use of ECP in Nepal's market. However, with social marketing, sales of ECP started to increase since 2009, with annual sales reaching 500,000 doses from mid-2014 through mid-2015 (CRS 2018; Shrestha, Shrestha & Ghimire 2012). Advertisements in social media, TV, radio, and prints has further generated demands not only from the married couples but also for other populations who are at risk of unprotected sex, such as youth, adolescents, singles, and migrant families. Another contributing factor to such rapid increase could be the low cost of ECP, which is available at 80 Nepali Rupees (NRs.) (which is equivalent to $0.77) and is less complicated as a procedure compared to abortion.

For women who are interested in preventing unintended pregnancies, knowledge of emergency contraception is crucial to its utilization. ECP expands choices of contraception. However, its access and availability over the counter in pharmaceuticals without a doctor's prescription marks the need for enhancing the knowledge of, and access to, emergency contraception to ensure that it meets the need of couples. Even among the service

providers through pharmacies, various degrees of misgivings regarding the promotion of ECP still exist. Given the current stage of introduction and availability of ECP in Nepal, a systematic appraisal is, therefore, warranted.

Many countries have explicitly approved of ECP as a contraceptive method, and this acceptance reveals an understanding that EC is contraception, not abortion. In the context of Nepal, ECP is not yet mainstreamed into the government and distribution system, and it is not included in the MOHP HMIS, which limits the supply of it to urban areas and contributes to higher distribution cost for the private sector in rural areas. Recently, the Subcommittee for Family Planning (SFP), coordinated by the MOH/Family Health Division, has raised several policy-, program-, and service-provision issues relating to ECP and its integration into national FP program. This study is one of the few attempts to undertake a comprehensive appraisal of policies and programmatic issues related to expanding the availability of and access to ECP for appropriate and correct use in Nepal. The study also focuses on the identification of opportunities and barriers to reaching women (and men) who may need to access the product to prevent unintended pregnancies.

3.0 METHODOLOGY

3.1 METHODOLOGY

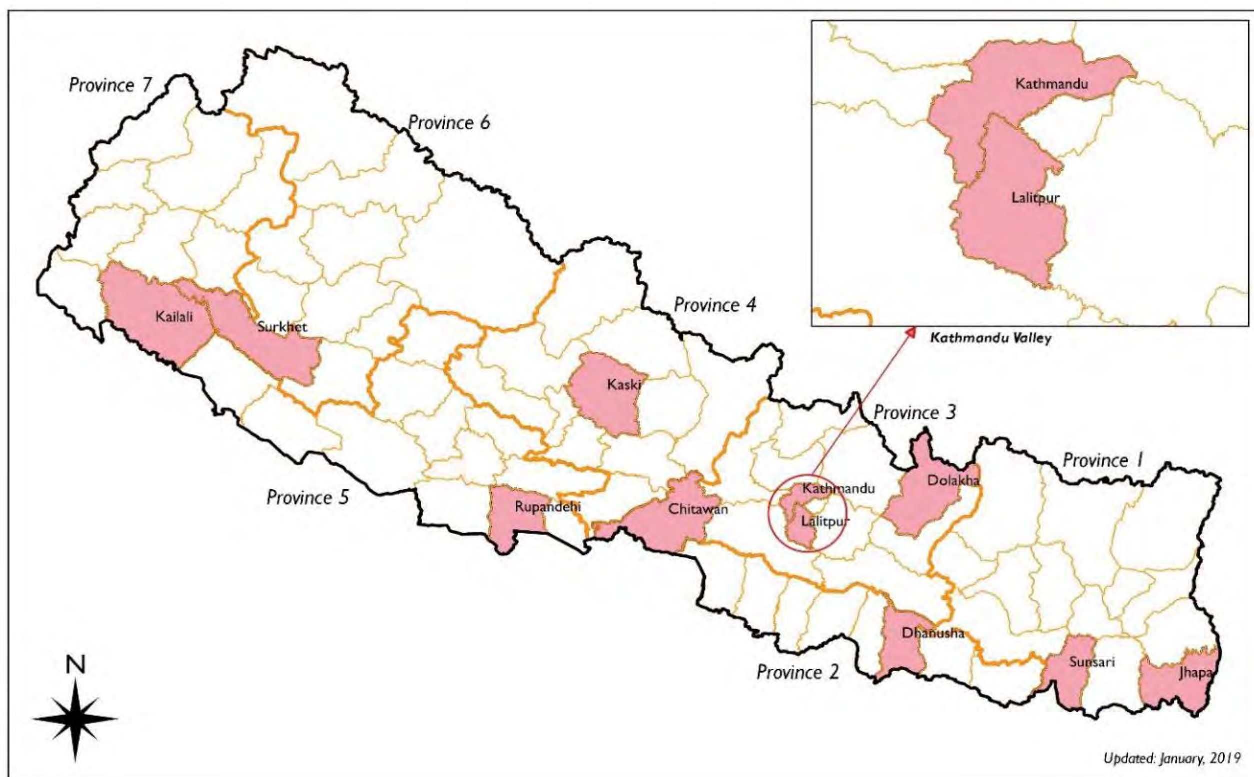
This study employed a cross-sectional exploratory design. The study undertook phased quantitative and qualitative approaches to address study objectives and respond to the above assessment questions.

3.1.1 SAMPLING AND STUDY SITE

Insights from previous studies, ECP sales data obtained from the central warehouse, Contraceptive Retail Sales (CRS) Nepal, and International/Non-Governmental Organizations (I/NGOs) indicate that ECP is consumed principally in urban areas. Based on this information, the study team designed a multistage sampling methodology that focused on mostly urban-based stakeholders and buyers/users.

Table 32 in Appendix II shows the geographic areas selected for the study along with data on women of reproductive age (WRA, ages 15-49) in the proposed sample areas and the total number of pharmacies from where the study team collected the ECP buyers'/users' data. Altogether 11 districts located in seven states/provinces were selected – which represents one Mountain, four Hill and six Terai ecological regions.

Figure 1: Map Showing the Districts Selected for the Study



In the study districts, the study team selected 122 pharmacies for the data collection. The criteria for selection of the pharmacies included: relatively high-traffic (for ECP purchase) shops, socio-economically diverse geographic clusters within a given metropolitan area, and willingness of the pharmacist to participate in the study. The respondents represent four subgroups: (A) females who visit the pharmacy to buy ECP for their personal use, or agree to be interviewed regarding their use of ECP at another location; (B) females who visit the pharmacy to buy ECP on behalf of somebody else; (C) males who visit the shop to buy ECP for their partner; and (D) males who visit the pharmacy to buy ECP on behalf of somebody else. Though the study's primary focus was sub-group A, it

also included the buyers' perspective on availability, accessibility, use, and misuse as well as their knowledge on ECP since they are usually the influencers in the usage of ECP.

For the collection of samples, the study team requested selected pharmacies to maintain data of ECP buyers. The pharmacists not only recorded the sex, marital status, and age of the buyers/users who visited the pharmacy, but also the pharmacists requested the users to participate in an interview and recorded the contact number of those individuals who agreed to participate in an interview. A template was used to record information for an average of 16 days (4 to 35 days) in each pharmacy. The study team visited pharmacies at least once each day to get the information on the individuals who agreed to an interview. The team then contacted individuals to confirm an interview time, date, and place. It also decided a minimum of 25 percent of the sampled respondents needed to be unmarried or young. Interviews continued until the quota was achieved in each district. A sample quota was based on the proportionate WRA population (See Table 31 in Appendix II). However, not all respondents were recruited from pharmacies. The study team used referral techniques (through purposive sampling) to capture the remaining sample of respondents. Further details of the source for recruiting respondents (referees such as users themselves, buyers and pharmacists) appear in the first chapter of the findings section. Overall, the study team interviewed 611 users and buyers of ECP for the quantitative survey. The sample included 200 male buyers, 106 female buyers, and 305 users (only females) of ECP. Also, the study team interviewed 122 pharmacists as well (see Table 34 in Appendix II).

For in-depth interviews (IDIs), the study team interviewed 56 professionals representing ECP wholesalers and pharmacists, private (commercial) sector hospitals and clinic managers and providers (staff nurses/doctors), I/NGO program and clinic managers and staff nurses, government program managers, and health information system professionals (for details about the IDIs, see Table 33 attached in the Appendix II).

3.1.2 DATA COLLECTION METHODS AND TOOLS

Broadly, the study had two main components: stakeholders' perspectives and ECP users'/buyers' profile and perceptions. The data collection tools for the study represent a mix of both quantitative and qualitative methods. The stakeholders' data was based mostly on qualitative (in-depth interviews) research method, and the buyers'/users' data was predominantly quantitative (survey) research methods, with few unstructured questions.

The survey asked respondents to provide information on their demographic, social, and economic background; brand awareness and preference; previous use of other contraceptives; ECP use; knowledge regarding ECP; intended appropriate time for use; and price elasticity. The IDIs were designed to understand better and triangulate (i) the basic patterns of awareness, availability, and use, as revealed from the analysis of quantitative results and previously reported studies, and (ii) seek information/data relating to policy and promotional and programmatic issues not available from the survey.

Questionnaire Development

The study team engaged the FP sub-committee of the Family Health Division within the MoHP and other stakeholders throughout the research process to ensure their participation in reviewing protocols, tools, and ownership of results. The process began with a half-day workshop participated by 50 stakeholders, including members of the MoHP. A representative of the Department of Health Services (DoHS) shared the ECP study objectives and other details and requested participants to provide feedback and to support the study. Following this, the study team shared three sets of questionnaires with participants to elicit their comments and incorporate their feedback into a final set of tools.

Testing Approaches for the Recruitment of ECP Buyers and Users for the Study

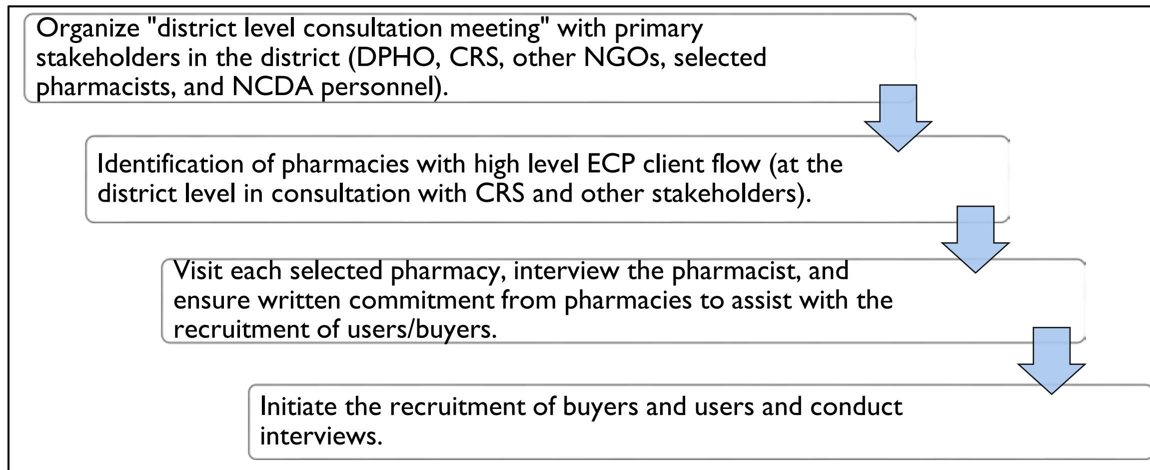
After reviewing several similar ECP surveys conducted in other countries, the study team decided different approaches to identify and recruit ECP users and buyers for the survey.

Before data collection began, the study team tested various approaches to reach ECP users and buyers. Testing took place from 26 through 29 of April 2018 in two districts: the Byas urban municipality (population 71,000) in the hill district of Tanahun in Province 4, and the Parsa Metropolitan municipality (population 208,000) in the Terai district of Parsa in Province 2, near the Nepal and India border. Some of the significant findings of the pre-test follow:

- The pharmacy could be used as the primary entry point for reaching buyers and users; however, for users, other approaches may be needed, such as snowball or referral techniques.
- A quota was needed for the sample to reach young and unmarried users and buyers.
- As the level of cooperation from pharmacies to support the study could vary, an orientation meeting in each district was recommended to obtain support from key stakeholders, especially the Department of Drug Administration (DDA), Nepal Chemist and Druggist Association (NCDA), and District Public Health Office (DPHO). It also was necessary to identify pharmacies with high volume sales of ECP.
- Collaborate with CRS to identify the Pharmacies, coordinate with the relevant stakeholders in the district and conduct the district level stakeholder discussion.

Based on these findings, the study team designed the below protocol for data collection.

Figure 2: Quantitative Data Collection Protocol



3.1.3 DATA ANALYSIS

Qualitative Data Analysis

The study team grouped the responses from IDIs with the 56 key stakeholders into five categories: Central and District level MoHP respondents (18), NCDA and DDA (2), External Development Partners (EDPs) including USAID (5), NGOs/INGOs including those involved in social marketing (9), and local manufacturers and wholesalers (5). The study team combined the 11 responses from clinicians and the 6 responses from pharmacy-based pharmacists into one main category of ECP service delivery. Various patterns emerged, and themes were developed from analyzing the responses against the evaluation questions.

Quantitative Data Analysis

The study team collected quantitative data from 611 respondents (306 buyers and 305 users) of ECP and 122 retail pharmacists. It collected data in 11 districts from 17 June through 27 August 2018. Before entering responses in the data entry portal, the study team reviewed the responses for consistency and errors, and data validation checks also were completed through the portal. The study team performed double data entry for data entry quality control. It then transferred the completed dataset into Stata, a statistical software program, to develop distribution frequencies. Dummy tables were developed beforehand, and the study team obtained results using Stata 15. Descriptive tables (one-way and two-way) were generated followed by a test of significance using the chi-squared test or Fisher's exact test and t-test (two-tailed) where applicable. The study team computed the test of significance at 95 percent and 99 percent confidence levels.

The study team used quantitative and qualitative results to conduct a parallel data analysis technique, a type of mixed method technique referred in USAID 2013 technical note on Conducting Mixed-Method Evaluations. It then triangulated the results to look for convergence and divergence of themes.

3.1.4 ETHICAL CONSIDERATIONS

The ECP study protocol and draft instruments were cleared by the Nepal Health Research Council (NHRC) in a two-step process (Ref. no. 2329 & 2876). The proposal and instruments for the study were initially reviewed and approved by the NHRC for ages 18 or older on 28 March 2018. On 31 May 2018, there was a second NHRC review, which approved lowering the age of interviewers to age 15.

CAMRIS' evaluation practice is guided by the American Evaluation Association Guiding Principles for Evaluators. "Do no harm" remains the primary guiding principle for CAMRIS while conducting any study or evaluation. All interview participants received an informed consent statement (in the local language) to ensure they understood that participation in the data collection was voluntary. The study team informed participants that they do not need to answer questions that made them uncomfortable and they could halt their participation at any time. The

study team included representative quotes from the data collection in this report to add context to findings. However, participants are not identified by name. Protection of research participants is paramount in the research, and the study team minimized any risks associated with participation in data collection activities. The study team explained confidentiality procedures to all participants involved in the data collection.

Special attention has been taken to maintain the confidentiality of the respondents given the sensitive nature of the study. They were interviewed in a place convenient to them to maintain their privacy. The survey tools have a unique identifier number and a limited number of the other identification details that remain in the survey instruments, which are kept strictly private. All survey data were kept in a private data file with access strictly limited to the data analysis team.

3.2 LIMITATIONS

One limitation of the study is that the sample of the districts is non-random but rather is based on specific criteria, such as areas with a larger volume of ECP sales and consumption. The list of buyers and users maintained at the pharmacy level was supposed to be used as a frame for sampling respondents. But given the sensitivity of the topic, limitation of time, and the unwillingness of users to participate in the study, the study team decided to select purposely the respondents who agreed to an interview. The team, however, made sure that pharmacies were selected from key places such as market place, bus stations, colleges/universities to capture respondents from wider backgrounds.

Given the sensitivity of the topic, there was the possibility that respondents would not have been comfortable in responding or that they would have been in a hurry to complete the interview in case anyone heard them. The study team was aware of these issues and were vigilant in making sure the venues for the interviews were in locations that had visual and audio privacy. Moreover, the study team did not record the names of the participants, and, once it interviewed respondents, it destroyed the contact details that were recorded in the template by the pharmacies.

4.0 FINDINGS

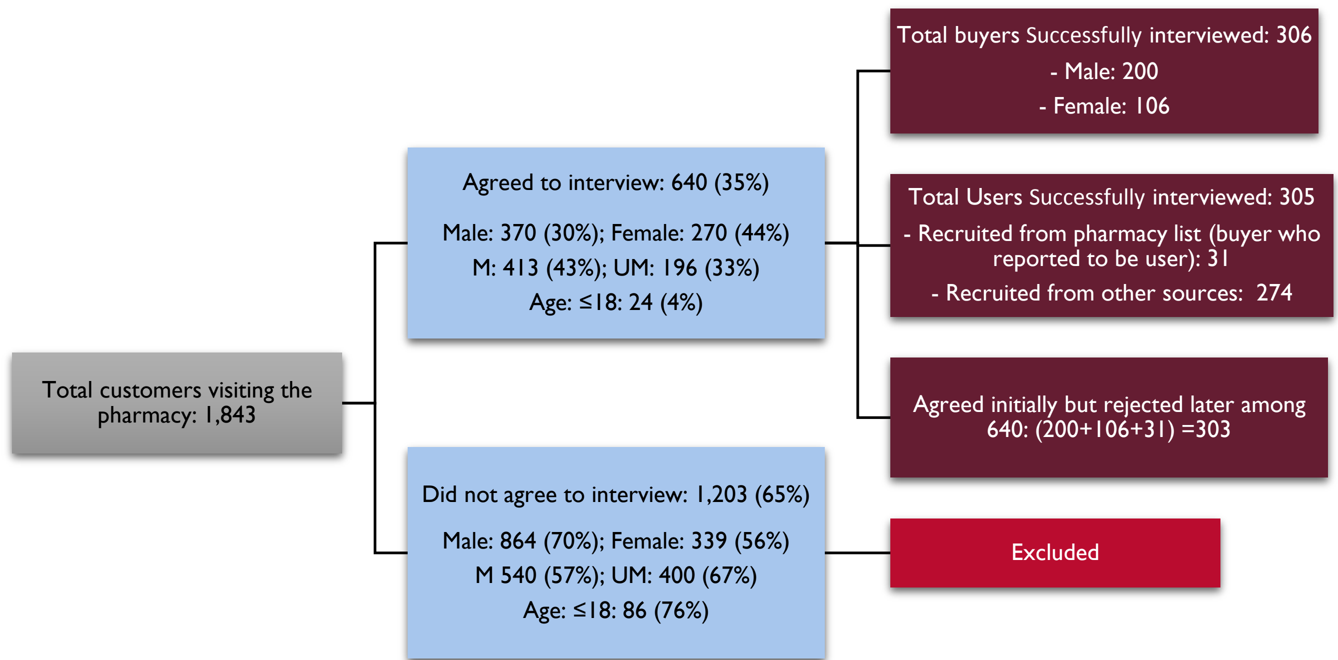
4.1 SECTION 1: OVERVIEW OF SURVEY RESPONDENTS

The selected 122 pharmacies remained as the first point of contact for the study team to reach out to the ECP buyers and users. Only 119 pharmacies (98 percent) maintained a listing of demographic information of the customers who purchased ECP within the study period. The listing form consisted of demographic information such as age, sex and marital status of the customers. This information served as the basis for the sampling frame of survey respondents.

During the study period, 1,843 customers visited the sampled pharmacies. Of them, 67 percent were males, 38 percent were 15-24 years of age, and 38 percent were unmarried. Moreover, of the customers who visited the sampled pharmacies, only 35 percent of them initially agreed to participate in the interview. Other background characteristics of customers who initially agreed to interview are illustrated in figure 3 below. In the end, only about half of the customers who initially agreed to be interviewed ultimately agreed to participate in the interview. The remaining respondents (users) whom the study team interviewed were recruited through referrals from buyers, ECP users, and pharmacists.
In the 11 districts, the study team interviewed 305 ECP users, 306 ECP buyers, and 122 pharmacies as part of this survey. It applied the snowball technique to reach out to the ECP users as they could only recruit 10 percent of the users through the pharmacies. The study team recruited the remaining users through referrals from pharmacists (46 percent), buyers (12 percent), and ECP users (32 percent) (See Table 1). Among the buyers, 34.6 percent of them were female. The substantial proportion of users were married (74.8 percent), compared to just 50 percent of buyers. Users reported less education, lower employment levels, and less access to the internet and social media than male buyers.

As shown in Table 2 below, most pharmacists were between the ages of 30 and 49. Among the pharmacists surveyed, 82 percent were male. Nearly all pharmacies (95 percent) operated seven days of the week, and almost three-quarters were open daily for 13 hours or more.

Figure 3: Recruitment of Users and Buyers



Note: also see table 41 and 42 in Appendix II: Additional Tables section.

Table 1: Background and Characteristics of Surveyed ECP Users and Buyers

Background Characteristics	Percent of Users	Number of Users	Percent of Buyers	Number of Buyers
Age				
15-19	10.2	31	6.9	21
20-24	28.5	87	34	104
25-29	26.2	80	24.8	76
25 and over	35.1	107	34.3	105
Mean	27.2		27.5	
Median	27.0		26.0	
SD	6.37		5.72	
Range	15; 49		15:49	
Sex				
Male	-	-	65.4	200
Female	-	-	34.6	106
Marital Status				
Currently married	74.8	228	50	153
Never married	24.6	75	49	150
Others	0.7	2	1	3
Husband Stay/Away (among married)				
Husband not away	82.9	189	89.5	137
Husband away	17.1	39	10.5	16
Education				
Primary or less	12.5	38	4.9	15
Secondary or less	39	119	31.4	96
Higher	48.5	148	63.7	195
Caste/ethnicity				
Brahmin/Chhetri	38.4	117	44.8	137
Tarai caste	19.3	59	16.7	51
Dalit	6.6	20	7.2	22
Janjati	35.4	108	31.4	96
Muslims	0.3	1	0	0
Region**				
Terai	56.7	173	57.8	177
Hill	43.3	132	42.2	129
Access to the Internet Per Week				
No internet access	21.3	65	9.2	28
Access to the internet	78.7	240	90.8	278
Exposure to Social Media				
None	21.3	65	9.2	28
One to two social media	23.0	70	12.7	39
Three or more social media	55.7	170	78.1	239
Mean	1.3		3.5	
Median	2.0		4.0	
SD	0.81		1.7	
Range	0:2		0:6	
Recruitment Type for Users				

Background Characteristics	Percent of Users	Number of Users	Percent of Buyers	Number of Buyers
Visited pharmacy	10.2	31	-	-
Referred by pharmacist	45.9	140	-	-
Referred by buyer	12.1	37	-	-
Referred by ECP user	31.8	97	-	-
Total	**100%**	**305**	**100%**	**306**
***One mountainous district, Dolakha, has been merged in "Hill" category*				

Table 2: Background Characteristics of the Pharmacists

Background Characteristics of the Pharmacists	Percent	Number
Sex of Pharmacist		
Male	82.0	100
Female	18.0	22
Age		
Less than 30	16.4	20
30 to 49	66.4	81
50 and more	17.2	21
Mean	39.5	
Median	38.0	
Sd	10.6	
Range	18:65	
Year of Pharmacy Established		
Less than 10 years	41.8	51
10 years and more	58.2	71
Education		
Technical education in health	67.2	82
Non-health education	32.8	40
Total Pharmacy Operating Hours		
Less than 13 hours	27.0	33
13 hours and more	73.0	89
Mean operating hours	13.4	
Median operating hours	13.5	
Sd operating hours	1.5	
Range operating hours	5:17	
Total	**100**	**122**

4.2 SECTION 2: KNOWLEDGE, USAGE, AND ACCESS TO ECP AND OTHER FAMILY PLANNING METHODS

4.2.1 SECTION 2.1: KNOWLEDGE OF ECP AND OTHER FAMILY PLANNING METHODS, INCLUDING THE SOURCE OF KNOWLEDGE

The knowledge of ECP and other FP methods was relatively high for both users and buyers. Data in Table 3 show that users have the highest awareness of FP methods as more than 90% of them knew about all FP methods except for female condoms and the rhythm method. Female buyers were more knowledgeable on sterilization, injectables, oral contraceptive pills (OCPs), and male condoms followed by male buyers who have the highest knowledge of the male condoms, OCP, injectables and withdrawal methods. Male buyers exceeded females in their knowledge of female condoms and rhythm and withdrawal methods.

As shown below in Table 4, in a multiple-response question, knowledge of various brands of ECP methods was consistently greater among buyers than users for virtually all methods, except for two relatively unknown brands, Feminor and Okey. The most popular brand was Econ across users and buyers followed by Ipill and Unwanted-72. Overall, 87 percent of the users and 95 percent of the buyers knew about at least one brand of ECP, whereas 21 percent of the users and 27 percent of the buyers knew two or more brands.

Regarding buyer and user knowledge of when to use ECP, the vast majority (87 percent) of users knew ECP should be used no later than 120 hours after intercourse, while few users indicated before sex (2.3 percent), 33 responded either before or after intercourse (See Table 5). Compared to users, less percent of buyers (77%) knew ECP should be used within 120 hours after intercourse.

As shown in Table 6, the main sources of information for users about ECP were their spouse/partner and pharmacist (23 percent and 22.6 percent, respectively), followed by a friend and television. For buyers, their major sources of ECP information were a friend and pharmacy (26.8 percent and 25.2 percent, respectively). A small proportion of users and buyers relied on health workers for ECP information.

The specific messages that most users and buyers heard about ECP were that it protects against pregnancy, can be used after unprotected sex, and must be taken within 72 hours of intercourse (See Table 7).

Most stakeholders reported that media and internet platforms are the most effective means to increase awareness and understanding of ECP and its use among the public. As a municipality health coordinator stated, ***"…in recent times, ECP has become much popular among teenagers. I think advertisements and promotion activities have a lot to do with it."***

Most pharmacists stated that for specific groups, such as adolescents, school-based programs were necessary to increase awareness of ECP and other contraceptive methods. Many pharmacists selling ECP agreed with the opinion of one pharmacist who affirmed, ***"…there is a dearth of IEC [Information, Education, and Communication] materials or brochures with messages on side effects/complications, including its appropriate use and consequences from frequent use. The informative and illustrative IEC materials would help people get full information about ECP and decide on its use."*** Another pharmacist opined, ***"In rural areas, there are less promotional activities. That's why women in these areas don't have access to ECP; hence, advertisements in such areas is important as well."***

As pharmacies were reported to be the major source of information on ECP among buyers and users, the stakeholders representing the MoHP, External Development Partners (EDP) and NGOs agreed that ***"Private pharmacies have [a] role to play"*** in educating buyers about ECP. They believed pharmacists should be able to explain and counsel the patient, explain the side effects, and help the buyers and users to make an informed decision on ECP. One pharmacist reported that through better counseling, pharmacists could effectively send the message to buyers that ECP should not be excessively relied upon to prevent pregnancy. He stated: ***"Pharmacies could contribute through counseling. For instance, just asking 'how many times you had ECP this month'***

might help get information and prevent excessive use of ECPs further. Buyers are just complacent thinking that ECP is the solution and don't care about [the] effects of using it multiple times."

In addition to the above findings, the role played by manufacturers was found to be crucial as put forward by stakeholders and service providers. Overall, CRS social marketing was felt to be very effective. Respondents felt that CRS has developed promotional materials and has used them well to advertise ECP. CRS uses multiple sources to promote ECP, including TV ads, radio jingles, and community-based activities. Several respondents agreed that advertisements from Indian brands, especially on TV, were important factors for ECP popularity.

Not all respondents, however, felt that ECP had not been properly promoted in Nepal. Most of them felt that the information provided in advertisements and promotional materials are inadequate and incomplete. As one FP officer opined regarding the promotion of ECP: ***"…The thing is that I don't like the glorification of ECP (as shown in advertisements and promotions); the potential client of FP should not be shifted due to glorified advertisements of ECP."***

The promotion of ECP, in some respondents' view, has contradicted the use of regular FP methods. They feel that the promotion of ECP discourages use of FP methods, which is partly due to the way ECP has been promoted. A manager of an INGO noted that promotional ads contain incomplete information on ECP:

> ***"In my view, this may be one of the contributing factors. When we visit private clinics, we see big posters on ECP. We do not see posters on FP and MCH. This information is again is not complete. They promote their product but do not provide comprehensive info. It is just ECP. They do not provide comprehensive info on need for FP. Just push for ECP."***

Table 3: Percent Distribution of Users and Buyers by Their Knowledge of Family Planning Methods *

FP Method	Users (N = 305)		Male Buyers (N =200)		Female Buyers (N=106)	
	Percent	Number(n)	Percent	Number (n)	Percent	Number(n)
Female sterilization	95.4	291	90.0	180	98.1	104
Male sterilization	94.1	287	93.0	186	97.2	103
IUD	93.1	284	72.0	144	80.2	85
Injectable	99.7	304	96.0	192	99.1	105
Implants	94.1	287	65.0	130	88.7	94
OCP	98.4	300	97.5	195	96.2	102
Condom (male)	100.0	305	98.5	197	99.1	105
Condom (female)	50.2	153	74.0	148	52.8	56
Rhythm	71.8	219	76.0	152	68.9	73
Withdrawal	91.5	279	95.0	190	81.1	86

*** Do not add 100% in multiple responses.**

Table 4: Percent Distribution of Users and Buyers by Their Knowledge of Emergency Contraceptive Brands *

Brand of ECP	Users (N=305)		Buyers (N=306)	
	% Spontaneous	Number(n)	% Spontaneous	Number(n)
ECON	67.2	205	71.9	220
I-Pill	36.1	110	44.4	136
Unwanted 72	16.7	51	28.4	87
Max 72	11.8	36	16.0	49
E72	9.5	29	13.7	42
Feminor ECP	5.2	16	2.3	7
OKEY	4.9	15	2.0	6
Postinor EC	0.3	1	0.7	2
Missing	-	-	0.3	1
Knows at Least One Brand (of the total)	**86.6**	**264**	**95.1**	**291**
Knows Two or More Brands (of the total)	**20.5**	**54**	**26.5**	**77**

*** Do not add 100% in multiple responses.**

Table 5: Percent Distribution of Users by Their Knowledge About When to Use ECP

Knowledge About When to Ese ECP	Users			Total (n)	Buyers			Total (n)
	1-2 hour (%)	3-71 hour (%)	72 -120 hours (%)		1-2 hour (%)	3-71 hour (%)	72 - 120 hours (%)	
Before sex	57.1	14.3	28.6	7	87.5	0.0	6.3	16
After sex	4.9	24.6	70.5	264	14.8	24.5	59.9	237
Before & after sex	0.0	0.0	0.0	1	0.0	50.0	50.0	2
Anytime, before or after sex	6.1	9.1	75.8	33	3.9	9.8	76.5	51
Total	**6.2**	**22.6**	**69.8**	**305**	**16.7**	**20.9**	**59.8**	**306**

Table 6: Percent Distribution of Users by Source of Knowledge of ECP [Single Response]

Source of ECP Knowledge	Users		Buyers	
	Percent	Number	Percent	Number
Pharmacy shops	22.6	69	25.2	77
Television	16.7	51	13.1	40
Friend (boy/girl)	17.4	53	26.8	82
Spouse/partner	23.0	70	4	12
Internet	5.6	17	13.4	41
Health workers	3.3	10	4.2	13
Radio	2.0	6	5.2	16
Others (newspaper/magazine/brochure, poster, relatives, neighbor, educational books, NGO)	9.5	29	8.2	25
Total	**100.0**	**305**	**100.0**	**306**

Table 7: Percent Distribution of Users and Buyers by the Messages They Have Seen or Heard About ECP* [Multiple Response]

Message Heard About ECP	Users (N = 305)		Buyers (N = 306)	
	Percent	Number	Percent	Number
Can be used after unprotected sex	77.7	237	70.6	216
Must be used within 72 hours of sex	75.1	229	70.6	216
ECP protects from getting pregnant	50.5	154	64.4	197
Easy to purchase	7.2	22	11.1	34
Availability of different brands	3.9	12	2.3	7
Cause cancer if used many times	0.7	2	0.3	1
No side effect	1.0	3	0.3	1

*** Do not add 100% in multiple responses.**

4.2.2 SECTION 2.2: CURRENT USE OF OTHER FAMILY PLANNING METHODS

Current use of FP was somewhat prevalent among the sampled women using ECPs. As indicated in Table 8, nearly half of the women (47.2 percent) reported using an FP method at the time of the survey. The most common method reported was the condom (17.7 percent), followed by the pill (12.1 percent), with smaller percentages reported using withdrawal and injectables. The percentage of unmarried women using other FP

methods at the time of the survey was far less, with most relying on just three methods: condoms, rhythm, and withdrawal.

There were significant demographic differences between respondents who reported to be currently using another FP method versus those who were not. Those not using another FP method were significantly younger, unmarried, more likely to be from Terai districts, and not living with their partner (p-value = <0.001).

Even among married women, as affirmed by several stakeholders, those that were separated from their spouse were less likely to be using another FP method at the time of the survey. As one of the NGO service providers opined, "…when [the] husband is working outside of the country, then there is no need to use regular FP methods. ECP is a one-time solution and women prefer using it whenever they need it." Respondents also noted that young people might refrain from using FP methods due to lack of proper knowledge about the available FP methods or the stigma attached to using them.

Table 8: Percentage Distribution of Users by Their Family Planning Method Other Than ECP That They are Currently Using to Protect Against Pregnancy

Current Method Used	All Women		Currently Married Women		Unmarried Women	
	Percent	**Number**	**Percent**	**Number**	**Percent**	**Number**
Male condoms	17.7	54	18.0	41	16.9	13
Pills	12.1	37	16.2	37	-	-
Injectable	7.2	22	9.7	22	-	-
Implant	0.3	1	0.4	1	-	-
Female condoms	0.3	1	0.4	1	-	-
Rhythm/periodic abstinence	1.6	5	1.8	4	1.3	1
Withdrawal	7.5	23	7.5	17	7.8	6
Lactational amenorrhea	0.3	1	0.4	1	-	-
Not using any	52.8	161	45.6	104	74.0	57
Total	**100.0**	**305**	**100**	**228**	**100**	**77**
Contraceptive Prevalence Rate- Any method	47.2%	144	54.4%	124	26.0%	20
Contraceptive Prevalence Rate- Modern method	38%	116	45.2%	103	16.9%	13

Table 9: Background Characteristics of Current Users of Family Planning Methods

Background Characteristics	Currently Using Other FP Methods (%)	Not Using Other FP Methods (%)	Total (n)	P-value
Age				<0.001**
15-19	16.1	83.9	31	
20 to 24	42.5	57.5	87	
25 to 29	48.8	51.2	80	
30 and above	58.9	41.1	107	
Mean	28.5	26.1		
Median	28.5	25		
Sd	5.9	6.5		
Range	18:44	15:49		
Region				<0.001**
Terai	37	63	173	
Hill	60.6	39.4	132	
Marital status				<0.001**
Currently married	54.4	45.6	228	
Never married/single	26	74	77	
Spouse living together				<0.001**
Yes	60.8	39.2	189	
No	23.1	76.9	39	
Caste/Ethnicity				0.133
Brahmin/Chhetri	53.8	46.2	117	
Tarai caste	37.3	62.7	59	
Dalit	45	55	20	
Janajati	46.3	53.7	108	
Muslims	0	100	1	
Education				0.877
Primary or lower	44.7	55.3	38	
Secondary	46.2	53.8	119	
Higher than secondary	48.6	51.4	148	
Internet access				0.847
No access	46.2	53.8	65	
Access to internet	47.5	52.5	240	
Exposure to social media				0.867
None	46.2	53.8	65	
One to two social media	50	50	70	
Three or more social media	46.5	53.5	170	
Average sexual activities last month (times)	9.3	6.6	269	<0.001**
Total (%)	**47.2**	**52.8**	**100.0**	
Total (n)	**144**	**161**	**305**	

**p<0.05; **p<0.01*

4.2.3 SECTION 2.3: EMERGENCY CONTRACEPTIVE USE: PATTERN, PREFERENCE, AND REASONS

Buying and Usage Patterns of ECP and the Reasons for ECP Use

The data reveals that more ECP users were recurrent users than first-time users (Figure 4). Among respondents, 66 percent of users and 74 percent of buyers were found to be recurrent users and buyers. During the three months before the interview, 91 percent of users had previously used ECP at an average of 1.8 times (Table 10).

While there was little difference in the average frequency of ECP use among married (1.8 times) versus unmarried women (1.9 times), the difference in their average frequency of sex during the last three months was substantial (8.7 times for married versus 5.8 times for unmarried women). Regarding when women used ECP, recurring users took the ECP an average of 14 hours after intercourse versus 23 hours among first-time users. A small percentage (4 percent) of users used ECP before and after intercourse.

Figure 4: First Time and Recurrent Users and Buyers

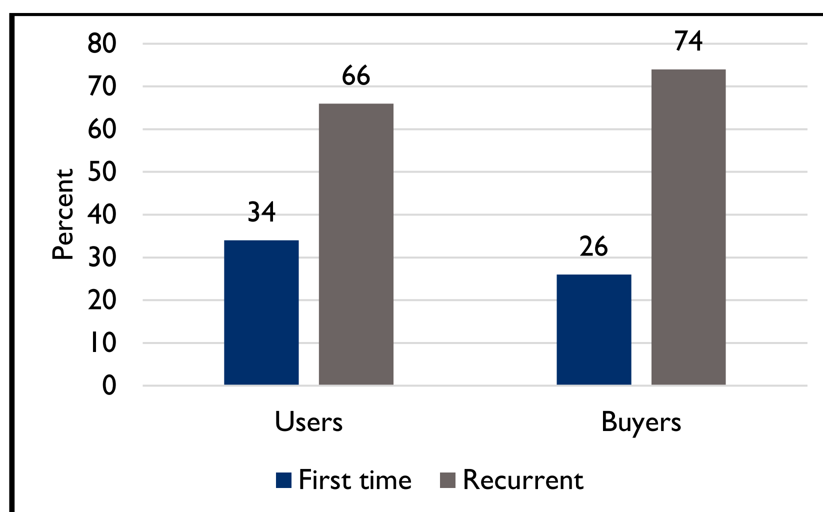


Table 10: Frequency and Timing of Emergency Contraceptive Use and Sexual Activity

	All Women			Married		Unmarried/Single	
	Range	Mean±SD	N	Mean±SD	N	Mean±SD	N
Frequency of ECP use in last 3 months (times)	1 to 12	1.8±1.7	277	1.8±1.6	207	1.9±2.0	70
Sexual activity last month (times)	1 to 30	7.9±6.4	269	8.7±5.8	199	5.8±7.6	70
Reported timing of ECP use:							
Timing of recent ECP use (used before sex) (hours)	1 to 48	13.5±19.8	13	13.4±19.9	9	13.8±22.9	4
Timing of recent ECP use (used after sex) (hours)	0 to 72	23.1±22.3	292	24.0±22.3	219	20.6±22.3	73

First time and recurrent users were found to vary by a few key variables (See Table 11). Certain caste/ethnicity (Brahmin/Chhetri, Dalit, and Janajati) were substantially more common among ongoing/recurrent users compared to Terai caste groups. Those with access to the internet were significantly more likely to be ongoing/recurrent users (69 percent vs. 55 percent) and buyers (76 percent vs. 50 percent).

Significant differences also were found between first-time and recurrent buyers. Men, with a secondary level or higher education, and access to the internet and multiple social media outlets were more likely to be recurrent buyers.

Interviews with stakeholders explained some of the reasons for ECP's increasing popularity. A majority stated that advertisements for ECP are increasing awareness of it and its relatively low cost and availability in most

pharmacies. As one respondent from a local NGO commented, "ECPs are easily available through pharmacies and pharmacies are available abundantly. It can be purchased at a low price too, which is affordable to people."

Several stakeholders mentioned that young people also were responsible for increasing ECP use. They mentioned changes in social norms related to premarital sex and easy access to ECP were the main factors responsible for increased usage among youth. One respondent noted, "ECP is a good option to avoid pregnancy, especially for pre-marital or extra-marital sex…popular among unmarried youth, avoids hospital or dealing with the stigma of FP. Girls get [ECP] from pharmacy or [their] boyfriend[s] will buy [it]."

Several respondents, including an NGO service provider, believe that people prefer to use ECP because they are afraid of the side effects of some FP methods. Ironically, many of the ECP users fearing the side effects of FP methods, are unaware of the side effects of frequent ECP use. One of the service providers from a youth serving clinic stated that ECP use is increasing because there is a lack of awareness of other FP methods and many are unaware of the complications of frequent ECP use. One pharmacist in Dhangadi provided his perspective on the increased use of ECP:

> *In my view, sexual intercourse is a need. People don't want child[ren], and they turn to abortion if [an] unintended pregnancy occurs. To prevent abortion, they use ECPs. Also, professional sex workers use it, and the condom failure leads to its use. This is prevalent in teenagers too; teenagers indulge in sexual activities, and they do not want to get exposed to society with [an] unwanted pregnancy. This is why they use ECP to prevent such [a] situation.*

Likewise, another DHO official commented on the use of ECP: "Right now, there is [an] increase in medical abortion[s]. To prevent women from opting for an abortion, using ECP would be appropriate. But I also think there should be a proper use of ECP. Proper use means using it only if there are no options available. Women should first opt for alternative FP methods."

From their responses, it appears that NGO officials, clinicians, and pharmacists perceive that young, unmarried sexually active people prefer using ECP over other FP methods in part because ECP's availability in pharmacies allows them to purchase the product without needing to provide personal information to the pharmacy. However, the results of the survey do not support the stakeholders' view that the young and unmarried rely more on ECP than FP methods. The survey data show that a smaller portion of younger women are recurrent users, and there was no difference in recurrent use between married and unmarried women. Moreover, the data on the frequency of ECP use compared to the frequency of sexual engagements within the last three months (1.8 percent vs. 7.9 percent, respectively) further demonstrates that these ECP users are likely using another FP method as well.

Table 11: Percent Distribution of ECP Use (First Time vs. Recurrent) by Background Characteristics (Among Users and Buyers)

Background Characteristics	Users			P-Value	Buyers			P-Value
	First Time Users (%)	Recurrent (%)	Total (N)		First Time Buyers (%)	Recurrent Buyers	Total (N)	
Age				0.547				0.147
15-19	41.9	58.1	31		42.9	57.1	21	
20 to 24	31	69	87		29.8	70.2	104	
25 to 29	37.5	62.5	80		21.1	78.9	76	
30 and above	30.8	69.2	107		22.9	77.1	105	

Background Characteristics	Users			P-Value	Buyers			P-Value
	First Time Users (%)	Recurrent (%)	Total (N)		First Time Buyers (%)	Recurrent Buyers	Total (N)	
Mean	26.8	27.4			26.2	27.9		
Median	27	27			24.5	26		
Sd	6.2	6.5			6.2	6.9		
Range	17:42	15:49			15:43	16:49		
Gender				-				<0.001**
Male	-	-	-		18.5	81.5	200	
Female	-	-	-		40.6	59.4	106	
Region				0.403				0.326
Terai	31.8	68.2	173		28.2	71.8	177	
Hill	36.4	63.6	132		23.3	76.7	129	
Marital status				0.577				0.276
Currently married	34.6	65.4	228		22.2	77.8	153	
Never married/single	31.2	68.8	77		30.1	69.9	153	
Spouse living together				0.358				0.335
Yes	33.3	66.7	189		23.0	77.0	139	
No	41	59	39		12.5	87.5	16	
Caste/Ethnicity				0.002**				0.194
Brahmin/Chhetri	29.1	70.9	117		21.2	78.8	137	
Tarai caste	55.9	44.1	59		29.4	70.6	51	
Dalit	25	75	20		40.9	59.1	22	
Janajati	28.7	71.3	108		28.1	71.9	96	
Muslims	0	100	1					
Education				0.693				0.024*
Primary or lower	39.5	60.5	38		53.3	46.7	15	
Secondary	31.9	68.1	119		29.2	70.8	96	
Higher than secondary	33.8	66.2	148		22.6	77.4	195	
Internet access				0.037**				0.003**
No access	44.6	55.4	65		50.0	50.0	28	
Access to internet	30.8	69.2	240		23.7	76.3	278	
Exposure to social media								<0.001**
None	44.6	55.4	65	0.113	50.0	50.0	28	
One to two social media	31.4	68.6	70		43.6	56.4	39	
Three or more social media	30.6	69.4	170		20.5	79.5	239	
Average sexual activities last month (times)	7.4	8.2	269	0.356	-	-	-	-
Total (%)	**33.8**	**66.2**	**100.0**		**26.1**	**73.9**	**100.0**	
Total (n)	**103**	**202**	**305**		**80**	**226**	**306**	

*p<0.05; **p<0.01*

Circumstances of ECP Use

Among both users and buyers, the most common circumstance that led to use of ECP as reported by a large majority of users and buyers was “unprotected sex” (84.3 percent of users and 68.6 percent of buyers, respectively) (See Table 12). The next most common reasons for ECP use were “the condom broke or slipped”

and "forgot to take the birth control pills regularly" (12.5 percent of users and 12.8 percent of buyers, respectively). Only 2.6 percent of users and 5.9 percent of buyers reported ECP as their only form of FP.

An assessment of background characteristics of ECP users and buyers who had unprotected sex showed that a significantly higher proportion of users were young (15-24) (79 percent to 97 percent) and unmarried (88 percent) and from Terai districts (86 percent in Terai vs. 62 percent in Hill districts) (See Table 13). Among buyers, significantly more were female, and among those married, a higher proportion was living separately from their spouse.

Respondent answers to the IDIs regarding the reasons for the increased use of ECP appeared to support the survey's findings. Respondents cited an increase in pre-marital sex among youth and prolonged spousal separations for the increased use of ECP among the population. Respondents also stated that higher proportions of unmarried users had unprotected sex to avoid pre-premarital or extramarital pregnancy and because they viewed ECP as less of a taboo than abortion or another FP method. Condom breakage or failure of another FP method were cited by fewer respondents (20 percent) as reasons for the increased use of ECPs.

Most service providers and pharmacists reported that they observed inappropriate uses of ECPs. The primary concern was overuse, which was cited by most of the service providers and pharmacists as a form of FP, rather than just for single use to address a method failure. A staff nurse mentioned that she had seen instances where they have counseled a client more than five times about overuse, and yet the client continued using ECP repeatedly. One pharmacist in Dhangadi explained reasons for the increased ECP use:

> *I think people have started realizing about [the] importance of [having a] small family. So, they want to prevent pregnancy. That might have influenced the use of ECPs by couples. Also, having an unintended pregnancy and undergoing an abortion is complicated stuff. So, instead of that using ECP is much better. I think it is the right choice. However, there has been a rapid increase in use too, and I think from my shop I sell around 10 packets a day. Out of 10 buyers, I think 6-7 buyers are young people. So, that might be of some concern.*

Furthermore, there were respondents (from NGO staffs, clinical service providers and pharmacists) who shared how ECPs are being used by the youths. In some cases, users take ECP before sexual intercourse. However, in most of the cases, the users are engaged in unprotected sex for several days and then take ECP as a means to prevent pregnancy. One NGO field officer who has been marketing ECP for more than a decade shared what he had seen recently among ECP buyers: "The first thing is that it is being used widely by girls who go to college/campus, which means young girls are using it. ECP is effective till [sic] five days after sexual intercourse. They are usually indulged in sexual intercourse for five consecutive days and then on the fifth day they have [sic] ECP."

On the contrary, several stakeholders also view ECP as a method quintessential for preventing unwanted pregnancy, especially for conditions of failure of a FP method, spousal separation, unplanned sex, or rape. It was clear from their response that it was better to prevent pregnancy rather than going for possible abortion in future which, in their view, is quite complicated, costly, more invasive, and a time-laden process. However, they are wary that ECP should not be replacing regular FP methods. One Municipal Health Coordinator explained both the importance and caution in ECP use: "…I think in one way it is appropriate as it prevents unintended pregnancy. But ECPs are for special cases; it should only be used for accidental cases. But people don't use any other FP methods and just rely on ECP after having unprotected sex.

Table 12: Percent Distribution of Users and Buyers by Circumstance That Led to the Use of ECP the Last Time [Multiple Response]

Reasons	Users		Buyers	
	Percent	Number	Percent	Number
Unprotected sex	84.3	257	68.6	210
Condom broke/slipped	12.5	38	7.5	23
Forgot to take regular pills	12.8	39	8.8	27
This is our only method	2.6	8	5.9	18
Purchased for others (don't know the reason)	-	-	19.6	60
Total	**-**	**305**	**-**	**306**

*** Do not add 100% in multiple responses.**

Table 13: Background Characteristics of Users and Buyers Who Had Unprotected Sex That Led to ECP Use

Background Characteristics	Users				Buyers			
	FP Method Failure (%)	Had Unprotected Sex (%)	Total (n)	P-Value	FP Method Failure (%)	Had Unprotected Sex (%)	Total (n)	P-Value
Age				0.003**				0.001**
15-19	3.3	96.7	30		0	100	9	
20 to 24	20.7	79.3	87		6.4	93.6	78	
25 to 29	25	75	80		27.7	72.3	65	
30 and above	33.6	66.4	107		28.1	71.9	96	
Mean	28.3	26.5			30.9	26.8		
Median	29	26			30	25		
Sd	6.0	6.4			6.31	6.6		
Range	18:44	15:49			20:49	15:48		
Gender				-				0.017*
Male	-	-	-		23.9	76.1	180	
Female	-	-	-		10.3	89.7	68	
Region				<0.001**				0.308
Terai	14.5	85.5	173		22.3	77.7	148	
Hill	38.2	61.8	131		17	83	100	
Marital status				0.003**				<0.001**
Currently married	28.9	71.1	228		30.6	69.4	134	
Never married/single	11.8	88.2	76		7.9	92.1	114	
Spouse living together				0.202				0.034*
Yes	30.7	69.3	189		33.6	66.4	122	
No	20.5	79.5	39		7.1	92.9	14	
Caste/Ethnicity				0.985				
Brahmin/Chhetri	25.9	74.1	116		15.2	84.8	112	0.261
Tarai caste	23.7	76.3	59		27.9	72.1	43	
Dalit	20	80	20		19	81	21	
Janajati	25	75	108		23.6	76.4	72	
Muslims	0	100	1		-	-	-	
Education				0.199				0.865
Primary or lower	21.1	78.9	38		13.3	86.7	15	

Background Characteristics	Users				Buyers			
	FP Method Failure (%)	Had Unprotected Sex (%)	Total (n)	P-Value	FP Method Failure (%)	Had Unprotected Sex (%)	Total (n)	P-Value
Secondary	20.2	79.8	119		21.3	78.7	75	
Higher than secondary	29.3	70.7	147		20.3	79.7	158	
Internet access				0.325				0.457
No access	20	80	65		26.1	73.9	23	
Access to internet	25.9	74.1	239		19.6	80.4	225	
Exposure to social media				0.096				0.748
None	20	80	65		26.1	73.9	23	
One to two social media	34.3	65.7	70		20.8	79.2	24	
Three or more social media	22.5	77.5	169		19.4	80.6	201	
Total (%)	**24.7**	**75.3**	**100.0**		**20.2**	**79.8**	**100.0**	
Total (n)	**75**	**229**	**304**		**50**	**198**	**248**	

**p<0.05; **p<0.01; One user didn't respond whereas 58 buyers bought ECP for others; Those who reported only unprotected sex were kept in the same category whereas those who reported condom broke/slipped and/or forgot to take regular pills were merged in one category as "failure of FP method". Also, other categories like "this is only our method," and "other FP methods not used" were combined into the unprotected sex category.*

Preference for Future Use of Emergency Contraceptive Pill and Family Planning Methods

Most ECP users and buyers (62.3 percent and 71.6 percent, respectively) did not perceive ECP as a regular method of family planning (See Table 14). A small percentage of users and buyers (8.9 percent and 7.8 percent, respectively) felt that ECP could be used as a regular method of family planning.

When the 219 respondents who felt that ECP is not to be used as a regular method were asked why, the four main responses were "ECP causes an irregular menstrual cycle" (65.3 percent of users and 64.4 percent of buyers), the effects it has on the uterus, it causes infertility, and it causes abdominal pain. Other reasons cited were related to various side effects.

When the question was raised on the preference of using ECP versus FP methods, more than half of users (53.8 percent) and buyers (55.9 percent) chose methods other than ECP (See Table 16), and a minority of users and buyers (30.8 percent and 23.5 percent, respectively) reported ECP to be their preferred FP method. When asked why they use ECP as a FP method, the most common reasons included it is an "effective method (no pregnancy)," it is easy to use, it is widely available, and it provides privacy (See Table 17).

An examination of preference for the use of ECP versus FP products by background variables found important differences among groups (See Table 18). For example, a clear majority of users under age 19, single/never married, and either unemployed or a student, preferred ECP to other FP methods (65.2, 61.3, 63.6, and 67.6 percent, respectively), while a majority of those over 30 years of age, married, and either working or a housewife, preferred other FP methods to ECP (70.8, 70.8, 68.7, and 71.4 percent, respectively).

Several clinicians pointed out that ECP users often do not make the right choice since temporary FP methods, such as condoms, pills, and depo injections, are available in the health facilities. They support the use of ECPs for method failure or occasional non-use, but not for regular use. One pharmacist in Sunsari explained the use of FP methods:

> *I think there are both pros and cons in using ECP. Those who have knowledge about ECP and its function, they tend to use it properly. While using it, 120 hours should not be exceeded. But using it without focusing on other FP*

methods is concerning aspect. I think couples and women should be strictly using FP methods if they are in a relationship. They should understand that ECP is only for emergency purposes despite it being safe.

On the other hand, some stakeholders affirmed that ECP was suitable for users since it allowed for privacy and prevented unintended pregnancy. This is in line with the thinking of users and buyers agree that privacy is one of the major reasons for preferring ECP, and this belief is especially true among young users, unmarried/single users, and users who are not currently living with their husbands. One pharmacist in Sunsari commented on the importance of privacy:

Privacy is another important aspect. Most of the people who seek ECP need to get it as soon as possible and [need to] maintain the privacy of their identity. We ensure that, too. However, sometimes when someone comes to take more than one ECP at a time, then I prevent that by asking questions. That might be problematic for some people.

From the data and the stakeholder analysis, preference for the future use of ECP is more prominent among young and unmarried women. Easy accessibility, availability, and use have been contributing factors in preferring ECP. Nonetheless, most users and buyers did not perceive ECP as a regular method of FP, which goes against the impressions among stakeholders who believe that ECP could replace FP methods.

Table 14: Percent Distribution of Users and Buyers Regarding Their Perception of the Use of ECP as a Regular Method of Family Planning

Response	Users		Buyers	
	Percent	Number	Percent	Number
Yes	8.9	27	7.8	24
No	62.3	190	71.6	219
Don't know	28.8	88	20.6	63
Total	**100**	**305**	**100**	**306**

Table 15: Percent Distribution of Users and Buyers by Their Opinion on Why ECP Cannot be Used as a Regular FP Method [Multiple Response]

Reasons	Users (N= 190)		Buyers (N = 219)	
	Percent	Number	Percent	Number
Effects the uterus	64.2	122	54.8	120
ECP causes Infertility	53.2	101	58.4	128
ECP causes Abdominal pain	31.6	60	38.4	84
ECP causes Irregular menstrual cycle	65.3	124	64.4	141
Other side effects (dizziness, vomiting, headache, pigmentation, nausea)	3.7	7	14.2	31
Other reasons	5.8	11	7.8	17

*** Do not add 100% in multiple responses.**

Table 16: Percent Distribution of Users and Buyers Regarding Preference of Use Between ECP and Family Planning Products

Response	Users		Buyers	
	Percent	Number	Percent	Number
Emergency contraceptive pills	30.8	94	23.5	72
Other than ECP	53.8	164	55.9	171
Don't know	15.4	47	20.6	63
Total	**100**	**305**	**100**	**306**

Table 17: Percent Distribution of Users and Buyers by Their Reasons for Their Preference to Use ECP Over Regular Methods (Among Those Who Preferred ECP)

Reasons	Users (N = 94)		Buyers (N = 72)	
	Percent	Number	Percent	Number
Easily available	48.9	46	66.7	48
Effective method (no pregnancy)	76.6	72	77.8	56
Easy to use, there is a single tablet	51.1	48	48.6	35
No one will know about their using it (privacy/confidentiality is maintained)	39.4	37	36.1	26
Infrequent sex	14.9	14	2.8	2
There is no side effect	16.0	15	8.3	6

*** Do not add 100% in multiple responses.**

Table 18: Background Characteristics of Users and Buyers by Their Preference of Use of ECP in Future

Background Characteristics	Users			P-Value	Buyers			P-Value
	ECP (%)	Other Than ECP (%)	Total (n)		ECP (%)	Other Than ECP (%)	Total (n)	
Age				0.014*				0.023*
15-19	65.2	34.8	23		70.0	30.0	10	
20 to 24	38.6	61.4	70		33.8	66.2	71	
25 to 29	34.8	65.2	69		27.5	72.5	69	
30 and above	29.2	70.8	96		23.7	76.3	93	
Mean	26.1	28.5			26.9	28.9		
Median	25	28			25	28		
Sd	6.6	6.2			6.7	6.4		
Range	15:49	16:44			17:48	17:46		
Gender								0.249
Male	-	-	-		31.9	68.1	166	
Female	-	-	-		24.7	75.3	77	
Region				0.187				0.007**
Terai	40.1	59.9	137		36.8	63.2	133	
Hill	32.2	67.8	121		20.9	79.1	110	
Marital status				<0.001**				0.165
Currently Married	29.2	70.8	202		24.6	75.4	138	
Never Married/Single.	61.3	38.7	56		36.1	63.8	105	
Spouse living together				0.123				0.706
Yes	26.9	73.1	167		24.0	76.0	129	
No	40	60	35		30.0	70.0	10	
Caste/Ethnicity				0.038*				0.009**
Brahmin/Chhetri	40.2	59.8	102		19.5	80.5	118	
Tarai caste	18.6	81.4	43		41.5	58.5	41	
Dalit	31.3	68.8	16		35.3	64.7	17	
Janajati	40.6	59.4	96		38.8	61.2	67	
Muslims	100	0	1		-	-	-	
Education				0.482				0.624
Primary or lower	28.6	71.4	28		42.9	57.1	7	
Secondary	40.2	59.8	102		30.7	69.3	75	
Higher than secondary	35.2	64.8	128		28.6	71.4	161	
Internet access				0.001**				0.289
No access	17	83	53		40.0	60.0	20	
Access to internet	41.5	58.5	205		28.7	71.3	223	
Exposure to social media				0.002**				0.378
None	17	83	53		40.0	60.0	20	
One to two social media	35	65	60		20.0	80.0	25	
Three or more social media	44.1	55.9	145		29.8	70.2	198	
Average sexual activities last month (times)	6.8	8.8	227	0.017*	-	-	-	-
Total (%)	**36.4**	**63.6**	**258**		**29.6**	**70.4**	**100.0**	
Total (n)	**94**	**164**	**258**		**72**	**171**	**243**	

*p<0.05; **p<0.01*

4.2.4 SECTION 2.4: INFLUENCERS OF ECP USE

Both users and buyers were asked who decided to use ECPs. As shown below in Table 19, the most frequent response among users and buyers was, "Both of us decide together" (59% and 48%, respectively). Interestingly, among female users, 23 percent stated their partner decides, but only 5.6 percent of female buyers reported that their partner decides.

When asked from whom advice was taken to use ECP, most users and buyers (84.3% and 44.5%, respectively) consulted their spouse/partner as opposed to their pharmacist, friends, and the internet (See Table 20).

Given the need for promoting awareness and information of ECP use, these findings could serve well in identifying sources and platform to reach buyers and users of ECP. The role of partner/husband was quite clear including that of pharmacists. For a modest proportion of users, decision making in using ECP still depended in their partners.

Table 19: Percent Distribution of Users by the Decision Maker in Partners' Use of ECP

Between Partners, the Decision Maker Who Determines to Use ECP	Users		Buyers	
	Percent	Number	Percent	Number
Both of us decide together	59.3	181	48.0	147
My partner decides it	23.0	70	5.6	17
Self	17.7	54	25.5	78
Not purchased for themselves	-	-	20.9	64
Total	**100.0**	**305**	**100.0**	**306**

Table 20: Percent Distribution of Users and Buyers by Advice Taken to Use ECP (Multiple Response)

Source of Advice	Users		Buyers	
	Percent	Number	Percent	Number
Husband/Partner	84.3	257	44.5	129
Pharmacist	29.2	89	35.5	103
Friend (Boy/Girl)	25.3	77	32.4	94
Family	4.6	14	5.5	16
FCHVs	4.6	14	0.3	1
Other health workers	3.6	11	5.2	15
Did not consult with anyone	4.3	13	16.6	48
Internet	3.3	10	9.7	28
Total		**305**		**306**

*** Do not add 100% in multiple responses.**

4.2.5 SECTION 2.5: AVAILABILITY AND ACCESSIBILITY IN ECP USE

As shown in Table 21, the five most available brands in the sample of 122 pharmacies are eCON at 93 percent of surveyed pharmacies, followed by I-Pill (48%), with intermediate Unwanted 72 (40.2%), Max 72 (40.2%), and E72 (28%). The remaining brands were found in less than seven percent of pharmacies. On average, pharmacies sold 67 packets of ECP per month, and it ranged from 3 to 390 packets per month (See Table 21). In terms of actual purchase at last use by ECP users and buyers, the top four brands are represented in the same order as their availability in the pharmacies, with eCON continuing to dominate the market.

Availability of ECPs at pharmacies is a part of the public-private partnership modality, as noted by one district public health manager. Also, there are NGO family planning clinics (MSI and FPAN) that provide ECP as a part of their service. At such clinics, ECPs were readily available, and most of the clinics offered it for free of cost.

However, buyers and users, especially in urban areas, tend to obtain ECPs from the pharmacy due to the long registration process required at the clinic to get the service. As a service provider at an NGO clinic remarked: "We maintain proper privacy of the clients and never enforce them to take any services. The decision to take services is with them. On the contrary, because we have a long process of registration, those who need quick services, it is not feasible for them. That's why for ECP services they rather go to pharmacies."

In terms of locality, several respondents mentioned that access to ECP is largely limited to urban areas, because of the dearth of pharmacies in rural areas. One respondent suggested that the rural population could gain greater access to ECPs if the government's rural-based health facilities provided ECPs. One family planning provider explained the ECP access issue in rural areas:

> *Access to ECP in rural areas is low. In urban areas like this town, access is adequate. Where there are medical shops, there is access to ECP. In rural areas, medical shops are low in number, and even if medical shops are available, it is quite scattered, and people generally have to travel long distances. Another problem is they don't know about ECP too.*

Many respondents from FP organizations and MoHP regional offices were opposed to restricting access to ECP and instead recommended mainstreaming it in the national health program. They added that ECP use should be voluntary, backed up by correct information and counseling. A senior public health administrator of the District Public Health Office (DPHO) stated, "There should be no restrictions. It should be made easily available because it is an essential component of the family planning program."

In contrast, one Family Planning Officer (FPO) at DPHO felt that ECP access should be limited to certain sites, such as those listed for safe abortion, to prevent ECP overuse. As he explained:

> *Frequent use of ECP is increasing. People do not come to the health facilities if they have any problem. Private sectors are providing ECP openly. It should not be substituted for family planning. It should be provided from listed sites, like safe abortion. Skilled service providers should counsel them and should keep a good record - who are using them and report it.*

In line with the availability of ECP from pharmacies, all users and buyers knew that ECP could be purchased from pharmacies and most users and buyers preferred to purchase ECPs in the pharmacies (See Table 24). Likewise, few respondents (fewer than 2 percent) knew that ECP was available from NGO clinics (FPAN and MSI). Consistent with findings from stakeholders, users and buyers reported three main reasons for their preference: 1) availability nearby (50.8 and 48 percent, respectively); 2) know an acquaintance (22.3 and 27.1 percent, respectively); and 3) it's easy as general medicine to ask for (15.7 and 20.3 percent, respectively). The reasons for preference are applicable for all the place/person preferred by respondents.

While pharmacies were the main places of ECP purchase, stakeholders (especially MoHP officials at the district level and NGO service providers) viewed pharmacies as unprepared to provide buyers with adequate information about the proper uses and potential adverse effects of misuse. As one FPO remarked: "Pharmacists and distributors don't have comprehensive knowledge about ECP. Therefore, they don't provide the correct information to the clients. They have only knowledge that it works to avoid pregnancy, but they don't have knowledge about its risks and side effects."

An FPO from a public health office shared a similar concern:

> *The thing I'm concerned about is the way pharmacists dispense the ECP to users. They give the ECP [to the users] right away, which shouldn't be the practice. Pharmacists should at least counsel them about its use. However, such*

is not in practice. So, pharmacists should be consulted about this and made aware about counseling buyers and users about ECP.

A reproductive health expert further elaborated on the type of information and counseling that pharmacists could provide on ECP and FP methods:

We do not see enough communication between clients and pharmacists. We want pharmacists to have some communication skills, to know about side effects, menstrual cycle, etc., and some technical information related to ECP: when can clients be reasonably sure they are not pregnant? If the pharmacists could explain about this, they should be able to give this information up front. One particular issue, a good example, is that of the brief menstrual disturbance that often occurs after taking ECPs. There is a little menses disturbance that is not mentioned. There are a lot of worries about this. The women who take ECPs should be counseled about this. Buyers do not want information or counseling; they want to buy ECP and go quickly.

However, some stakeholders remarked that pharmacists are constrained in providing extensive counseling to clients due to their lack of time. As a representative of a social marketing agency commented:

There is only so much that they can do at the pharmacies. In the night time, there are big crowds. There is no time for counseling. They should have comprehensive knowledge. Give them a small leaflet that provides comprehensive info on ECP that specifies that ECP is for temporary use; it is not [to use] forever; [they] need to know about other methods.

Table 21: Average Number of Packets Sold Per Month by Brand of ECP (Estimated)

Brand	Median	Mean	Min	Max	N
eCON	15	28	1	160	114
I-Pill	15	21	1	100	59
Unwanted 72	20	27	2	200	50
Max 72	19	27	1	200	47
E72	20	29	1	150	34
Feminor ECP	10	16	1	50	8
OKAY	10	10	1	25	7
Postinor EC	4	4	3	5	2
Total (all brands)	**51**	**67**	**3**	**390**	**122**

Table 22: Percent Distribution of Users and Buyers by the Last Brand of ECP They Purchased/Used

Brand of ECP	Users		Buyers	
	Number	Percent	Number	Percent
eCON	140	45.9	136	44.4
I-Pill	71	23.3	54	17.6
Unwanted 72	32	10.5	49	16.0
Max 72	20	6.6	31	10.1
Postinor EC	2	0.7	1	0.3
E72	20	6.6	26	8.5
OKEY	6	2.0	5	1.6
Feminor ECP	-	-	1	0.3
Don't Know / No response	14	4.6	3	1.0
Total	**305**	**100**	**306**	**100**

Table 23: Percent Distribution of Users and Buyers by Their Knowledge of Where to Purchase ECP*

Knowledge of a Place to Buy ECP	Users (N = 305)		Buyers (N = 306)	
	Percent	Number	Percent	Number
Pharmacy	100.0	305	100.0	306
Private hospitals/clinics	26.2	80	22.2	68
Government health facilities	4.6	14	4.6	14
MSI	0.7	2	1.6	5
FPAN	2.0	6	1.6	5
FCHV	-	-	0.3	1

*** Do not add 100% in multiple responses.**

Table 24: Percent Distribution of Users and Buyers by Their Preferred Source to Purchase ECP

Place to Purchase ECP	Users		Buyers	
	Percent	Number	Percent	Number
Pharmacy	86.9	265	97.1	297
Private hospitals/clinics	1.6	5	2.6	8
Government health facilities	-	-	0.3	1
Friend (boy)	1.3	4	-	-
Partner	1.6	5	-	-
Husband	1.6	5	-	-
Don't know	6.9	21	-	-
Total	**100**	**305**	**100.0**	**306**

Table 25: Percent Distribution of Users and Buyers Based on Their Reason to Choose a Preferred Source to Purchase ECP

Reasons for Preference of Place to Purchase ECP	Users		Buyers	
	Percent	Number	Percent	Number
Available in nearby place	50.8	155	48.0	147
Because of acquaintance	22.3	68	27.1	83
As easy as general medicine to ask for	15.7	48	20.3	62
There is discount	1.0	3	0.7	2
This place also provides information about ECP	0.3	1	-	-
The person is unknown	1.0	3	2.9	9
It is easily available here	0.3	1	0.3	1
No Response/Don't know	8.5	26	0.7	2
Total	**100.0**	**305**	**100.0**	**306**

Cost of ECP

Given the decision by the government to restrict the sale price of ECPs to 80 Nepali rupees (NPR) three years ago, it is unsurprising that more than 65 percent of users and 92 percent of the buyers were able to correctly state the current price of ECP (see Table 26), which was consistent almost throughout all brands (Table 27).

Regarding price, one ECP user commented, "Compared to the cost of unintended pregnancy, the cost of ECP is acceptable." Most stakeholders would like the price of ECP to be reduced to increase access to ECP, and several of them expressed their interest in having the government health facilities distribute ECP for free to reach more

women in rural areas. At the same time, they cautioned that increasing access to ECP could lead to its misuse. To stem that problem, other stakeholders preferred the price to increase or remain constant to control ECP misuse. One district level FP focal person explained why they felt the current price of ECP is appropriate: "The quality of the service and the quality of the drug should not be compromised. This could happen if there is a reduction in price. Also, if we distribute it for free, then there could be an increase in misuse, too, as people will be more dependent on ECP rather than using other FP methods."

Data in Figure 5 in Appendix II shows that the price of ECP was highly elastic as the willingness of buyers to purchase ECP goes down more or less proportionally as the price increases. However, the price points that users' willingness to pay appears to differ by region, as ECP users in the Terai Regions show a relatively higher willingness to pay than ECP users in the Hill Regions.

In assessing the optimal price point for generating revenue, as shown in Figure 6 in Annex II, NPR 100 is the price at which the most revenue would be generated. Any higher price would lead to a decrease in demand and reduced revenue. However, the level of revenue generated from price increases would vary by region, given the different regional price elasticities. These findings suggest that the current price of ECP is appropriate – although, increasing its price to 100 NPR would maximize the revenue generated through ECP sales.

Table 26: Percent Distribution of Users and Buyers by the Last Price Paid for ECP

Price Paid for ECP	Users		Buyers	
	Percent	Number	Percent	Number
Rupees 80	65.2	199	91.8	281
More than Rs 80	2.0	6	8.2	25
Not stated/Don't know	32.8	100	-	-
Total	**100.0**	**305**	**100.0**	**306**

Table 27: Price of ECP Paid the Last Time Purchased and the Brand of ECP (Among Buyers)

Brand of ECP	80 Rupees	More Than 80 Rupees	Total (n)
eCON	94.1	5.9	136
I-Pill	87.0	13.0	54
Unwanted 72	87.8	12.2	49
Max 72	96.8	3.2	31
E72	96.2	3.8	26
OKEY	80.0	20.0	5
Postinor EC	100.0	0.0	1
Feminor ECP	0.0	100.0	1
Don't Know	100.0	0.0	3
Total	**91.8**	**8.2**	**306**

4.2.6 SECTION 2.7: MISINFORMATION, MYTHS, AND MISCONCEPTIONS OF ECP USE

One of the aspects related to the use of ECP is having assumptions that are either due to inadequate knowledge or insufficient evidence. This study didn't set out to investigate such misconceptions of ECP use, but during the interviews, some responses fell into the category of myths and misconceptions ECP.

As a proxy from users' and buyers' interviews, we observed the responses regarding their perceptions of the disadvantages of ECP use. This list was fairly similar between users and buyers, with the most frequent responses including, irregular menstrual cycle (users: 44.6 percent; buyers: 45.8 percent), dizziness (users: 26.9 percent;

buyers: 29.4 percent), abdominal pain (users: 19.7 percent; buyers: 12.4 percent), and nausea and vomiting (users: 15.1 percent and14.8 percent, respectively; buyers 17.6 percent and 12.4 percent, respectively) (see Table 28). All these perceived disadvantages of ECP use are, to varying degrees, plausible side effects of taking a hormonal method of contraception and, therefore, cannot be dismissed. However, some other notions cited, including "it causes infertility" and "it effects the uterus" that are not as plausible and are potentially misattributions to ECP based on limited knowledge.

In this regard, respondents were categorized into two groups based on whether they mentioned infertility and/or effects the uterus. A comparison of users and buyers who mentioned ECP can cause infertility and/or effect the uterus was made based on background variables (See Table 30). The results showed that negative perceptions of ECP related to infertility and/or effects the uterus were significantly more prevalent among less educated women and men, without access to the internet, and those women who were not at the time using contraception. Also, a significantly higher proportion of Terai caste users had such negative perceptions compared to other caste groups. Although not significant, a higher proportion of younger aged buyers and users had such perceptions regarding the effect of ECP use.

The majority of the respondents were in favor that there is an increase in the misuse/overuse of ECP. In their view, such practice could not only contribute to transmitting HIV/AIDS and STIs, but it might cause other long-term effects, such as infertility, uterus issues, and even cervical cancer. Some respondents were vocal regarding ECP use as the probable reason behind infertility among women who use it regularly, as one pharmacist in Surkhet affirmed:

> *…few of the clients who have used ECP have complained about more bleeding than usual during menstruation. I haven't found other problems, such as infertility, but I have read that using it regularly (with high dose) will be the cause of infertility. As I said earlier, use [of ECP] has increased a lot, but we haven't yet researched about how it is affecting the reproductive health of women.*

Another respondent, a field officer, from an NGO shared his views on the negative effects of ECP use:

> *ECP is not something to be consumed regularly; so, negative effects are certainly there. In the long term, there might be a problem of infertility as well, but I haven't actually explored it completely. But as it hormone [-based], it might cause infertility. Also, there might be heavy bleeding in some women, and if they suffer from heavy bleeding regularly, then that might be the factor for cervical cancer too.*

Respondents, especially pharmacists, quoted the term "high-dose hormone" for ECP. Their response indicated that they were comparing ECP with oral contraceptive pills that come in low doses. Based on this, respondents were concerned that a high dose might be harmful for multiple uses. One pharmacist in Chitwan expressed his concern:

> *[An] emergency comes only 2-3 times in a year, and ECP should be used at that time only. ECP is a high-dose drug, and using it brings health problems . . . When someone is trying to buy more than one, then I try to counsel them [by] saying that it is a high-dose [drug]and [that it] might bring problems in the cervix and other problems. But I don't think everyone will take such a message.*

Almost none of the respondents reported experiencing the adverse effects of ECP or seeing one. Most were found to be concerned with anticipation, partly due to their limited knowledge or misinformation, that ECP use might bring adverse health problems. As one of the FP focal persons explained: "Until now, I haven't seen or heard any adverse case come up due to the use of ECPs. That's why I think there might not be side effects of ECP. This is also the reason why its use should not be restricted. Women have the right to obtain this service, and they should receive it without any restrictions."

Analysis on the impact of increasing access and availability of ECP showed that most stakeholders agreed that there would be an influence in various dimensions, such as negative effects on the health of women after prolonged use, societal perversion, and use of ECP as the regular method. However, they could not accurately mention the severe effects of ECP and could only mention minor side effects, such as nausea, vomiting, and irregular menstruation. Most respondents also related the use of ECP with the promotion of pre-marital and unsafe sex, which are against societal values and norms. They stressed on the risk of transmission of STI and HIV/AIDS if couples relied on ECP. One respondent, a MoHP employee, added the following regarding the negative social attitudes that could arise: "Some communities have a reservation because if we provide EC, we would be perceived as promoting unprotected sex. Even among our service providers, it is felt [that] we are promoting unsafe sex. We need to think about it. The availability of abortions can also be felt as promoting early sex."

These findings indicate the presence of misconceptions regarding ECP use not only among users and buyers but also among the stakeholders, especially among pharmacists. Further, it indicates a gap in knowledge and information regarding ECP use.

Table 28: Percent Distribution of Users and Buyers by Their Perception of the Disadvantages of ECP Use (Multiple Response)

Disadvantages of ECP	Users (N = 305)		Buyers (N = 306)	
	Percent	Number	Percent	Number
Irregular menstrual cycle	44.6	136	45.8	140
Dizziness	26.9	82	29.4	90
Abdominal pain	19.7	60	12.4	38
Nausea	15.1	46	17.6	54
Vomiting	14.8	45	12.4	38
It causes infertility	9.2	28	16.3	50
Problem with Uterus	9.8	30	11.1	34
White discharge	6.2	19	4.2	13
Does not protect against HIV/STIs	1.6	5	6.2	19
Other side effects (burning sensation while urinating, bleeding, headaches, weakness, skin issues, and a bloated stomach)	8.5	26	8.2	25
High failure rate (can get pregnant)	0.3	1	2.3	7
There are no disadvantages	22.6	69	7.8	24

*** Do not add 100% in multiple responses.**

Table 29 Background Characteristics of Users and Buyers Who Mentioned ECP Could Cause Infertility or Negatively Affect the Uterus

Background Characteristics	Users			P-Value	Buyers			P-Value
	Yes (%)	No (%)	Total (n)		Yes (%)	No (%)	Total (n)	
Age				0.198				0.331
15-19	61.3	38.7	31		61.9	38.1	21	
20 to 24	49.4	50.6	87		44.2	55.8	104	
25 to 29	40	60	80		39.5	60.5	76	
30 and above	43.9	56.1	107		42.9	57.1	105	
Mean	26.8	27.6			27.4	27.5		
Median	25	27			25.5	26.5		
Sd	6.8	6.0			7.3	6.3		
Range	15:49	16.44			15:49	17:46		
Gender								0.532
Male	-	-	-		42.5	57.5	200	
Female	-	-	-		46.2	53.8	106	
Region				0.163				<0.001**
Terai	49.7	50.3	173		52.5	47.5	177	
Hill	41.7	58.3	132		31.8	68.2	129	
Marital status				0.003**				0.645
Currently married	41.2	58.8	228		42.5	57.5	153	
Never married/single.	61	39	77		45.1	54.9	153	
Spouse living together				0.161				0.033*
Yes	39.2	60.8	189		39.6	60.4	139	
No	51.3	48.7	39		68.8	31.3	16	
Caste/Ethnicity				0.009**				0.034*
Brahmin/Chhetri	41	59	117		35.8	64.2	137	
Tarai caste	66.1	33.9	59		54.9	45.1	51	
Dalit	45	55	20		36.4	63.6	22	
Janajati	41.7	58.3	108		51	49	96	
Muslims	0	100	1					
Education				0.003**				<0.001**
Primary or lower	71.1	28.9	38		80	20	15	
Secondary	45.4	54.6	119		54.2	45.8	96	
Higher than secondary	40.5	59.5	148		35.9	64.1	195	
Internet access				0.012*				0.022*
No access	60	40	65		64.3	35.7	28	
Access to internet	42.5	57.5	240		41.7	58.3	278	
Exposure to social media				0.043*				0.060
None	60	40	65		64.3	35.7	28	
One to two social media	42.9	57.1	70		46.2	53.8	39	
Three or more social media	42.4	57.6	170		41	59	239	
Current user of other FP methods				<0.001**				
Currently using	30.6	69.4	144		-	-	-	
Currently not using	60.2	39.8	161		-	-	-	
Total (%)	**46.2**	**53.8**	**100.0**		**43.8**	**56.2**	**100.0**	
Total (n)	**141**	**164**	**305**		**134**	**172**	**306**	

**p<0.05; **p<0.01*

4.3 SECTION 3. STAKEHOLDERS' OPINIONS AND VIEWS ON POLICY, PROCUREMENT, AND OTHER ISSUES SURROUNDING ECP IN NEPAL

4.3.1 GON'S GUIDELINES AND PRACTICE

On asking about GON's existing guidelines regarding ECP, central level MoHP respondents mentioned that there is a chapter on ECP in the medical standards which, according to them, was soon to be updated; for instance, addressing the timing of ECP use within 72 versus 120 hours of sexual contact. The National Medical Standard (NMS) Vol 1 2010 (fourth edition) provides guidelines and information on ECPs and has a chapter dedicated to emergency contraception. Other respondents (from External Development Partners (EDPs) and NGOs) also noted that ECP is addressed in the National Guidelines Volume No 1, but they had not seen the most recent version. One MoHP staff mentioned that the ECP guidelines were unclear, such as providing guidelines on proper use of ECP.

Among the NGOs, most respondents were unaware of any MoHP policies or guidelines regarding ECP. One INGO respondent noted that the MoHP and WHO recognize ECP as a FP method, but the respondent did not know the standards. There was little, if any, awareness of MoHP policies, standards, and guidelines regarding ECP among the respondents of the regional MoHP and NGO field staff. An FPO felt that the RH protocol of 2010 was the main basis for information regarding the provision of ECP services. One FP focal person mentioned that apart from Comprehensive Family Planning (COFP) counseling training that includes ECP, there was no knowledge of ECP related policies standards or guidelines. All respondents, including those from USAID, expressed a need for updated GON ECP policies, especially regarding the proper use and adverse effects of ECP misuse.

MoHP respondents mentioned a need to update MoHP guidelines to recommend updating the timing of ECP use after sexual intercourse from up to 72 hours to 120 hours. Another issue that respondents mentioned need to be addressed is what the standards are for communication between the user and pharmacist. One of FP focal person of the DPHO mentioned the following about ECP policies:

> *The MoHP policy states that reproductive health services are free. Although ECP is not mentioned, I think it is covered in this statement. However, policies must be updated. Some of the areas to include could be the availability of ECP for free, especially in rural areas, recording and reporting of ECP from private sectors using facesheets (a recording tool as used currently for other FP methods), and that counseling should be part of selling ECP for both private and public health facilities."*

Respondents also were asked whether they perceived ECP practices align with policy. Several respondents, including those from the MoHP and INGOs, believed there was no alignment due to the lack of NMS documents in private sector service sites. One INGO representative remarked:

> *There is a big gap. The standard is there, they (service providers) are oriented about ECP, but they only have IUCD or OC/4/4 in the public sector. If you provide training to the public sector providers to provide ECP counseling, that is not enough; they should provide the actual ECP product. In the private sector, it is the opposite. They do not know about the government policy. There is no orientation; the pharmacist does not know if it is still going on now, for them there are no standards or guidelines. They just sell their product.*

Three MoHP staff, a senior PH administrator/DPHO, a FP focal point, and a DPHO staff member, did perceive ECP practice and policy to be aligned. One FP officers mentioned that pharmacies were being monitored by the Department of Drug Administration (DDA) and the Nepal Chemists and Druggist Association (NCDA). However, he also shared that the ECP practices of large, private hospitals. Among clinicians and service providers, there was little awareness of MoHP policy and standards regarding ECPs. Of the 16 respondents interviewed, only one clinician had seen the guidelines as referenced in NMS Volume I. One nurse in a Kathmandu clinic mentioned the Comprehensive Family Planning and Counselling (COFP/C) manual, which had a chapter on ECP, as their only ECP policy reference.

Two pharmacists interviewed commented on the need for ECP standards. One pharmacist added: "There is a guideline to regulate ECP sales; for instance, there is a list of ECPs that we can sell. However, there are no

implementation guidelines that can guide our practice to ensure the proper use of ECP." The other pharmacist noted that it would be good if ECP oversight were introduced within the government system. He added that if the government provided oversight, then it would be easier to streamline ECP sales and make people aware that ECP is only intended to be used for emergencies.

4.3.2 PROCUREMENT OF ECP FROM THE GOVERNMENT SYSTEM

The analysis showed that ECP had not yet been included in the government service delivery system and, thus, was not available through the public health facilities. Occasionally, ECP was procured from government health facilities. For instance, UNFPA provided ECPs to the MoHP during the 2015 earthquake through Global FP Supplies, but currently, there is no procurement of ECP there. Also, a CRS staff mentioned that the MOHP had a limited pilot program for ECP in 20 out of 75 districts three years ago, along with training of providers (auxiliary nurse midwife, staff nurse), and supplied eCON (from CRS) to all the health facilities, but there was no continuation of the program.

In response to growing concern for ECPs potential misuse and overuse, many respondents felt it was necessary to mainstream ECP into national programming and to implement a mechanism to ensure better supply and training of providers, and to link it with regular FP programs.

Responding to the procurement and supply of ECPs through the government system, most MoHP respondents were not willing to make a clear statement. One of the staffs stated that *"ECP is very much a private sector issue. Not part of the government program, and [that] there is no procurement and no supply."*

Respondents from USAID, NGOs, CRS personnel and the local manufacturer felt that ECP should be procured and distributed by the MoHP only after developing a robust system that ensures delivery. One of the members of NGO opined that "The supply of ECPs could be [a] better option as the current option for ECPs are difficult to administer, and private pharmacists are selling it as a product, not as a service. If it comes through the government, then at least providers can perform appropriate counseling to the users."

Integration of emergency contraception into public health facilities would ensure the right to access ECP by all women and girls, especially for populations most at risk of exposure to unprotected sex. The former director of CRS pointed out: "MoHP should introduce ECP in all the 77 districts, especially in the remote hills and mountains where private sector actors are unable to make effective distribution due to high distribution cost of ECPs."

Considering the inequitable access by poor, mostly in the rural areas, making ECP readily accessible at an affordable price would be beneficial and could be provided as fully or partly subsidized prices. But a concern regarding the mainstreaming of ECP is not only women's knowledge and awareness on methods that they prefer to use but also ensuring the education of service providers about the correct use of ECP.

Among the regional MoHP and CRS, respondents remarked, "MoHP should consider the free distribution, channeling through the health post level (the lowest level health facility in the government health system), with proper training provided to nursing staffs and paramedics who could provide ECPs to women."

The local manufacturer also agreed that having such a system in place would be much more effective compared to the current situation but stressed that the MoHP should not give away ECPs for free, stating that free distribution would not last and that there would always be inefficiencies and expiry. The success of such a scheme is dependent on the regular supply of these methods and the correct knowledge of service providers and their informed counseling skills about ECP as a back-up emergency method.

4.3.3 RECORDING AND REPORTING ECP USE

Currently, ECP is not procured and supplied through GON. One of the senior staffs from MoHP stated that there was no recording and reporting of ECP use in Government system because Government does not provide ECP service. Whereas, under another regular FP program of MoHP, all service sites have FP records. CRS, FPAN, and MSI, who provide ECP have their own recording and reporting systems. CRS staff noted that they record their product sales and report to the district public health office every month.

ECPs are mainly distributed via the private sector. So far, in practice, there is no recording and reporting from these private sectors (pharmacies). Respondents from MoHP, CRS central and field offices, FPAN, and INGOs had a common statement that reporting from these private sectors was difficult. Private pharmacists from different districts also agreed that they do not keep records on ECP because they do not have to report it. A pharmacist from Surkhet remarked that "There is no request recording and reporting of ECP from the district health office."

In the government service, all users must record their names and other background details. For the private sector, it is about selling a product; private sector actors do not risk losing clients by providing counseling and recording users' details. A former CRS director stated that if they (pharmacists) started inquiring about personal details, clients would simply go to another pharmacy for the product. One other main reason the private sector does not record and report on ECP users is due to the lack of a standardized system and format, in which the private sector is accountable for reporting and maintaining records of their services. One program officer of an INGO remarked that "Recording and reporting tools are not available. Many private sectors are not registered. They are not registered in the district health office or at the regional or central level. It should be standardized."

Also, the government has not shown an interest in providing an incentive for the private sector to maintain records and do not emphasize to private sector actors about the importance of maintaining records and providing reports to the government. One NGO staff from Chitwan noted the following: "Recently, DPHO requested pharmacists to submit a report of FP commodity sale. However, only two out of 126 (Sangini outlets) are complying and sharing a report on a regular basis. The only reason they do not submit is that they don't want to give it time as they won't get anything in return for keeping the records."

Analysis from private pharmacists shows a willingness to use HMIS forms for recording/reporting ECP use. Many stakeholders recommended that these records and reports provide could provide evidence upon which the government could base its programs and that they could introduce other interventions, such as requiring pharmacists to provide counseling.

4.3.4 INVOLVEMENT OF FEMALE COMMUNITY HEALTH VOLUNTEERS

Stakeholders see FCHVs as a pillar for promoting messages at the grassroots level. FCHVs are responsible for reaching communities in remote areas as they attend mother groups and formal community group meetings, where the information on ECPs can be shared. However, most stakeholders from MoHP, USAID, CRS, and FPO clarified that FCHVs should be mobilized for promotional activities but not as distributors or service providers of ECP. An FPO mentioned, *"In rural areas, mobilizing FCHVs for ECP could be successful but only in providing information, not for distribution. Distribution should be through health facilities. Also, FCHVs could be a good referral chain for ECP use."*

Given the technical difficulties in the appropriate use of and side effects of ECP, stakeholders also worried that FCHVs would be unable to effectively inform users what to do if side effects from ECP use occur, such as vomiting or heavy bleeding. An FPO from Dolakha highlighted the past experiences of dismal failures of using FCHVs as distributors of a drug for pneumonia and iron. Also, adding on to the statement, an FPO from Sunsari mentioned, *"Currently, we are withdrawing the role of FCHVs from distributing pneumonia drug in the community. So, in such a situation we can't give them the responsibility of distributing ECP. Due to the technical aspect of ECP as a mechanism and its use and side effects, it will not be possible for FCHVs to be involved."*

The experiences show that FCHVs have different education, age, and awareness levels, and, therefore, there is a need to train FCHVs on ECPs. Also, new FCHVs who have certain academic background and credentials should be utilized if distribution through FCHVs was to be considered. As staff from CRS mentioned that if there were a stringent training and monitoring system in place, then FCHVs could be used as a provider of ECP as well. However, it still would be a difficult task to achieve. Thus, most stakeholders agree that FCHVs must be well trained on ECPs and its appropriate use, but they do not support them as providers of ECP.

4.4 SECTION 4. RELATIONSHIP BETWEEN THE USAGE OF ECP AND MCPR (COMPARISON OF FINDINGS BETWEEN MCPR AND DATA FOR USERS AND BUYERS)

One objective of this study was to examine whether there were any differences in the use of regular family planning methods between those who have used ECP compared to those who have not used ECP. The idea of carrying out this analysis was to examine whether ECP use had any contribution on use of regular family planning methods that could explain the stagnation in the current CPR in the country, as shown in the data on ECP sales (CRS, 2018; Nielsen 2015). For example, of the brands available in the market, CRS alone sold 2,13,850 units in 2010, which increased substantially to 5,24,106 units in 2016. This led to a suspicion that increased ECP use in Nepal could replace the use of regular FP methods among couples and could be a factor in contributing to the stagnation of MCPR.

In this regard, there was an opportunity to examine the use of regular planning methods among ECP users from the ECP survey data and non-ECP users from the NDHS 2016. Comparing these two would shed light on whether there was any difference in regular planning method use between these two groups. If the findings from this analysis showed no difference in regular family planning method use between these two groups than this could be concluded that ECP use does not affect regular FP use and vice versa.

Quantitative Findings

This section presents the regular family planning method use between ECP users from 2018 ECP survey data and non-ECP users from the subset of NDHS 2016 data. While combing over the NDHS survey data, the team identified five variables (questions), related with FP and ECP, which for comparison were extracted from 11 overlapping districts of ECP and NDHS surveys.

Distribution of respondents was similar in six out of eleven districts (see Table 35 in Appendix II). In the remaining districts, there was, however, medium to large differences (2.5 percent to 11 percent). In particular, the proportion of respondents was significantly different (<.05) in the three districts: Sunsari, Kathmandu, and Surkhet. This limited the study team given that both surveys were driven by different objectives, methodologies, and underlying process and procedures. In a few demographic parameters, the distribution was similar, whereas, in others, smaller or larger discrepancies were found, as indicated by Table 36 in Appendix II.

Data about respondents' intentions to use a FP method in the future indicate a marked difference in all background characteristics, where ECP users had a clear lead over NDHS respondents: As the table shows, most ECP users were more committed and motivated to using a regular family planning method in the future than compared to non-ECP users. The significant difference was recorded in all categories by region and access to the internet. To a lesser extent, there was a significant difference in one or a few categories in terms of age, spousal separation, education, and caste/ethnicity (see Table 38 in Appendix II).

The table provided below (Table 30) was of utmost importance in identifying, albeit indicatively, the relationship between the use of ECP and its effect in MCPR. The nearest neighbor to compare the CPR from the ECP survey was the third column (heard of but had not used ECP), fourth (had not heard of and had not used ECP), fifth column (total), and the second column (ever user of ECP) in decreasing order. In the same order, the contraceptive use between both surveys indicated a little difference: 54.4 percent, in relation with four data points from NDHS, 57.8 percent, 55.0 percent, 56.1 percent and 57.8. The slightly higher figures in NDHS data was since NDHS included sterilization, unlike the ECP survey, which does not. Conclusively, there was no difference, and the difference are not significant ($p<.05$).

While going through a FP method, most ECP users used pills and male condoms compared to other regular family planning users who reported less use of these methods. That difference was highly significant ($p<.05$). On the other side, a higher proportion of regular family planning users reported using implants/Norplant and practiced withdrawal, including other traditional methods, and the difference was significant too. The reason for those

differences might be due to the fact in the ECP survey it showed that ECP users, if unmarried, have limited choice (either condom or ECP) in Nepali society. For married users, OCP use was high. In NDHS, withdrawal or the use of another traditional method was high because permanent couples (married) are less likely to have an unintended pregnancy compared to unmarried users. In other words, even if the differences were significant by method, it was observed due to the difference in demographic profiles of respondents of the two studies.

Qualitative Findings
Most respondents from all stakeholders agreed that there has been stagnation in CPR over the past 10 years. While exploring the underlying reasons, few participants cited "increased use of ECP leading to stagnation of CPR" as an unofficial statement and rumor. National and international migration (5-6 million, mostly men) of youth, leading to spousal separation, was regarded as a substantial factor for the stagnate CPR. A few respondents quoted the results from NDHS and said increased use of traditional methods (7 to 10 percent from 2011- 2016) by educated individuals (>10+2) contributed to a lesser extent in impeding the CPR upward movement. Similarly, another minor factor for the constant CPR was the increase in medical abortions (0.3 million). Increased age at marriage, use of abstaining for birth spacing, and increased education also were factors.

Nonetheless, some participants never denied the role that ECP might have played in checking the further movement of CPR. There is no doubt that the current trend of ECP use is increasing. But the vital question is how small or big is that role in relation to CPR. Current evidence do not support the perception that ECP is one of the factors for stagnating CPR. As the study's team data indicated, a significant percentage of teens were using ECP that is not captured by DHS. Another interesting issue explored among teens was multiple methods used; using ECP and traditional (withdrawal) and modern (condom) methods to minimize the unintended pregnancy risk after sex. Contextually, there also are unmet needs of general and specific (implants) FP methods in needy population and mostly in hard to reach areas. More significantly, the poor recording and reporting mechanism in tracking FP and ECP stock data and sales, including the afore mentioned challenges, encouraged a few out of many respondents to question the validity of stagnant CPR. They thought it might be increasing.

Comparing the Findings
The study aims to compare the use of ECP and other modern contraceptive use among this study's respondents and the respondents of NDHS. However, given the methodological differences between the two studies, it is difficult to compare. This study is methodologically selective to the buyers and users of ECP unlike NDHS, which randomly selects households throughout Nepal. Additionally, the ECP study was conducted by purposively selecting urban/semi-urban areas reporting high ECP consumption. The contraceptive use reported by this study should have been higher than that enumerated by the NDHS survey. In that case, we could have an opportunity to say ECP use, not covered under a FP method until now, is a reason for the stagnation of MCPR. Interestingly, however, the table shows the opposite is true.

There is no difference in current contraceptive use between ECP users, non-user, and ECP ever users. The perception of stakeholders, though, is that ECP is one factor leading to the stagnation of CPR. As the analysis comparing the use of family planning methods among groups of ECP users and non-users did not show any empirical evidence supporting that perception, one can conclude that ECP is not contributing to the stagnation in MCPR.

Table 30: % Distribution of ECP Users and the Family Planning Method Used According to the ECP Study 2018 and NDHS 2016

Method	ECP 2018		NDHS 2016							
	Reference Category		ECP Ever User		Heard but Had Not Used ECP		Had Not Used or Heard of ECP		Total	
	%	N	%	n	%	n	%	n	%	n
Not using	45.6	104	42.2	19	42.2	434	45.0	753	43.9	1,206
Pills	16.2	37	4.4*	2	6.8*	70	6.0*	101	6.3*	173
IUD	0.0	0	6.7	3	1.7	17	1.3	21	1.5	41
Injectable	9.6	22	4.4	2	8.6	88	9.3	156	9.0	246
Male condom	18.0	41	13.3	6	6.6*	68	5.0*	84	5.8*	158
Female condom	0.4	1								
Female sterilization	0.0	0	2.2	1	10.6	109	16.6	277	14.1	387
Male sterilization	0.0	0	0.0	0	5.0	51	5.5	92	5.2	143
Rhythm/periodic abstinence	1.8	4	6.7	3	1.2	12	1.0	16	1.1	31
Withdrawal/other traditional	7.5	17	15.6	7	14.7*	151	6.9	115	9.9	273
implants/norplant	0.4	1	2.2	1	2.7*	28	3.5*	58	3.2*	87
emergency contraception	0.0	0	2.2	1	0.0	0	0.0	0	0.0	1
Lactational amenorrhea	0.4	1	0.0	0	0.0	0	0.0	0	0.0	0
Total	100.0	228	100.0	45	100.0	1028	100.0	1673	100.0	2,746
CPR	**54.4**		**57.8**		**57.8**		**55.0**		**56.1**	
Note: Male and female sterilization in the ECP 2018 were not applicable as the respondents were all ECP users										
*Indicates significant in reference to the ECP study 2018										

5.0 DISCUSSION AND CONCLUSION

Awareness and Knowledge of the Emergency Contraceptive Pill and Family Planning Methods

Awareness of FP methods was almost universal among buyers and users. Most respondents also were aware of at least one ECP brand and correct timing to take ECP. However, complete and accurate information is crucial for appropriate use of ECP, which may be lacking among buyers, users, other stakeholders.

Level of awareness on FP methods found in this study is consistent with the results from a nationally representative survey (NDHS 2016) and another study that had ECP users as respondents (Pant, Shafritz, & Chin-Quee 2014). Most users reported using ECP within 72 hours, further confirming their knowledge of the use of ECP. Brand-wise, eCON was found to be most popular, as also found in similar studies conducted in 2014 (Pant, Shafritz, & Chin-Quee 2014) and 2016 (Thapa 2016). The aggressive brand advertisements, including community-level activities from CRS, might have contributed to eCON's popularity. Furthermore, as respondents belonged to urban and semi-urban areas, most had access to the media, the internet, and a pharmacy, where they could have obtained information on ECP use.

However, a study conducted across multiple districts in Nepal showed that women from rural areas and those with limited access to the media and internet often were unaware of ECP and, thus, were less likely to use ECP compared to urban counterparts (Pant, Shafritz, & Chin-Quee 2014). NDHS 2016 also showed that only 36 percent of women had heard about ECP (NDHS 2016), which underlines the importance of improving information dissemination on ECP in Nepal.

Moving forward, issues such as the timing of ECP use, mechanism/function of ECP, ECP as non-abortifacient, and side effects of ECP use need to be focused on while disseminating information. Women in general and specifically in rural areas need to be informed and educated on the choice of ECP and its proper use to prevent unintended pregnancy.

Use, Misuse, and Overuse of Ecp: Causes and Concerns

Most of the users had used ECP in the last three months before the survey. The average frequency of ECP use, however, did not vary significantly across married and unmarried users. Also, the frequency of ECP use was substantially lower compared to the number of incidences of sexual activity in last month. The recent use of ECP was found to be within 72 hours after sexual intercourse. Given their pattern of use of ECP, there was no conclusive evidence to suggest any misuse or overuse of ECP from this study.

The data indicated the use of ECP across the reproductive age groups with a higher proportion of young users reporting non-use of other FP methods. ECP has become an easily accessible method facilitated by high awareness on its availability and timing of use; notwithstanding the privacy factor that serves the need of young and unmarried. The frequency of use that averaged at about two times in the last three months do not indicate rampancy in its use; rather, users and buyers had perception of minor to severe side effects of ECP that could refrain them from using ECP as shown in other studies as well (Pant, Shafritz, & Chin-Quee 2014; Ajayi et al. 2016). However, there have been concerns that not only ECP has been overused, but it has started replacing FP methods too. As concluded in a recent study (Thapa 2016) and when comparing with NDHS data in this study, there is no evidence to assert that ECP is replacing FP methods. Evidence (see Marston, Meltzer & Majeed 2005; Jackson et al. 2003; Hu et al. 2005; Raine et al. 2005; Walsh & Frezieres 2006; Ekstrand 2008; Schwarz, Gerbert & Gonzales 2008; Shaaban 2013; Ekstrand 2013) has been published widely that debunks the concern that ECP is adversely affecting the use of regular FP methods.

Having access to ECP and to a range of FP methods is of the upmost importance for women. Given the low prevalence of condom use in general (Sharma & Nam 2018), and among ECP users, it is imperative, as this study highlights, that women and young people are educated about STI transmission and the importance of using condoms. Accurate, evidence-based information, information dissemination, and education are necessary to prevent the misuse and overuse of ECP.

There are Minimal Barriers to the Availability, Affordability, and Accessibility of ECP in Urban and Peri-urban Areas

The dispensing of ECPs at the pharmacy level has been crucial in reducing barriers of availability and accessibility for couples. Also, the presence of multiple brands of ECP (both local and international), have increased the options for women. In the context of Nepal, such is true only in urban and peri-urban settings, where pharmacies are abundantly available. Users and buyers also responded that they feel there was hardly any barriers in accessing ECP. However, the reach of rural women through pharmacies is still a challenge, as stakeholders also confirmed. The lack of pharmacies in remote areas makes it difficult for women in such areas to access ECP.

NGO FP clinics, another source of ECPs in Nepal, are rarely utilized by women/couples for ECP service. The reasons could be due to a lack of awareness regarding the provision of ECP through such clinics and their presence mainly only in urban areas. Moreover, these clinics require a registration process that might be unsuitable for users especially young and unmarried. A similar study (Pant, Shafritz, & Chin-Quee 2014) also showed that NGO clinics, such as FPAN and MSI, were known only by a few users. Such clinics are set up to provide a range of reproductive health services and are places where it could be suitable for ECP users to receive consultations and information on ECP use and other FP alternatives.

These results indicate the need for programmatic action to reach women and couples, especially in rural areas of Nepal. Additionally, the underutilization of currently available institutions that offer a range of services related to ECP is another area requiring improvement.

Pharmacies Perceived as a Missed Opportunity

At present, most developing nations have provisions of dispensing ECPs through pharmacies (ESHRE 2015), and Nepal has such a provision too. This study also found pharmacies as the major source where women/couples obtained ECP. And, therefore, pharmacies could be used as an entry point to educate buyers and users regarding the appropriate use of ECP.

Stakeholders believe that pharmacies could be the appropriate platform to educate users and buyers on the appropriate use and side effects of ECP. Pharmacies could serve as a place where myths could be dispelled, and where users could receive counseling on the use of other FP methods. However, there is no such provision in the form of guidelines or policy that require or encourage pharmacies to do more than simply providing ECP for buyers. While the role of pharmacies in ECP hasn't been explored much in countries like Nepal, there have been many studies in western countries that seek to increase pharmacists' responsibilities in the provision of ECP. For instance, one of the models of access to emergency contraception is Behind-the-Counter (BTC) that doesn't require a prescription but relies on pharmacists to decide and oversee the dispensing of the drug (Gee et al. 2008). Such model of dispensing ECP could be found in countries, like Thailand, Vietnam, Nigeria, and the United States of America (ICEC, 2013).

It is important to note that there are challenges in using pharmacies as platforms for reaching and educating ECP users. As reported by the pharmacists interviewed, buyers want to get the product as soon as possible and rarely are willing to wait to receive more information about ECP.

Since providing counseling to customers is time-consuming, pharmacists lack motivation to provide information when not asked or required; they simply cater to other customers instead. Furthermore, among the pharmacists who participated in the study, only 67 percent of them had receive technical education in health, and an even a lower percentage of them had received technical education in pharmacology and drugs. Due to the lack of knowledge among pharmacists, there may be challenges in orienting or training pharmacies/pharmacists and in ensuring that they comply with provisions that require them to counsel users.

Despite such challenges, since pharmacies do serve as a point of service delivery for ECP in Nepal, it would be advantageous to use them to educate and, if possible, counsel women and couples on ECP use. It is imperative, though, that pharmacies ensure individuals the right to privacy when purchasing ECP.

Myths and Misconception Need to be Addressed

Having misconceptions about the use of ECP is not uncommon. Some misconceptions include ECPs could cause infertility, be used as regular method, cause abortion, and negatively affect a woman's uterus and fertility. This information is not backed up by scientific evidence (Moreau et al. 2005; Westly & Glasier 2010). Pharmacists, service providers, and the media have been influential in spreading incomplete and inaccurate information about ECP, which may have caused women and couples to have dilemnas about using ECP.

This study found that users and buyers perceived ECP could cause infertility or negatively affect a woman's uterus. Some stakeholders, including pharmacists, expressed similar views. It should be noted that while there may be side effects, such as vomiting, headaches, and nausea, in some users of ECP, such side effects are common while using other hormonal FP methods too, subside within 24 hours (WHO 2018), and no long-term effect has been attributed to the use of ECP (CDC 2016). While there could be other reasons for such misconceptions, media and other outlets have supported misinformation about ECP (Westly & Glasier 2010). In 2010, the WHO and other organizations in sexual and reproductive health jointly produced a brief to dispel the misinformation about Levonorgestrel (LNG) ECPs that appeared in mainstream media (Westly & Glasier 2010; WHO 2010). The paper concluded that "…levonorgestrel-alone emergency contraceptive pills are very safe. They do not cause abortion or harm future fertility. Side-effects are uncommon and generally mild." Media articles that support misconceptions about ECP have been intermittently published in major Nepali news portals. An excerpt from a reputed daily newspaper reads, *"…They [ECP] can also cause excessive menstrual bleeding, nausea, vomiting and vaginal infection…If overused, it can affect the liver, make women infertile, and raise chances of contracting cancer, including breast cancer, by three-fold* (Satyal 2018)*."* The pharmacists interviewed in this study not only held misconceptions about ECP, but also disseminated misinformation to customers. Similarily, service providers belonging to NGO clinics also were found to have misconceptions about ECP. A study conducted in India also revealed misconceptions regarding the effectiveness and health effects of ECP among service providers, including senior gynecologists. The study further entails that with such perceptions, providers were generally reserved regarding easy access, availability, and use of ECP by women (Dixit, Khan & Bhatnagar 2015).

Women and couples should not be discouraged from using ECP as a result of misconceptions. Program implementors, service providers, and decision-makers who could be influencers should be required to have accurate information on ECP. There is a need to inform people about fertility, family planning, and pregnancy risks, including dissemination adequate information regarding ECP use to dispel myths and help ensure the proper use of ECP.

Policy Opportunity

In Nepal, there exists a document (NMS) that provides guidelines and information on ECP, including information on its effectiveness, clinical procedure (eligibility, timing, and precautions), and clarification about misunderstandings regarding ECP use. However, NMS is there to standardize the procedure of ECs; there are many other aspects around ECP that need further guidelines and attention. The government health system does

not currently provide guidelines for the systematize monitoring of ECP, that delineate the roles and responsibilities of stakeholders, that outline information on a coordination mechanism (between the public and private sector) for or distribution of ECP, or that explain how information should be disseminated. There are opportunities to streamline ECP into a FP program, including by mobilizing FCHVs to reach rural women.

The National Medical Standard – Volume I provides details about ECP in the chapter on Emergency Contraception. However, it only contains general information on ECP; it does not necessarily provide implementation guidelines for the provision of ECP through a state and non-state medium. Notably, few stakeholders knew of the guidelines for ECP and its use in national policy. They also did not provide a clear consensus on how the government could introduce ECP service. The fact that government health facilities regularly are out of stock of FP products and other commodities and that pharmacies have been a readily available platform to obtain ECP, stakeholders suggested that it was too early for the government to introduce ECP.

Nonetheless, the introduction of ECP by government health facilities could be an important strategy for improving access to ECP among women in rural areas. The service could include training of service providers, including pharmacists, information dissemination, recording and reporting of ECP use, and mobilization of FCHVs as referral linkage in the use of ECP. Although stakeholders were not in favor of mobilizing FCHVs for distributing ECPs, they could be the crucial source in reaching and educating women in rural areas. Indeed, a study in contradiction to stakeholders concluded that not incorporating FCHVs in the provision strategy has been the single most important problem contributing to the poor uptake of ECP in Nepal in the earlier phase (Shrestha et al. 2008).

Further, there is a necessity to ensure restriction of unregistered brands in the market through a stringent monitoring system, which is currently lagging, by the government. Proper guidelines for the sale of ECPs and reporting also are necessary since it provides evidence for future programming. Additionally, there is a need to reduce health risks and strengthen coordinated preparedness and response among public and private sector actors, so that programming could be based on the actual needs of the individuals, partners, and couples.

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APPENDIX I: ADDITIONAL TABLES AND GRAPHS

Table 31: Geographic Areas Selected for ECP Buyers' Study and Interview with Stakeholders and Estimated Number of Interviewers for the ECP Buyers' Study

State/ Province	Ecological Region	District	Intra-district Area	WRA* Census	% WRA	No. of Shops
State 1	Terai	Jhapa	Damak Chandragadhi	238,243	10.68	16
		Sunsari	Dharan	214,565	9.61	12
State 2	Terai	Dhanusha	Janakpur	189,471	8.34	13
State 3	Mountain	Dolkha	Charikot	48,664	2.18	6
	Hill	Lalitpur	Pulchowk	141,477	6.34	8
		Kathmandu	Maharajgunj Thapathali	531,825	23.83	13
	Terai	Chitwan	Bharatpur Narayangarh	172,542	7.73	10
State 4	Hill	Kaski	Pokhara	146,264	6.55	11
State 5	Terai	Rupendehi	Butwal	242,130	10.85	13
State 6	Hill	Surkhet	Birendra Nagar	93,703	4.20	10
State 7	Terai	Kailali	Dhangadi	212,744	9.53	10
Total	Mtn=1, Terai=6, Hill=4	11 districts	14 urban clusters	2,231,628	100.00	122

*Women of reproductive ages, 15-49

Note: Of the 11 districts, Dhanusha, Surkhet, and Dolkha have a comparatively lower number of ECP users than other districts. These districts are included for geographic representation purposes.

The total WRA in the 11 study districts represents 31.4% of the Nepal WRA (7,117,526).

Table 32: Type and Number of Participants for the In-depth Interviews§, by National and District-level Participants

Organization/Group	National Level	District Level		Total
	Manager	Manager	Provider/Officers	
Public Sector – MoHP				
FHD	2			2
FP Subcommittee members	2			2
DPHO		7		7
FP focal person (district level)			7	7
Public Sector – Regulatory Body				
DDA	1			1
Private Sector				
I/NGO				
CRS	2	1	4	7
FPAN	1		6	7
Ipas	1			1
MSI	1		3	4
PSI	1			1
Medical/drug Shops				
Wholesalers	4			4
Retailers		6		6
Pharmaceuticals				
Lomus	1			1
Professional Association				
NCDA	1			1
External Donor Partners (EDP)				
USAID/Health	3			3
UNFPA	1			1
GIZ	1			1
All	22	14	20	56

Table 33: Participants by District and Background Characteristics

S.N.	District Name	Town Name	Pharmacies	Male Buyers		Female Buyers		Users	
				Unmarried	Married	Unmarried	Married	Unmarried (~25%)	Married
1	Kaski	Pokhara	11	7	5	4	5	5	16
2	Dolakha	Charikot	6	2	2	1	1	2	4
3	Rupandehi	Butwal	12	10	8	6	15	9	24
4	Chitwan	Bharatpur	11	7	11	4	2	6	18
5	Jhapa	Damak and Chandragadhi	16	12	14	4	3	8	25
6	Kailali	Dhangadi	10	10	8	3	6	7	20
7	Dhanusha	Janakpur	13	7	5	5	7	7	18
8	Sunsari	Dharan	12	11	7	4	8	8	23
9	Surkhet	Birendranagar	10	3	2	3	4	3	9
10	Kathmandu	Thapathali	13	7	6	2	3	4	14
11	Lalitpur	Pulchowk	8	30	26	9	7	18	57
Total			**122**	**106**	**94**	**45**	**61**	**77**	**228**

Table 34: Percent Distribution of Users by Usual Decision Maker of Taking ECP

Background Characteristics	Decision Maker			Total (n)	P-Value
	Decide Together	Husband/Partner	Self		
	%	%	%		
Age					0.231
15-19	58.1	32.3	9.7	31	
20 to 24	55.2	20.7	24.1	87	
25 to 29	68.8	17.5	13.8	80	
30 and above	56.1	26.2	17.8	107	
Region					0.060
Terai	64.7	18.5	16.8	173	
Hill	52.3	28.8	18.9	132	
Marital status					0.004**
Currently Married	63.2	23.2	13.6	228	
Never Married/Single	48.1	22.1	29.9	77	
Spouse living together					0.407
Yes	65.1	22.2	12.7	189	
No	53.8	28.2	17.9	39	
Living children					0.105
None	57.5	22.1	20.4	113	
1 to 2	62.2	20.1	17.7	164	
3 and more	50	42.9	7.1	28	
Occupation					<0.001**
Housewife	64.4	28	7.6	118	
Unemployed	23.1	46.2	30.8	13	
Student	58.3	25	16.7	48	
Working	58.7	15.1	26.2	126	
Caste/Ethnicity					0.267
Brahmin/Chhetri	62.4	18.8	18.8	117	
Tarai caste	61	30.5	8.5	59	
Dalit	45	25	30	20	
Janjati	57.4	23.1	19.4	108	
Muslims	100	0	0	1	
Education					0.515
Primary or lower	55.3	26.3	18.4	38	
Secondary	55.5	22.7	21.8	119	
Higher than secondary	63.5	22.3	14.2	148	
Internet access					0.210
No access	61.5	27.7	10.8	65	
Access to internet	58.8	21.7	19.6	240	
Exposure to social media					0.271
None	61.5	27.7	10.8	65	
One to two social media	64.3	15.7	20	70	
Three or more social media	56.5	24.1	19.4	170	
Total (%)	**59.3**	**23.0**	**17.7**	**100.0**	
Total (n)	**181**	**70**	**54**	**305**	

**p<0.05; **p<0.01*

Figure 5: Willingness to Pay Among ECP Users by Regions

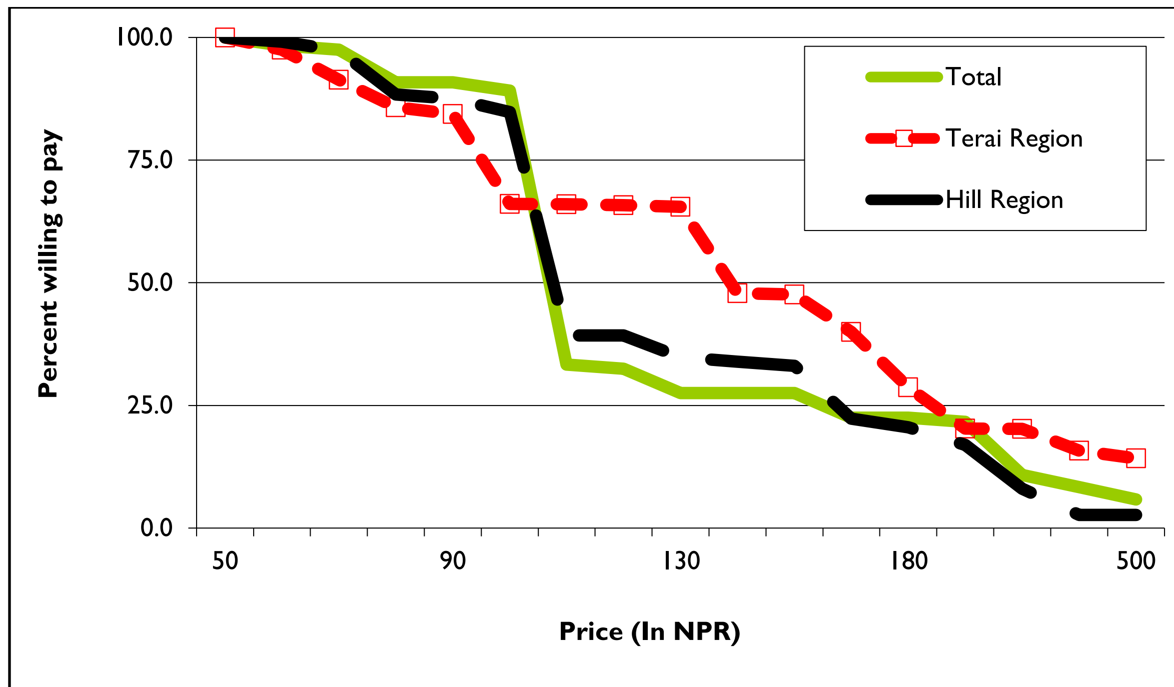


Figure 6: Relationship Between Price with Demand and Revenue (All Population)

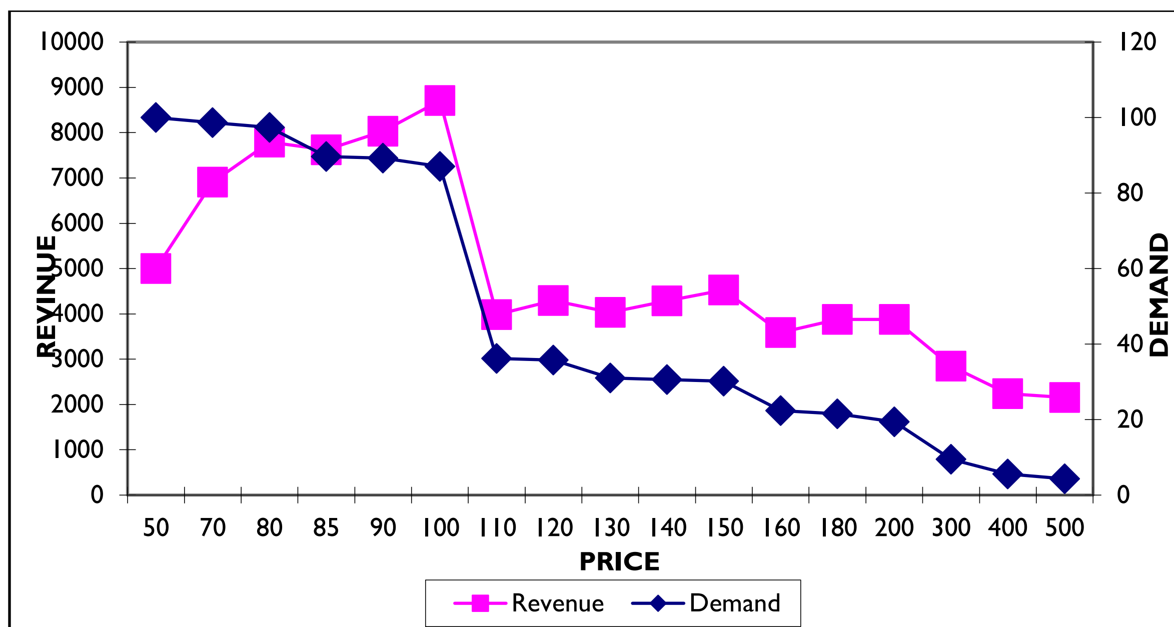


Figure 7: Expected Revenue from ECP

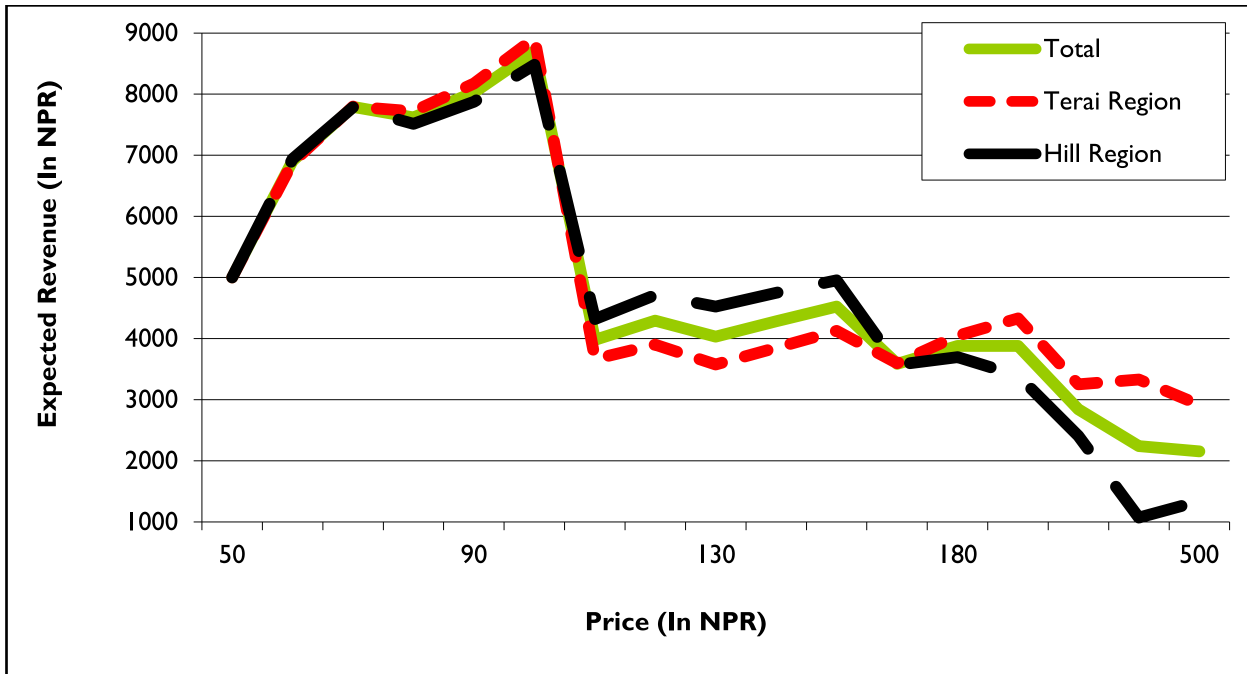


Table 35: Comparative Distribution of Study Population From 11 Districts of Nepal, ECP Study 2018 and NDHS 2016

Residence	ECP 2018		NDHS 2016		ECP-NDHS	Sig
	%	N	%	N	Difference	
Jhapa	10.8	33	9.8	349	1.0	
Sunsari	9.8	30	10.0	357	-0.2	*
Dhanusha	7.8	24	7.7	274	0.1	
Dolakha	2.0	6	0.9	33	1.0	
Lalitpur	5.9	18	2.5	89	3.4	
Kathmandu	23.5	72	11.0	391	12.5	*
Chitwan	7.8	24	4.7	166	3.2	
Kaski	6.9	21	9.1	323	-2.2	
Rupandehi	12.7	39	11.4	407	1.3	
Surkhet	3.9	12	15.8	562	-11.9	*
Kailali	8.8	27	17.0	605	-8.2	
Total (n)	100.0	306	100.0	3556		
The population includes single and married (including living with partners) individuals.						

Table 36: Comparative Distribution of Study Population From 11 Districts of Nepal by Selected Characteristics of the Population, ECP Study 2018 and NDHS 2016

Characteristics of Respondents	ECP 2018		NDHS 2016		ECP-NDHS	
	%	Number	%	Number	Difference	Sig
Region						
Terai	56.7	173	60.7	2158	-4.0	
Hill	43.3	132	39.3	1398	4.0	
Age						
15-19	10.2	31	20.4	727	-10.3	*
20-24	28.5	87	18.1	644	10.4	*
25 and over	61.3	187	61.4	2185	-0.1	
Marital status						
Never married	24.6	75	22.8	810	1.8	
Currently married	75.4	230	77.2	2746	-1.8	
Husband stay/away						
Not away	62.6	191	52.7	1874	9.9	*
away for less than 1 year	10.5	32	12.9	460	-2.4	
Away for one year and more	2.3	7	11.6	412	-9.3	*
Not married	24.6	75	22.8	810	1.8	
Education						
None	4.9	15	28.3	1006	-23.4	*
Primary or less	7.5	23	14.4	511	-6.8	*
Secondary or less	39.0	119	28.7	1021	10.3	*
Higher	48.5	148	28.6	1018	19.9	*
Occupation						
Professional technical	13.8	42	18.2	647	-4.4	
Manual work	14.1	43	7.7	273	6.4	*
Agriculture /Family business	13.4	41	34.5	1228	-21.1	*
Students unemployed housewife	58.7	179	39.6	1408	19.1	*
Caste/ethnicity						
Brahmna/Chhetri	38.4	117	30.7	1090	7.7	*
Tarai caste	19.3	59	13.2	470	6.1	*
Dalit	6.6	20	13.6	483	-7.0	*
Janjati	35.4	108	37.2	1324	-1.8	
Others	0.3	1	5.3	189	-5.0	*
Access to internet/week						
No internet access	21.3	65	71.9	2555	-50.5	*
Below 7 days access	18.0	55	10.7	379	7.4	*
all 7 days access	60.7	185	17.5	622	43.2	*
Total	**100.0**	**305**	**100.0**	**3556**		
The NDHS population are from the ECP 11 sampled districts. In the marital status category, others (divorced, separated) are grouped under the married category.						
Reference category=ECP 2018						
The population includes single and married (including living with partners)						
*=significant at 5 %						

The population distribution by region and marital status was almost similar out of eight variables examined. However, a significant difference (<.05) on the characteristics of the population distribution of the ECP sample and the NDHS sample was observed in some categories of age, caste/ethnicity and spousal separation of the respondents. Even more prominent deviation was found in education level and access to the internet where the difference in all categories was significant ($p<.05$).

Table 37: Knowledge of FP Methods, ECP Study 2018 and NDHS 2016 (Among Married Women Only)

Knowledge on FP Method	ECP 2018 (N = 228)		NDHS 2016 (N = 2746)		ECP-NDHS
Method	%	Number	%	**Number**	Difference
Female sterilization	96.9	221	98.7	2710	-1.8
Male sterilization	95.6	218	93.5	2568	2.1
IUD	95.2	217	88.1	2420	7.0
Injectable	100.0	228	99.5	2732	0.5
Implants	96.9	221	95.7	2627	1.3
OCP	99.6	227	96.5	2649	3.1
Condom (Male)	100.0	228	97.7	2682	2.3
Rhythm	72.8	166	61.7	1694	11.1
Withdrawal	92.1	210	75.7	2080	16.4

Though, both studies showed that there were some differences in the percentage of the population with knowledge of FP method, a close observation of table 38 (in Appendix II) revealed that the knowledge of ECP users on FP methods was high in five of the nine significant categories of FP methods ($p<.05$). One reason for this could be because ECP users are likely to be smarter than non-ECP uses as they belong to urban areas unlike mix (rural + urban) in NDHS 2016 survey. Unlike the previous table, this comparison was carried out only among married women.

Table 38: Distribution of Contraceptive Use Among Married Women by Their Selected Background Characteristics, ECP Study 2018 and NDHS 2016

Background Characteristics	ECP 2018		NDHS 2016		ECP-NDHS	
Regions	**% Use**	**Number**	**% Use**	**Total**	**Difference**	**Sig**
Terai Districts	41.4	128	59.1	1,063	-17.7	*
Hill districts	71.0	100	54.1	1,683	16.9	*
Age						
15-19	28.6	7	24.9	193	3.7	
20-24	46.9	49	40.4	453	6.5	
25 and higher	57.6	172	62.3	2,100	-4.7	
Husband stay/away						
Husband not away	60.8	189	70.5	1,874	-9.7	*
Husband away	23.1	39	24.9	872	-1.8	
Education						
No schooling	28.6	14	62.1	983	-33.5	*
Completed primary or	60.0	15	54.8	460	5.2	
Secondary	51.1	94	48.5	709	2.5	
Higher than secondary	60.0	105	56.1	594	3.9	
Occupation						
Professional technical	57.1	35	68.9	495	-11.7	
Manual work	46.4	28	64.0	225	-17.6	
Agriculture /Family business	69.2	39	55.5	1,023	13.7	
Students unemployed h	50.8	126	48.5	1,003	2.3	
Caste/Ethnicity						
Brahmin/Chhetri	59.6	89	57.3	819	2.3	
Tarai caste	45.5	44	47.9	382	-2.5	
Dalit	57.1	14	50.0	402	7.1	
Janjati	53.8	80	64.8	991	-11.0	*
Others	0.0	1	28.9	152	-28.9	
Access to internet/week						
No internet access	49.2	61	57.9	2,148	-8.7	
Below 7 days access	61.0	41	57.0	235	4.0	
All 7 days access	54.8	126	44.6	363	10.1	*
Total	**54.4**	**228**	**56.0**	**2,746**	**-1.7**	

Table 39: % Distribution of ECP Users and Respondents from NDHS 2016 by Their Intention to Use FP Method in the Future, ECP Study 2018 and NDHS 2016

Background Characteristics	ECP 2018		ECP-NDHS		ECP-NDHS	SIG
	% Intend	Total	% Intend		Difference	
Region						
Terai Districts	51.6	128	31.7	1,063	19.9	*
Hill districts	75.0	100	35.9	1,683	39.1	*
Age						
15-19	42.9	7	73.6	193	-30.7	
20-24	63.3	49	56.5	453	6.8	
25 and higher	62.2	172	25.9	2,100	36.3	*
Husband stay/away						
Husband not away	61.9	189	19.8	1,874	42.1	*
Husband away	61.5	39	65.5	872	-3.9	
Education						
No schooling	71.4	14	23.1	983	48.3	*
Completed primary or	40.0	15	36.3	460	3.7	
Secondary	62.8	94	45.6	709	17.2	*
Higher than secondary	62.9	105	37.9	594	25.0	*
Occupation						
Professional technical	54.3	35	23.0	495	31.3	*
Manual work	60.7	28	28.0	225	32.7	*
Agriculture/family business	64.1	39	34.4	1,023	29.7	*
Students unemployed h	63.5	126	41.2	1,003	22.3	*
Caste/Ethnicity						
Brahmin/Chhetri	66.3	89	34.4	819	31.9	*
Tarai caste	59.1	44	38.7	382	20.3	*
Dalit	64.3	14	41.3	402	23.0	
Janjati	58.8	80	27.6	991	31.1	*
Muslims	0.0	1	47.4	152	-47.4	
Access to internet/week						
No internet access	57.4	61	31.9	2,148	25.4	*
Below 7 days access	78.0	41	38.3	235	39.8	*
All 7 days access	58.7	126	45.7	363	13.0	*
Total	61.8	228	34.3	2,746	27.5	*

Table 40: % Distribution of ECP Users and Respondents from NDHS 2016 by Person Who Decides to Use FP, ECP Study 2018 and NDHS 2016

Decision Maker	ECP 2018		NDHS 2016		ECP-NDHS
	%	Number	%	Number	
Both of us decide together	63.2	144	66.3	1,730	-1666.8
My husband/partner decides it	23.2	53	12.2	318	-294.8
Self	13.2	30	20.8	542	-528.8
Others	0.4	1	0.7	19	-18.6
Total	100.0	228	100	2,609	
In NDHS 2016, 137 cases were not applicable as they were not asked this question					

Another common question, in both surveys, was related with the decision-making aspect of using ECP in the ECP study and family planning method in the NDHS 2016. There was little difference in percentage where "both of them decide together" in two surveys. In contrast, the decision-making role of ECP users was significantly ($p<.05$) low in comparison to regular family planning users. But noteworthily, ECP survey question was phrased as the decision to use "ECP method" as against the use of overall "family planning method" in NDHS 2016 (Table 41).

Table 41: Percentage distribution of buyers by their reported person for whom ECP was purchased

Description	Number	Percent
Spouse.	74	24
Partner	115	38
Friend	35	11
Family member	35	11
Myself	47	15
Total	306	100

Figure 8: Percentage distribution of study population listed from the pharmacy by their age, ECP study 2018

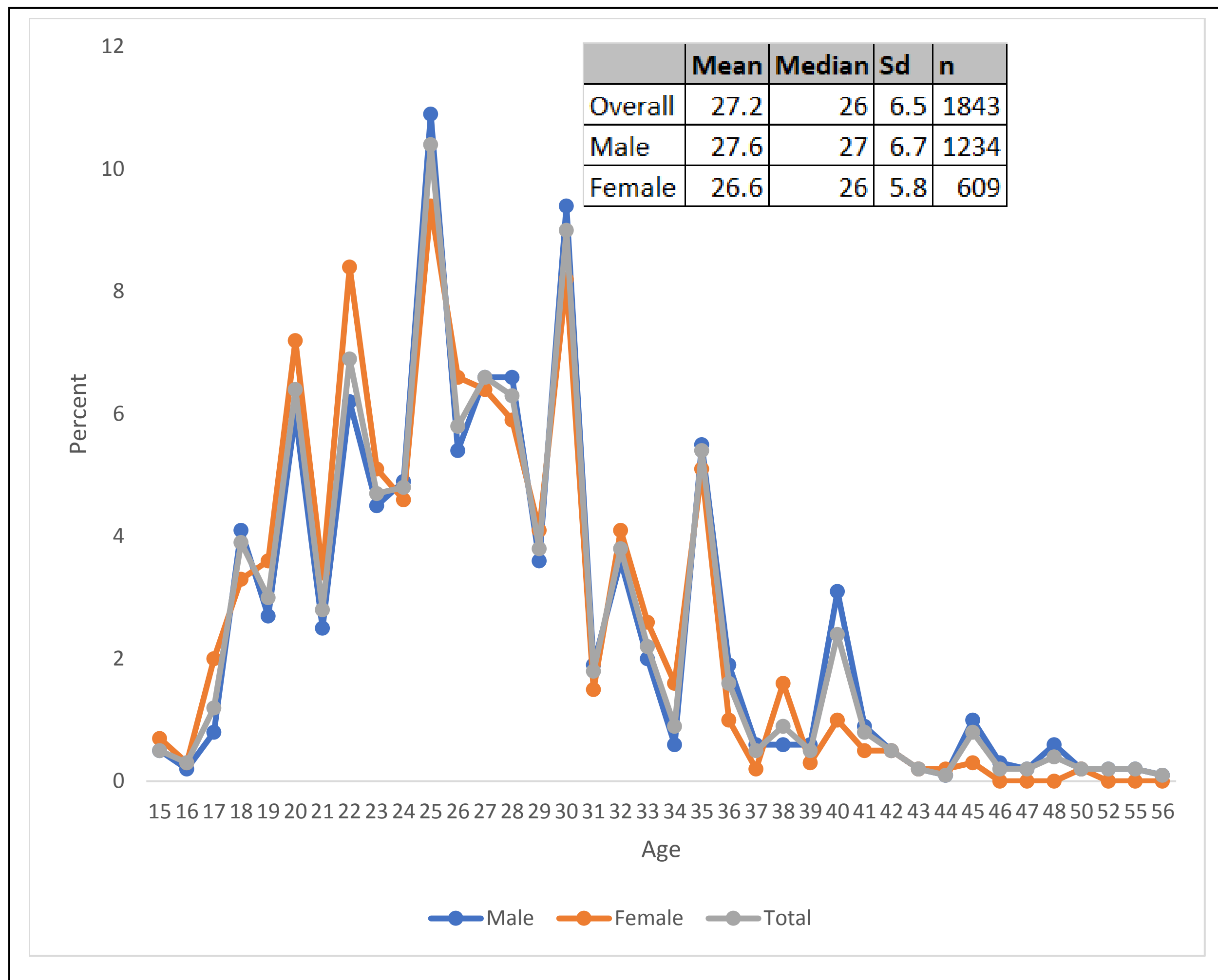
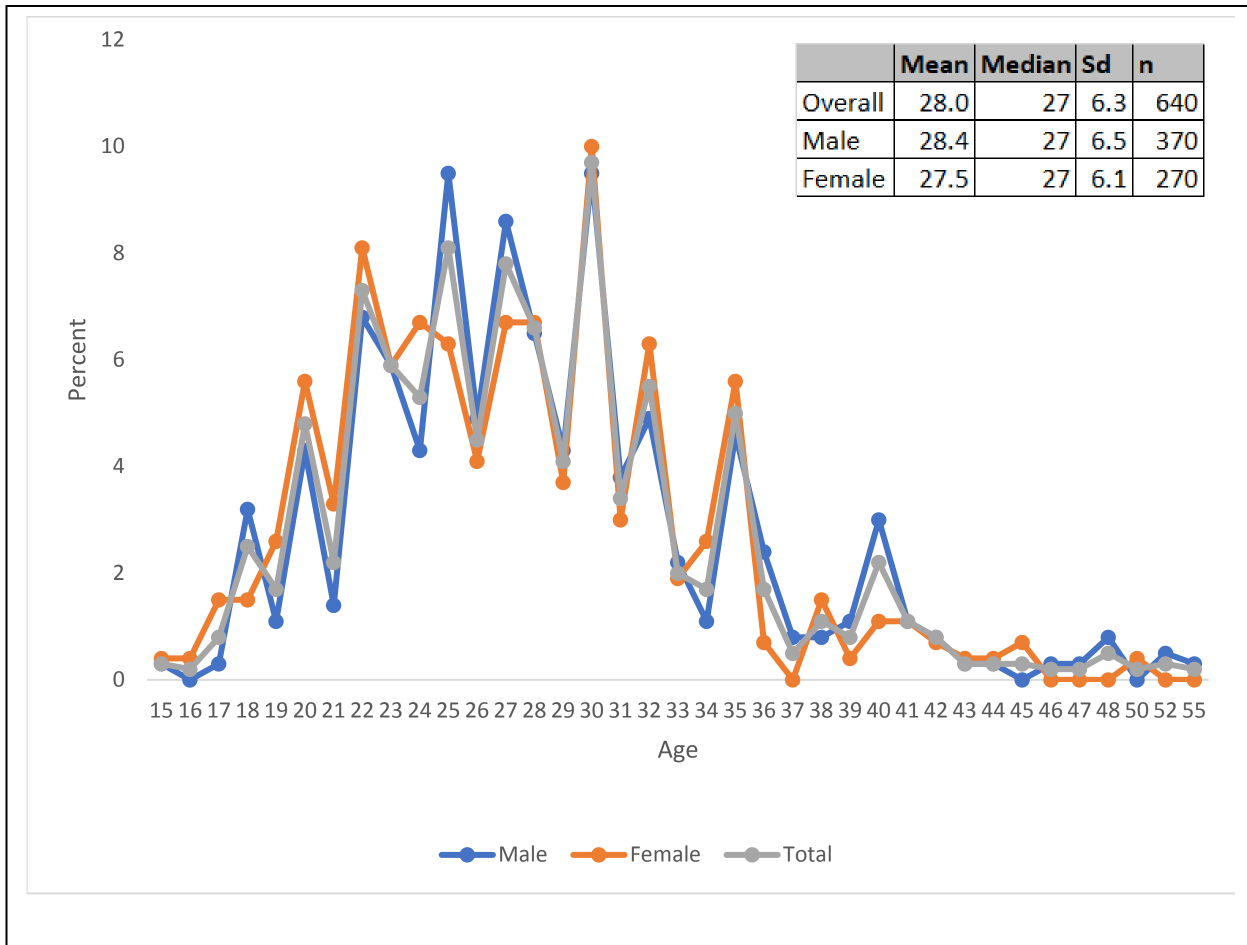


Figure 9: Percentage distribution of sample population from the list prepared by pharmacy by their age, ECP study 2018



	Mean	Median	Sd	n
Overall	28.0	27	6.3	640
Male	28.4	27	6.5	370
Female	27.5	27	6.1	270

APPENDIX II: NHRC APPROVAL LETTER

Government of Nepal

Nepal Health Research Council (NHRC)

Estd. 1991

Ref. No.: 2329

30 March 2018

Ms. Manorama Adhikari
Principal Investigator
CAMRIS International
Baluwatar, Kathmandu

Ref: **Approval of Research Proposal entitled An assessment of Emergency contraceptive pills in Nepal**

Dear Ms. Adhikari,

It is my pleasure to inform you that the above-mentioned proposal submitted on **9 February 2018** (**Reg. no. 56/2018**) please use this Reg. No. during further correspondence) has been approved by Nepal Health Research Council (NHRC) Ethical Review Board on **28 March 2018**.

As per NHRC rules and regulations, the investigator has to strictly follow the protocol stipulated in the proposal. Any change in objective(s), problem statement, research question or hypothesis, methodology, implementation procedure, data management and budget that may be necessary in course of the implementation of the research proposal can only be made so and implemented after prior approval from this council. Thus, it is compulsory to submit the detail of such changes intended or desired with justification prior to actual change in the protocol. Expiration date of this proposal is **July 2018**.

If the researcher requires transfer of the bio samples to other countries, the investigator should apply to the NHRC for the permission. The researchers will not be allowed to ship any raw /crude human biomaterial outside the country; only extracted and amplified samples can be taken to labs outside of Nepal for further study, as per the protocol submitted and approved by the NHRC. The remaining samples of the lab should be destroyed as per standard operating procedure, the process documented, and the NHRC informed.
Further, the researchers are directed to strictly abide by the National Ethical Guidelines published by NHRC during the implementation of their project proposal and **submit progress report in between and full or summary report upon completion.**

As per your project proposal, the total research amount is **$ 85,310.1** and accordingly the processing fee amounts to **$ 2,559.3**. It is acknowledged that the above-mentioned processing fee has been received at NHRC.
If you have any questions, please contact the Ethical Review M & E Section at NHRC.

Thanking you,

Prof. Dr. Anjani Kumar Jha
Executive Chairperson

Tel: +977 1 4254220, Fax: +977 1 4262469, Ramshah Path, PO Box: 7626, Kathmandu, Nepal
Website: http://www.nhrc.gov.np, E-mail: nhrc@nhrc.gov.np

Government of Nepal

Nepal Health Research Council (NHRC)

Estd. 1991

Ref. No.: 2876

31 May 2018

Ms. Manorama Adhikari
Principal Investigator
CAMRIS International, Nepal

Subject: **Approval of requested Amendment for research** proposal entitled **An assessment of Emergency contracetive pills in Nepal**

Dear Ms. Adhikari,

The meeting of Ethical Review Board of Nepal Health Research Council held on 30 May 2018 has discussed the amendment requested on 24 April 2018. The meeting has approved the requested amendment to wave consent from the parents of the participants under the age of 18 years

If you have any queries, please feel free to contact the Ethical Review M & E section of NHRC.

Thanking you,

Prof. Dr. Anjani Kumar Jha
Executive Chairman

Tel: +977 1 4254220, Fax: +977 1 4262469, Ramshah Path, PO Box: 7626, Kathmandu, Nepal
Website: http://www.nhrc.gov.np, E-mail: nhrc@nhrc.gov.np

APPENDIX III: DATA COLLECTION INSTRUMENTS

Instrument 1: Buyers interview

Informed Consent Form: For BUYERS of Emergency Contraceptives Pills (ECP)
Name of Research Study: An Assessment of Emergency Contraceptive Pills in Nepal
Address: Monitoring, Evaluation and Learning (MEL) Project, Baluwatar

Introduction

Namaste! My name is ________________________. I am a jobholder in a research company Blitz Media Pvt. Ltd., and currently I am working for CAMRIS International. To be sure that you understand about taking part in this study, I will read you this Consent Form and give you one signed copy of it.This study is intended to develop better health policy and programs.

Purpose for the Research

You are being asked to volunteer to take part in this research study because you are purchasing a family planning product in this outlet and are a person in the age group we are seeking. Today we will ask you some questions about yourself such as age, marital status, education and your contraceptive use behavior.

General Information about the Research

We are conducting a knowledge, attitude, and behavior research for Monitoring, Evaluation, and Learning (MEL) Project on family planning and emergency contraceptive among women and men.

Your Part in the Research

If you agree to participate in the study, we will ask you few questions about yourself and would like to request you to provide fact without concealing any information. The interview will take about 30-35 minutes. Similar information will be collected from 400 women and 200 men aged 15-49 years from across the selected districts.

Possible Risks and Benefits

There is no maximal risk to you if you decide to participate in this study. The risk is related to some personal and sensitive questions we will ask. We will do everything possible to keep any information you give us completely confidential. You may refuse to answer any questions you feel is uncomfortable or you may stop answering questions and walk out of the interview if you decide not to be in the research; however, we are very confident that your opinion will be valuable in this survey.

Although there may be no direct benefit to you, this research study may help design and develop better and effective health-related products and programs for Nepali women.

If You Decide Not to Be in the Research

You are free to refuse to be in this research.

Confidentiality

If you decide to participate, your participation and all the information you provide us will be confidential and will not be shared with others, except some members of the research team, if required.

Compensation

No services will be provided as part of this study and you will not be paid for your participation.

Leaving the Research Study

You may stop answering questions at any time without penalty.

Contact for Questions

If you have any problems or questions about this research, please contact Nepal Health Research Council (NHRC) (Post Box7626- Kathmandu, Nepal). Phone: 977-1-4254220 or 4227460.

You have read a consent form and I hope you have understood what is written in the consent form. If you haven't understood it or you have more questions about it, I am ready to answer all your questions that you seek to know. If you have understood everything, then I request your permission to ask questions. With that note, may I move forward?

PARTICIPANT AGREEMENT

I have been read and explained the benefits, risks and procedures for the research study titled "An assessment of Emergency Contraceptive Pills in Nepal" as part of a package of all family planning options among Nepali Women. I affirm that I have completed 15 years of age and have not exceeded 49 years of age and I understand what I am being asked to do to participate in this study and agree to participate as a volunteer.

___YES Signature ---------------------------------------

___NO

INVESTIGATOR'S CERTIFICATION

I certify that the nature and purpose, the potential benefits and possible risks associated with participation in this research study have been explained to the above individual and that any questions about this information have been answered and that the person volunteered to participate.

_____________ ______________________________________

Date Investigator's signature

An Assessment of Emergency Contraceptive Pills in Nepal
ECP BUYERS' questionnaire

Confidential document for research

Form Number			
Shops ID			

Identification: *Fill in form number and Shop ID before you proceed to Q 001*

Starting time of interview:|__|__|Hour |__|__|Minute

001	District	[ ][ ]
002	Municipality Name	
003	Ward No.	[ ][ ]
004	Code of interviewer	[ ][ ]
005	Code of supervisor	[ ][ ]
006	Date of interview	[ ] [ ] [ ] DD MM YY

SECTION 1: RESPONDENT'S CHARACTERISTCS

Now, I am going to ask some personal information about you.

SN	Questions and filters	Responses/ Codes	Skip
Q101	How old were you in your last birthday?	☐☐ (Write two digit number of years)	
Q102	What is your marital status?	Currently Married............................ 1 Living with Partner.............................2 Never Married/Single..........................3 Widowed...4 Divorced.. 5 Separated...................................... 6 Others (specify)____________________ xx No response................................. 97	(3–97) →107
Q103	Are you and your spouse currently living together?	Yes... 1 No.. 2	
Q107	What is the highest grade you completed? (If completed less than one grade, record '00')	Grade /__/__/ (Write completed year of schooling inside the box No schooling but can read/write............ 92 No schooling and cannot read/write......... 93 No Response.................................. 97 Don't Know.................................. 98	
Q108	What kind of work you mainly do?	Professional/Technical/Managerial........... 1 Clerical....................................... 2 Sales and services...............................3 Skilled manual.................................. 4 Unskilled manual............................... 5 Agriculture.................................... 6	

SN	Questions and filters	Responses/ Codes	Skip
		Student………………………………….. 7 Unemployed……………………………. 8 Family business/Industry…………………....9 Housewife………………………………. 10 Others (specify)_____________________ xx No response……………………………. 97 Don't Know………………………………98	
Q109	What is your caste/ethnicity?	--- / / /	
Q111	How many days per week do you use the internet on an average? *(If do not have access, write '0'and go to 201)*	Number of days /__/__/	If '0'→201
Q112	How many hours per day do you use the internet on an average?	Number of hours................................. /__/__/	
Q113	*Which social media do you use?* *(Multiple response possible)*	Facebook…………………………………1 Twitter………………………………….....2 Instagram…………………………………3 IMO………………………………………4 Viber……………………………………. 5 WhatsApp………………………………. 6 Messenger………………………………. 7 YouTube………………………………… 8 Others (specify)_____________________ xx No Response…………………………… 97	

SECTION 2: KNOWLEDGE ON Family Planning methods

N	Questions and filters	Responses/ Codes	Skip
BQ201 Now, I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of the following.......(METHOD)?			
1	FEMALE STERILIZATION (PROBE) Women can have an operation to avoid having any more children.(Example: Mini-Lap, Laparoscopy)	Yes…… 1 No…….2	↴
2	MALE STERILIZATION (PROBE)Men can have an operation to avoid having any more children. (Example: Vasectomy)	Yes…… 1 No…… 2	↴
3	IUD (PROBE)Women can have a loop or coil placed inside them by trained health provider (doctor or a nurse). (Example: Copper-T, Loop)	Yes…… 1 No…….2	↴
4	INJECTABLES (PROBE)Women can have an injection by a health provider that stops them from becoming pregnant for three months. (Example: Sangini, Depo-Provera)	Yes…… 1 No…….2	↴
5	IMPLANTS (PROBE)Women can have several small rods placed in their upper arm by a doctor or nurse that can prevent pregnancy for three to five years. (Example: Norplant)	Yes…… 1 No…… 2	↴
6	Oral Contraceptive PILL (PROBE) Women can take a pill every day to avoid becoming pregnant. (Example: Nilocon)	Yes……1 No…….2	↴
7	CONDOM (PROBE)Men can put a rubber sheath on their penis before sexual intercourse. (Example: Dhaal)	Yes…… 1 No…… 2	↴
8	FEMALE CONDOM: (PROBE) Women can place a sheath in their vagina before sexual intercourse.	Yes…… 1 No…… 2	↴
9	RHYTHM METHOD (PROBE)Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	Yes…… 1 No…… 2	↴
10	WITHDRAWAL (PROBE) Men can be careful and pull out before ejaculation.	Yes…… 1 No…… 2	↴
11	Have you heard of any others ways or methods that women or men can use to avoid pregnancy? If yes, please specify here: ________________________________	Yes (Specify)….. 1 No……………. 2	↴

SECTION 3: ECP AWARENESS/KNOWLEDGE/PERCEPTIONS

Now, I am going to ask you some questions about your awareness/knowledge/perceptions on ECP.

Q301. Which is the source from where you frequently hear about ECP?[MA]

Q302. Among these, which is the source from where you mostly hear about ECP?[SA]

	Q301 (MA)	Q302 (SA)
Radio	1	1
Television	2	2
Newspaper/magazine/brochure	3	3
Poster/Hoarding Board	4	4
Street dramas	5	5
In a shop	6	6
Cinema hall/Theater	7	7
Spouse	8	8
Partner	9	9
friend (boy)	10	10
friend (girl)	11	11
Relatives	12	12

Neighbours	13	13
Internet	14	14
Health workers	15	15
Educational Books	16	16
Others (specify)________________	xx	xx
No Reponse	97	97
Don't Know	98	98

S.no	Questions	Response/Code	Skip
Q303	What are the different messages that you have seen or/and heard about ECP? (Multiple answers possible)	Can be used after unprotected sex……….. 1 Easy to purchase ……………………………2 Must be used within 72 hours of sex……….3 Different brands……………………………4 ECP protects from getting pregnant………. 5 Other (specify)______________________ XX No Response………………………………. 97 Don't Know………………………………. 98	

Q304 What are the different ECP brands you know about?(Probe saying something else) [MA]
Q305 I have names of ECP brands besides the brand you mentioned. Do you know the names of these brands? Please see photo and tell me? [MA]
Q306 Mostly which brand of ECP do you prefer to use? [SA]

	Q304 (SPONT) (MA)	Q305 (Photo Aided) (MA)	Q306 (Preferance) (SA)
Econ	1	1	1
Feminor ECP	2	2	2
I-Pill	3	3	3
Unwanted 72	4	4	4
Max 72	5	5	5
Postinor EC	6	6	6
E72	7	7	7
OKEY	8	8	8
Others (specify) ________________	X	X	X
Whatever we get			96
No Response	97	97	97
Don't Know	98	98	98

S.no	Questions	Response/Code	Skip
Q307	What are the reasons for your preference? (Multiple answers possible)	Only brand available………………………. 1 I believe brand is most effective…………… 2 Easily available……………………………… 3 Cheap/affordable……………………………4 Husband suggested………………………… 5 Partner suggested…………………………. 6 Health provider recommended…………… 7 Relative/friend suggested…………………. 8 Has only one pill…………………………. 9 Has two pills……………………………… 10 Looks best/attractive/appearance……….. 11 Advertisement/message…………………… 12	

S.no	Questions	Response/Code	Skip
		Learned from internet……………………….13 No preference, whatever is available……… 14 There is no side effect……………………. 15 Other (specify)_______________________ XX No response……………………………… 97 Don't Know…………………………………98	
Q308	From whom do you take advice about usage of ECP? (Multiple answers possible)	Husband suggested…………………………1 Partner suggested…………………………. 2 Family member……………………………. 3 Friend (boy)……………………………… 4 Friend (girl)………………………………… 5 FCHV……………………………………… 6 Pharmacist………………………………… 7 Other health worker……………………… 8 Did not consult anybody................................ 9 From internet (Google, Bing, Yahoo etc.) ....10 Others (specify)_____________________ xx No Response……………………………… 97 Don't Know……………………………… 98	
Q309	Can you please tell me all the places where one can get/buy ECP? (Multiple answers possible)	Pharmacy…………………………………… 1 Government facilities……………………….2 Private hospitals/clinics……………………. 3 Marie Stopes/MSI …………………………...4 FPAN……………………………………… 5 FCHV……………………………………….6 Others (specify) ______________________XX No response……………………………… 97 Don't Know…………………………………98	
Q310	Where would you prefer to obtain ECP? (Single answer)	Pharmacy…………………………………… 1 Government health facilities………………. 2 Private hospitals/clinics……………………. 3 Marie Stopes/ MSI ………………………… 4 FPAN……………………………………… 5 FCHV..................................……....……………6 Friend (boy)…………………………………7 Friend (girl)…………………………………77 Partner……………………………………….8 Spouse………………………………………..9 Others (specify)____________________ xx No Response......……………...……………...97 Don't Know……………………………… 98	
Q311	What are the reasons for your buying place preferance?	Available in nearby place…………………. 1 Because of acquaintance…………………. 2 As easy as general medicine to ask for…… 3 There is discount ……………………………4 Others (specify)____________________ xx No Response...........………………………….97 Don't Know……………………………… 98	

S. no	Questions and filters	Responses/ Codes	Skip
Q312	For whom are you buying this ECP?	Spouse……………………………………….1 Partner……………………………………....2	

S. no	Questions and filters	Responses/ Codes	Skip
		Friend…………………………………… 3 Family member…………………………… 4 Myself……………………………………… 5 Others (specify)_____________________ xx	
	Q312a. If this is for yourself, have you ever used ECP before?	Yes……………………………………….. 1 No………………….............……………...2	2→Q313
	Q312b. If yes, how long ago did you use ECP?	Before six months………………………… 1 After six months ……………………….....2	1→ASK USER QUES 2→Q313
Q313	When will you or when did you use that ECP? (Refer Q312)	Use now/immediately……………………… 1 Use later…………………………………… 2 Used the moment when obtained……….. 3 Don't Know……………………………… 98 No Response……………………………… 97	
Q314	The ECP you are buying now, is it the first time you are buying?	Yes………………………………………… 1 No…………………………………………. 2	

Q315 Which ECP brand did you purchase the last time? [SA]

Q316 Besides this ECP brand, which other ECP brands have you purchased till now? [MA]

	Q315 (SA)	Q316 (MA)
Econ	1	1
Feminor ECP	2	2
I-Pill	3	3
Unwanted 72	4	4
Max 72	5	5
Postinor EC	6	6
E72	7	7
OKEY	8	8
Others (specify) ________________	X	X
Never purchased other brand		96
No Response	97	97
Don't Know	98	98

SN	Questions and filters	Responses/ Codes	Skip
Q317	How many packetes of ECP did you buy last time or this time?	……………………………… packets	
Q318	How much did you pay per packet last time or this time? (One product price if purchased more than one)	Rupees [__.__] No Response……………………………… 97 Don't Know……………………………… 98	
Q319	What is the maximum price you are willing to pay for one packet of ECP?	Rupees [__.__] No Response……………………………… 97 Don't Know……………………………… 98	
Q320	What circumstances led you to purhcase most recent ECP? (Multiple answers possible)	Condom broke/slipped…………………… 1 Forgot to take regular pills………………… 2 Unprotected sex…………………………… 3 This is our only method……………………4	

SN	Questions and filters	Responses/ Codes	Skip
		Only came to purchase, not for me…………5 Others (specify)______________________xx No response………………………………...97 Don't Know………………………………... 98	
Q321	About how many times have you purchased ECP in the last three months?	Record number of times /__/__/ Not even once………………………………96 Don't Know………………………………. 98	
Q322	In your opinion, what are the advantages of using ECP? (Multiple answers possible)	Effective method…………………………… 1 Easy to use…………………………………. 2 Few side effects……………………………. 3 Can be used after sex……………………… 4 Can be used before sex…………………….5 Can be used in case of emergency………… 6 Don't need to take something all the time... 7 No one will know about it………………….8 No side effects……………………………. 9 Other (specify)______________________ XX There are no advantages…………………. 96 No Response………………………………97 Don't Know………………………………...98	
Q323	In your opinion, what are the disadvantages of using EC? (Multiple answers possible)	High failure rate (can get pregnant) ………. 1 Nausea………………………………………2 Vomiting……………………………………3 Dizziness…………………………………… 4 It causes infertility…………………………. 5 Irregular menstrual cycle…………………... 6 Does not protect against HIV/STIs…………7 Abdominal pain……………………………. 8 White discharge…………………………….9 Problem with Uterus………………………. 10 Other (specify)______________________ XX There are no disadvantages………………….96 No Response………………………………... 97 Don't Know………………………………….98	
Q324	In your opinion, what are the barriers to using EC? (Multiple answers possible)	Difficult to get……………………………… 1 Expensive…………………………………... 2 Not accepted by husband/partner………… 3 Don't know how to use.....................................4 Don't know where to get…………………. 5 Others (specify)____________________ xx There are no barriers..96 No Response………………………………. 97 Don't Know………………………………... 98	
Q325	Would you use ECP in future?	Yes………………………………………… 1 No…………………………………………. 2 Don't know…………………………………98	1→SKIP329 2→329 98→330
Q326	What are the reasons for using ECP in future? (Multiple answers possible)	Easily available……………………………… 1 Effective method (no pregnancy) …………. 2 Easy to use, there is single tablet…………. 3 It is cheap…………………………………. 4 No one gets to know about using it………. 5 Saves from HIV/ STIs……………………… 6	

SN	Questions and filters	Responses/ Codes	Skip
		Infrequent sex……………………………… 7 Less awareness about ECP use……………. 8 There is no side effect………………………9 Other (Specify)______________________ xx No Response………………………………. 97 Don't Know……………………………….... 98	
Q327	Which brand are you most likely to use in future? (Single answer)	Econ……………………………………………1 Feminor ECP………………………………. 2 I-Pill…………………………………………. 3 Unwanted 72……………………………… 4 Max 72……………………………………. 5 Postinor EC………………………………. 6 E72………………………………………… 7 OKEY……………………………………… 8 Others (specify)____________________xx Whatever is available……………………… 96 No Response……………………………… 97 Don't Know………………………………. 98	97→330 98→330
Q328	For what reasons would you be most likely to use this brand? (Multiple answers possible)	Only brand available………………………. 1 I believe brand is most effective…………… 2 Easily available……………………………… 3 Cheap/affordable……………………………4 Husband suggested………………………… 5 Partner suggested…………………………. 6 Health provider recommended…………… 7 Relative/friend suggested…………………. 8 Has only one pill…………………………… 9 Has two pills………………………………. 10 Looks best/attractive/appearance………… 11 Advertisement/message……………………12 Learned from internet...13 Others (specify)____________________ XX No response………………………………. 97 Don't Know…………………………………98	
Q329	What are your reasons for not using ECP in future? (Multiple answers possible)	Have sex frequently……………………….. 1 Respondent did not like using ECP…………2 Partner did not like…………………………3 Husband did not like………………………. 4 Others opposed……………………………..5 Knows no source……………………………6 Has side effects……………………………...7 Inconvenient to use…………………………8 It is too strong…………………………….. 9 Embarrassed to ask for it…………………. 10 Don't know much about it…………………11 Better to use other contraception methods. 12 Expensive…………………………………... 13 Others (specify)____________________ xx No Response……………………………… 97 Don't Know…………………………………98	
Q330	Between two of you, usually who decides the use of ECP?	Both of us decide together………………… 1 My partner decides it……………………….2 Self……………………………………………3	

SN	Questions and filters	Responses/ Codes	Skip
		Not purchased for me……………………... 4 Others (specify)____________________ xx No Response……………………………… 97 Don't Know…………………………………98	
Q331	In your opinion, should women take ECP before or after sexual intercourse? (Read the answers)	Before………………………………………1 After……………………………………….. 2 Before & after……………………………… 3 Anytime, before or after…..............................4	
Q332	How many hours before sexual intercourse or within how many hours of sexual intercourse ECP has to be taken? (Refer Q331)	/___/___/Hour Don't Know…………………………………999	
Q333	What do you feel about the availability of ECP? (Read the answers)	Very easy…………………………………… 1 It is not very easy…………………………... 2 Time consuming……………………………3 Seller made me feel bad…………………… 4 No Response………………………………. 97 Don't Know...…98	
Q334	How many packets did you purchase in the last 12 months?	……………………. number of packets	
Q335	In your opinion, normally what people prefer to use between ECP and family planning product?	Emergency Contraceptive pills ……………….1 Other than ECP ....2 Don't Know ……………………………..98	98 →Q337
Q336	Can you tell me three reasons for your answer? -Please refer Q335_	Easily available……………………………… 1 Effective method (no pregnancy) …………. 2 Easy to use, there is single tablet………… 3 It is cheap…………………………………. 4 No one gets to know about using it……… 5 Saves from HIV/ STI………………………. 6 Infrequent sex………………………………7 Less awareness about ECP use……………. 8 There is no side effect……………………….9 Other (Specify)_____________________ xx No Response………………………………. 97 Don't Know………………………………. 98	
Q337	In your opinion, do you think ECP can be used as a regular method of family planning?	Yes…………………………………………. 1 No…………………………………………. 2 Don't know…..98	98→ Q601
Q338	Can you tell me three reasons for your answer? -Please refer Q337_	Infertility……………………………………1 Effects the uterus…………………………... 2 Abdominal pain……………………………. 3 Irregular menstrual cycle…………………. 4 Easily available………………………………51 Effective method (no pregnancy) …………. 52 Easy to use, there is single tablet………… 53 It is cheap…………………………………. 54 No one gets to know about using it……… 55 Others (Specify)____________________ xx No Response……………………………… 97 Don't Know……………………………….. 98	

SECTION 4: OPPORTUNITY, ABILITY AND MOTIVATION

Now, I am interested in hearing your opinion on certain issues. Please telll me if you "agree" or "disagree."

Note: Interviewer is to probe if they "agree strongly" or "agree somewhat," and if they "disagree strongly" or "disagree somewhat"

Opportunity					
Availability					
Sentences		Strongly Agree	Agree Somewhat	Disgree Somewhat	Strongly Disagree
Q601	ECPs are difficult to get around here when needed.	1	2	3	4
Q602	ECPs are always available in nearby shops.	1	2	3	4
Q603	ECPs are easily available around here at all times.	1	2	3	4
Q604	There are a lot of different ECP brands easily available that women/men like me can get nowadays.	1	2	3	4
Q605	In some places around here, you only get the ECP providers want to give you.	1	2	3	4
Q606	It is difficult to get good ECP brands nearby.	1	2	3	4
Brand Appeal					
Q607	The brand of ECP really does not matter to me.	1	2	3	4
Q608	Some ECP are better than others.	1	2	3	4
Q609	All ECP are of same quality.	1	2	3	4
Ability					
Self-Efficacy					
Sentences		Strongly Agree	Agree Somewhat	Disgree Somewhat	Strongly Disagree
Q610	I can persuade my partner to allow me to use ECP.	1	2	3	4
Q611	Using ECPs all the time is difficult for me.	1	2	3	4
Q612	It is not really up to me whether to use ECP or not.	1	2	3	4
Q613	I am able to avoid unwanted pregnancies.	1	2	3	4
Q614	If my partner opposes the use of ECP, I am unable to convince him that it's good for me.	1	2	3	4
Motivation					
Attitudes					
Sentences		Strongly Agree	Agree Somewhat	Disgree Somewhat	Strongly Disagree
Q615	Using an ECP would give me guilty feelings.	1	2	3	4
Q616	ECPs are more acceptable than other FP method.	1	2	3	4
Q617	Using ECP is immoral.	1	2	3	4
Q618	Using ECP is much more desirable than having an abortion.	1	2	3	4
Q619	I would feel embarrassed to discuss ECP with my friends.	1	2	3	4
Q620	There is nothing wrong for a woman to uses ECP.	1	2	3	4
Outcome Expectations					
Q621	ECP are not effective against unwanted pregnancies.	1	2	3	4
Q622	I am more likely to get an unwanted pregnancy if I don’t use ECPs.	1	2	3	4
Q623	There are a lot of stories around about ECPs that make me wonder if they really are worth using.	1	2	3	4
Q624	I do not care about unwanted pregnancies.	1	2	3	4
Q625	I do not feel comfortable to have sex due to fear of unwanted pregnancy.	1	2	3	4
Q626	These days ECPs are easily available to get protected from unwanted pregnancy.	1	2	3	4

Q627	When I have sex with my partner/husband, I feel like I am already pregnant.	1	2	3	4

Thank you for your valuable time.

Ending time of interview:|__|__|Hour |__|__|Minute

Instrument II: Users Interview

Informed Consent Form: for USERS of Emergency Contraceptives Pills (ECP)
Name of Research Study: An Assessment of Emergency Contraceptive Pills in Nepal
Address: Monitoring, Evaluation and Learning (MEL) Project, Baluwatar

Introduction

Namaste! My name is _________________________. I am a jobholder in a research company Blitz Media Pvt. Ltd., and currently I am working for CAMRIS International. To be sure that you understand about taking part in this study, I will read you this Consent Form and give you one signed copy of it. This study is intended to develop better health policy and programs.

Purpose for the Research

You are being asked to volunteer to take part in this research study because you are using a family planning product from this outlet and are a person in the age group we are seeking. Today, we will ask you some questions about yourself such as age, marital status, education, and your contraceptive use behavior.

General Information about the Research

We are conducting a knowledge, attitude, and behavior research for Monitoring, Evaluation, and Learning (MEL) Project on family planning and emergency contraceptive among women and men.

Your Part in the Research

If you agree to participate in the study, we will ask you few questions about yourself and would like to request you to provide fact without concealing any information. The interview will take about 30-40 minutes. Similar information will be collected from 300 women aged 15-49 years from across the selected districts.

Your Part in the Research

If you agree to participate in the study, we will ask you few questions about yourself and would like to request you to provide fact without concealing any information. The interview will take about 30-40 minutes. Similar information will be collected from 300 women aged 15-49 years from across the selected districts.

Possible Risks and Benefits

There is no maximal risk to you if you decide to participate in this study. The risk is related to some personal and sensitive questions we will ask. We will do everything possible to keep any information you give us completely confidential. You may refuse to answer any questions you feel is uncomfortable or you may stop answering questions and walk out of the interview if you decide not to be in the research; however, we are very confident that your opinion will be valuable in this survey. Although there may be no direct benefit to you, this research study may help design and develop better and effective health-related products and programs for Nepali women.

If You Decide Not to Be in the Research

You are free to refuse to be in this research.

Confidentiality

If you decide to participate, your participation and all the information you provide us will be confidential and will not be shared with others, except some members of the research team, if required.

Compensation

No services will be provided as part of this study and you will not be paid for your participation.

Leaving the Research Study

You may stop answering questions at any time without penalty.

Contact for Questions

If you have any problems or questions about this research, please contact Nepal Health Research Council (NHRC) (Post Box7626- Kathmandu, Nepal). Phone: 977-1-4254220 or 4227460.

You have read a consent form and I hope you have understood what is written in the consent form. If you haven't understood it or you have more questions about it, I am ready to answer all your questions that you seek to know. If you have understood everything, then I request your permission to ask questions. With that note, may I move forward?

PARTICIPANT AGREEMENT
I have been read and explained the benefits, risks and procedures for the research study titled "An assessment of Emergency Contraceptive Pills in Nepal" as part of a package of all family planning options among Nepali Women. I affirm that I have completed 15 years of age and have not exceeded 49 years of age and I understand what I am being asked to do to participate in this study, and agree to participate as a volunteer.

___YES Signature --------------------------------------
___NO

INVESTIGATOR'S CERTIFICATION
I certify that the nature and purpose, the potential benefits and possible risks associated with participation in this research study have been explained to the above individual and that any questions about this information have been answered and that the person volunteered to participate.

______________ ____
Date Investigator's signature

An Assessment of Emergency Contraceptive Pills in Nepal
ECP USERS questionnaire

Filter questions

A	*Filter: Recruitment type*	Reffered by shop keeper....................1 Reffered by buyers [Buyer's ID---]…. 2 Reffered by FCHV……………………..3 Reffered by ECP users……………….4	

		Reffered by OK didi............................5 Buyer is the user................................6 Reffered by others__________(specify)	
B	Have you ever used ECP?	Yes.. 1 No.. 2	
C	When was the last time you used ECP?	About less than six months ago……….1 About more than six months ago……...2	2→TERMINATE

Confidential document for research

Form Number			
Shops ID			

Identification: *Fill in form number and Shop ID before you proceed to Q 001*

Starting time of interview: |__|__|Hour |__|__| Minute

001	District	[ ][ ]
002	Municipality Name	
003	Ward No.	[ ][ ]
004	Code of interviewer	[ ][ ]
005	Code of supervisor	[ ][ ]
006	Date of interview	[ ] [ ] [ ] DD MM YY

SECTION 1: RESPONDENT'S CHARACTERISTCS

Now, I am going to ask some personal information about you.

S.no	Questions	Response/Code	Skip
Q101	How old were you in your last birthday?	[ ][ ] (Write two-digit number of years)	
Q102	What is your marital status?	Currently Married………………………… 1 Living with Partner……………………….. 2 Never Married/Single…………………….. 3 Widowed………………………………......4 Divorced……………………………………5 Separated………………………………… 6 Others (specify)____________________x No response……………………………… 97	→107 (codes 3, 4, 5, 6, x, 97)
Q103	Are you and your spouse currently living together?	Yes………………………………………… 1 No…………………………………………… 2	1→107
Q104	If no, how for many months your spouse/partner was away?	…………..Months (If less than one month write '0')	
Q105	Did he ever come back in last 12 months?	Yes………………………………………… 1 No…………………………………………… 2	
Q106	Where is he now?	Outside the country………………………1 Inside the country but same district……. 2 Inside the country but different district….3 Don't Know...98	
Q107	What is the highest grade you completed? (If completed less than one grade, record '00')	Grade /__/__/ *(Write completed year of schooling inside the box* No schooling but can read/write………... 92 No schooling and cannot read/write…….93 No Response…………………………….. 97 Don't Know……………………………….. 98	
Q108	What kind of work you mainly do?	Professional/Technical/Managerial……. 1 Clerical ……………………………………2 Sales and services………………………. 3 Skilled manual……………………………. 4 Unskilled manual…………………………5 Agriculture………………………………… 6 Student ……………………………………7 Unemployed………………………………8 Family business/Industry……………….....9 Housewife………………………………… 10 Others (specify)___________________ xx No response……………………………… 97 Don't Know…………………………………98	
Q109	What is your caste/ethnicity?	--- / / /	
Q110	How many surviving children do you have? (If none, record '0')	No of children / / /	
Q111	How many days per week do you use the internet on an average? *(If do not have access, write '0'and go to 201)*	Number of days /__/__/	If '0'→201

S.no	Questions	Response/Code	Skip
Q112	How many hours per day do you use the internet on an average?	Number of hours================= /__/__/	
Q113	*Which social media do you use?* *(Multiple response possible)*	Facebook………………………………… 1 Twitter………………………………………2 Instagram………………………………… 3 IMO………………………………………4 Viber………………………………………..5 WhatsApp…………………………………6 Messenger…………………………………7 YouTube…………………………………... 8 Others (specify)___________________ xx No Response…………………………….. 97	

SECTION 2: KNOWLEDGE ON FAMILY PLANNING METHODS

N	Questions and filters	Responses/ Codes	Skip
BQ201 Now, I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of the following.......(METHOD)?			
1	<u>FEMALE STERILIZATION (PROBE)</u> Women can have an operation to avoid having any more children.(Example: Mini-Lap, Laparoscopy)	Yes…….1 No……...2	↓
2	<u>MALE STERILIZATION (PROBE)</u>Men can have an operation to avoid having any more children. (Example: Vasectomy)	Yes…….1 No…….2	↓
3	<u>IUD (PROBE)</u>Women can have a loop or coil placed inside them by trained health provider (doctor or a nurse). (Example: Copper-T, Loop)	Yes……1 No…….2	↓
4	<u>INJECTABLES (PROBE)</u>Women can have an injection by a health provider that stops them from becoming pregnant for three months. (Example: Sangini, Depo-Provera)	Yes……1 No…….2	↓
5	<u>IMPLANTS (PROBE)</u>Women can have several small rods placed in their upper arm by a doctor or nurse that can prevent pregnancy for three to five years. (Example: Norplant)	Yes…. 1 No…….2	↓
6	<u>Oral Contraceptive PILL (PROBE)</u> Women can take a pill every day to avoid becoming pregnant. (Example: Nilocon)	Yes…. 1 No…….2	↓
7	<u>CONDOM (PROBE)</u>Men can put a rubber sheath on their penis before sexual intercourse. (Example: Dhaal)	Yes…. 1 No…….2	↓
8	<u>FEMALE CONDOM: (PROBE)</u> Women can place a sheath in their vagina before sexual intercourse.	Yes…...1 No…… 2	↓
9	<u>RHYTHM METHOD (PROBE)</u>Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	Yes…...1 No…….2	↓
10	<u>WITHDRAWAL (PROBE)</u> Men can be careful and pull out before ejaculation.	Yes…...1 No…… 2	↓
11	Have you heard of any others ways or methods that women or men can use to avoid pregnancy? If yes, please specify here: ______________________________	Yes (Specify)… 1 No…………….. 2	→ ↓

SECTION3: ECP AWARENESS/KNOWLEDGE/PERCEPTIONS

Now, I am going to ask you some questions about your awareness/knowledge/perceptions on ECP.

Q301. Which is the source from where you frequently hear about ECP? [MA]

Q302. Among these, which is the source from where you mostly hear about ECP? [SA]

	Q301 (MA)	Q302 (SA)
Radio	1	1
Television	2	2
Newspaper/magazine/brochure	3	3
Poster/Hoarding Board	4	4
Street dramas	5	5
In a shop	6	6
Cinema hall/Theater	7	7
Spouse	8	8
Partner	9	9
friend (boy)	10	10
friend (girl)	11	11
Relatives	12	12
Neighbours	13	13
Internet	14	14
Health workers	15	15
Educational Books	16	16
No Reponse	97	97
Don't Know	98	98
Others (specify) ___________________	xx	xx
Others (specify) ___________________	xx	xx

S.no	Questions	Response/Code	Skip
Q303	What are the different messages that you have seen and/or heard about ECP? (Multiple answers possible)	Can be used after unprotected sex……. 1 Easy to purchase………………………… 2 Must be used within 72 hours of sex……3 Different brands……………………………4 ECP protects from getting pregnant…….5 Other (specify)_______________XX No Response…………………….97 Don't Know……………………… 98	

Q304 What are the different ECP brands you know about? (Probe saying something else) [MA]
Q305 I have names of ECP brands besides the brand you just mentioned. Do you know the names of these brands? Please see photo and tell me? [MA]
Q306 Mostly which brand of ECP do you prefer to use? [SA]

	Q304 (SPONT) (MA)	Q305 (Photo Aided) (MA)	Q306 (Preferance) (SA)
Econ	1	1	1
Feminor ECP	2	2	2
I-Pill	3	3	3
Unwanted 72	4	4	4
Max 72	5	5	5

Postinor EC	6	6	6
E72	7	7	7
OKAY	8	8	8
Others (specify) __________________	X	X	X
Whatever is available			96
No Response	97	97	97
Don't Know	98	98	98

S.no	Questions	Response/Code	Skip
Q307	What are the reasons for your preference? (Multiple answers possible)	Only brand available…………………………………………… 1 I believe brand is most effective…………………………… 2 Easily available……………………………………………… 3 Cheap/affordable……………………………………………… 4 Husband suggested…………………………………………… 5 Partner suggested…………………………………………… 6 Health provider recommended……………………………...7 Relative/friend suggested…………………………………. 8 Has only one pill……………………………………………9 Has two pills………………………………………………. 10 Looks best/attractive/appearance………………………… 11 Advertisement/message…………………………………… 12 Learned from internet……………..................................13 No preference, whatever is available……………………… 14 There is no side effect……………………………………… 15 Other (specify)___________________________________ XX No response……………………………………………………. 97 Don't Know……………………………………………………98	
Q309	Can you please tell me all the places where one can get/buy ECP? (Multiple answers possible)	Pharmacy…………………………………………....1 Government facilities………………………………...2 Private hospitals/clinics………………………………3 Marie Stopes/MSI……………………………………..4 FPAN…………………………………………………5 FCHV..6 Others (specify)___________________________ XX	

S.no	Questions	Response/Code	Skip
		No response……………………………………………..97 Don't Know…………………………………………98	
Q310	Where would you prefer to obtain ECP? (Single answer)	Pharmacy……………………………………………1 Government health facilities………………………..2 Private hospitals/clinics……………………………3 Marie Stopes/ MSI…………………………………4 FPAN…………………………………………… 5 FCHV…………………………………………6 Friend (boy)……………………………………… 7 Friend (girl)……………………………………… 77 Partner…………………………………………… 8 Spouse…………………………………………… 9 Others (specify)__________________________xx No Response……………………………………..97 Don't Know……………………………………… 98	
Q311	What are the reasons for your mentioned buying place preferance?	Available in nearby place………………………… 1 Because of acquaintance………………………… 2 As easy as general medicine to ask for………… 3 There is discount………………………………… 4 Others (specify)__________________________ xx No Response……………………………………..97 Don't Know……………………………………… 98	
Q312	In your opinion, what are the advantages of using ECP? (Multiple answers possible)	Effective method………………………………… 1 Easy to use……………………………………… 2 Few side effects………………………………… 3 Can be used after sex…………………………… 4 Can be used before sex……………………………5 Can be used in case of emergency……………… 6 Don't need to take something all the time……….7 No one will know about it………………………… 8 No side effects………………………………………9 Other (specify)____________________________XX There are no advantages…………………………96 No Response……………………………………… 97 Don't Know………………………………………… 98	
Q313	In your opinion, what are the disadvantages of using EC? (Multiple answers possible)	High failure rate (can get pregnant) …………… 1 Nausea…………………………………………… 2 Vomiting………………………………………………3 Dizziness……………………………………………..4 It causes infertility……………………………………5 Irregular menstrual cycle……………………………6 Does not protect against HIV/STIs………………...7 Abdominal pain……………………………………...8 White discharge……………………………………9 Problem with Uterus……………………………… 10 Other (specify)____________________________XX There are no disadvantages……………………… 96 No Response……………………………………… 97 Don't Know………………………………………… 98	
Q314	In your opinion, what are the barriers to using EC? (Multiple answers possible)	Difficult to get…………………………………… 1 Expensive………………………………………… 2 Not accepted by husband/partner……………… 3 Don't know how to use…………………………… 4	

S.no	Questions	Response/Code	Skip
		Don't know where to get......................................5 Otheres (specify)___________________________xx There are no barriers..96 No Response………………………………………… 97 Don't Know…………………………………………… 98	
Q315	Which one do you prefer to use between ECP and family planning products?	Emergency Contraceptive Pill (ECP……………..1 Other than ECP…..2 Don't Know……………………………………………98	98→401
Q316	Can you tell me three reasons for your answer? -Please refer Q315_	Easily available…………………………………… 1 Effective method…………………………………… 2 Easy to use, there is single tablet………………...3 It is cheap……………………………………………4 No one gets to know about using it……………… 5 Saves from HIV/ STI……………………………… 6 Infrequent sex………………………………………7 Less awareness about ECP use…………………8 There is no side effect……………………………...9 Other (Specify)_____________________________xx No Response………………………………………… 97 Don't Know……………………………………………98	
Q317	Do you think ECP can be used as a regular method of family planning?	Yes…………………………………………………...1 No…………………………………………………… 2 Don't know ……..98	98→4**01**
Q318	Can you tell me three reasons for your answer? -Please refer Q317_	Infertility…………………………………………… 1 Effects the uterus…………………………………. 2 Abdominal pain…………………………………… 3 Irregular menstrual cycle………………………… 4 Easily available……………………………………. 51 Effective method…………………………………. 52 Easy to use, there is single tablet………………...53 It is cheap…………………………………………. 54 No one gets to know about using it……………… 55 Others (Specify)…………………………………… xx No Response……………………………………… 97 Don't Know………………………………………… 98	

SECTION 4: ECP USE PATTERN

Now, I am going to ask some questions about use pattern of ECP.

S.no	Questions	Response/Code	Skip
Q401	Did you or someone else purchase the last ECP you used?	Purchased myself……………… 1 Purchased by others…………… 2	1→4**03**
Q402	From whom did you get that ECP?	Partner…………………………… 1 Spouse ……………………………2 Other family members…………. 3 Friend (boy)………………………4 Friend (girl)……………………… 5 Myself…………………………… 6 Other (specify)_______________XX No response………………………97	
Q403	Can you please tell me what the brand name of that ECP was?	Econ……………………………… 1 Feminor ECP…………………….2	

S.no	Questions	Response/Code	Skip
		I-Pill………………………………3 Unwanted 72…………………… 4 Max 72……………………………5 Postinor EC………………………6 E72……………………………… 7 OKAY…………………………… 8 Others (specify)_____________xx No Response……………………97 Don't Know……………………… 98	
Q404	How much did you pay per packet for the ECP that you used?	Rupees [------] No Response…………………… 97 Don't Know………………………98	
Q405	What is the maximum price you are willing to pay for one packet of ECP?	Rupees [------] No Response……………………97 Don't Know………………………98	
Q406	Did you use that ECP for the first time?	Yes……………………………… 1 No………………………………… 2 No Response……………………97	
Q407	Do you usually take the ECP before or after sexual contact?	Before sex…………………………1 After sex…………………………..2 No response…………………… 97	
Q408	The last time you used ECP, how many hours before/after intercourse did you use take it? (Record '0' if less than 1 hour)	Specify in hours [ ] [ ] Don't Know……………………… 98 No Response…………………… 97	
Q409	What circumstances led you to use most recent ECP? (Multiple answers possible)	Condom broke/slipped……………1 Forgot to take regular pills……….2 Unprotected sex………………….3 This is our only method…………..4 Others Specify) ______________xx No response……………………...97 Don't Know…………………………98	
Q410	About how many times have you used ECP in last three months?	Only once………………………...101 Not even once…………………...102 Record number of times used /__/__/	
Q411	Have you purchased any others brands of ECP others than the brand used last time?	Yes……………………………… 1 No…………………………………2 No response…………………… 97	 2→413 97→413
Q412	If yes; which other brand/s did you buy? (Multiple answers possible)	Econ………………………………1 Feminor ECP…………………… 2 I-Pill……………………………… 3 Unwanted 72…………………… 4 Max 72……………………………5 Postinor EC………………………6 E72……………………………… 7 OKAY…………………………… 8 Others (specify)_____________xx No Response…………………… 97 Don't Know……………………… 98	

S.no	Questions	Response/Code	Skip
Q413	Approximately, how many times did you have sex in the last month?	0 Times………………………… 0 Record number of times [ ] Others (specify)_____________xx No Response…………………… 97 Don't Know……………………… 98	

Q308	From whom do you take advice about usage of ECP? (Multiple answers possible)	Husband suggested……………….1 Partner suggested…………………2 Family member…………………….3 Friend (boy)………………………..4 Friend (girl)………………………...5 FCHV……………………………….6 Pharmacist…………………………7 Other health worker………………..8 Did not consult anybody ....9 From internet (Google, Bing, Yahoo etc.) …..10 Others (specify)_______________xx No Response………………………..97 Don't Know…………………………..98	
Q414	Would you use ECP in future?	Yes…………………………………...1 No……………………………………..2 Don't know…………………………..98	1→SKIP 418 2→418 98→418
Q415	What are the reasons for using ECP in future? (Multiple answers possible)	Easily available…………………………… 1 Effective method (no pregnancy) ……. 2 Easy to use, there is single tablet……… 3 It is cheap………………………………… 4 No one gets to know about using it……. 5 Saves from HIV/ STIs…………………… 6 Infrequent sex…………………………… 7 Less awareness about ECP use………. 8 There is no side effect…………………….9 Other (Specify)_____________________xx No Response…………………………… 97 Don't Know……………………………… 98	
Q416	Which brand are you most likely to use in future? (Single answer)	Econ……………………………………… 1 Feminor ECP…………………………… 2 I-Pill……………………………………… 3 Unwanted 72…………………………… 4 Max 72 …………………………………….5 Postinor EC……………………………… 6 E72………………………………………… 7 OKAY……………………………………… 8 Others (specify)____________________xx Whatever is available…………………… 96 No Response…………………………… 97 Don't Know……………………………… 98	97→419 98→419
Q417	For what reasons would you be most likely to use this brand? (Multiple answers possible)	Only brand available…………………… 1 I believe brand is most effective………. 2 Easily available……………………………3 Cheap/affordable………………………… 4 Husband suggested………………………5	

		Partner suggested……………………… 6 Health provider recommended………… 7 Relative/friend suggested……………… 8 Has only one pill………………………… 9 Has two pills……………………………… 10 Looks best/attractive/appearance……… 11 Advertisement/message…………………12 Learned from internet...13 Others (specify)____________________ xx No response………………………………97 Don't Know…………………………………98	97→419 98→419
Q418	What are your reasons for not using ECP in future? (Multiple answers possible)	Have sex frequently………………………1 Respondent did not like using ECP……...2 Partner did not like…………………………3 Husband did not like……………………....4 Others opposed……………………………5 Knows no source…………………………..6 Has side effects…………………………....7 Inconvenient to use……………………… 8 It is too strong……………………………. 9 Embarrassed to ask for it……………… 10 Don't know much about it……………… 11 Better to use other contraception methods ……………………………………12 Expensive…………………………………13 Others (specify)____________________ xx No Response…………………………… 97 Don't Know…………………………………98	
Q419	Between two of you, usually who decides the use of ECP?	Both of us decide together……………… 1 My partner decides it……………………..2 My husband decides it……………………3 Myself …………………………………… 4 Others (specify)____________________ xx No Response…………………………… 97 Don't Know…………………………………98	
Q420	In your opinion, should women take ECP before or after sexual intercourse? (Read the answers)	Before………………………………………1 After…………………………………………2 Before & after………………………………3 Anytime, before or after…………………4 Others (specify)----------------------------- XX	
Q421	In your opinion, how many hours before sexual intercourse or within how many hours of sexual intercourse ECP has to be taken?	/__/__/ Hour Don't Know…………………………………999	
Q422	How easy or difficult is the avaibility of ECP or how confidently one can buy ECP? (Multiple answers possible) (Read the answers)	Very easy………………………………… 1 It is not very easy…………………………2 Not available nearby………………………3 Feel embarrassed to ask for…………… 4 No Response…………………………… 97 Don't Know...98 Others (specify)_____________________XX	

Now, I am going to ask you some questions about use of family planning.

S.no	Questions	Response/Code	Skip
Q501	Aside from ECP, are you currently using any method of family planning to avoid getting pregnant? (even natural methods)	Currently using…………………………… 1 Currently not using……………………… 2	2→505
Q502	If yes, what methods are you currently using to avoid or delay pregnancy? (Multiple answers possible)	Male Sterilization…………………………1 Female Sterilization……………………… 2 IUD……………………………………… 3 Injectable………………………………… 4 Implants………………………………… 5 Pills……………………………………… 6 Male Condoms……………………………7 Female Condoms……………………… 8 Rhythm/periodic abstinence…………… 9 Withdrawal…………………………….....10 Lactational amenorrhea…………………11 Foams/Jelly……………………………....12 Others (specify)___________________xx No response...97 Don't know...98	
Q503	How satisfied are you with the family planning method you are currently using?	Very satisfied………………………………1 Somewhat satisfied……………………… 2 Not satisfied……………………………… 3	3→505
Q504	What are the reasons for your level of satisfaction? (Multiple answers possible)	Effective…………………………………… 1 No side effects…………………………… 2 Easy to take……………………………… 3 Inexpensive……………………………… 4 Easy to get ……………………………… 5 Works for long period…………………… 6 Not effective……………………………… 7 Side effect(s), specify _______________ 8 Difficult to use…………………………… 9 Expensive…………………………………10 Hard to get………………………………11 Others (specify)___________________xx No Response………………………….....97 Don’t Know………………………………98	
Q505	Do you and your spouse intend to switch to any other modern method of FP in future?	Yes………………………………………… 1 No…………………………………………… 2 Don't know……………………………......98	2→601 98→601

S.no	Questions	Response/Code	Skip
Q506	If planning to switch to new method, which modern method are you most likely to use in future?	Male Sterilization………………………… 1 Female Sterilization……………………… 2 IUD………………………………………… 3 Injectable………………………………… 4 Implants…………………………………… 5 Pills……………………………………… 6 Male Condoms…………………………… 7 Female Condoms……………………… 8 Lactational amenorrhea …………………9 Foams/Jelly………………………………10 Avoid sex………………………………....11 Others (specify)___________________xx No Response..97 Don't know..98	

SECTION 6: OPPORTUNITY, ABILITY AND MOTIVATION

In the next couple of questions, I am interested in hearing your opinion on certain issues. Please telll me if you "agree" or "disagree"

Note: Interviewer is to probe if they "agree strongly" or "agree somewhat," and if they "disagree strongly" or "disagree somewhat"

Opportunity					
Availability					
Sentences		Strongly Agree	Agree Somewhat	Disgree Somewhat	Strongly Disagree
Q601	ECPs are difficult to get around here when needed.	1	2	3	4
Q602	ECPs are always available in nearby shops.	1	2	3	4
Q603	ECPs are easily available around here at all times.	1	2	3	4
Q604	There are a lot of different ECP brands easily available that women/men like me can get nowadays.	1	2	3	4
Q605	In some places around here, you only get the ECP providers want to give you.	1	2	3	4
Q606	It is difficult to get good ECP brands nearby.	1	2	3	4
Brand Appeal					
Q607	The brand of ECP really does not matter to me.	1	2	3	4
Q608	Some ECP are better than others.	1	2	3	4
Q609	All ECP are of same quality.	1	2	3	4
Ability					
Self-Efficacy					
Sentences		Strongly Agree	Agree Somewhat	Disgree Somewhat	Strongly Disagree
Q610	I can persuade my partner to allow me to use ECP.	1	2	3	4
Q611	Using ECPs all the time is difficult for me.	1	2	3	4
Q612	It is not really up to me whether to use ECP or not.	1	2	3	4
Q613	I am able to avoid unwanted pregnancies.	1	2	3	4
Q614	If my partner opposes the use of ECP, I am unable to convince him that it's good for me.	1	2	3	4
Motivation					
Attitudes					

Sentences		Strongly Agree	Agree Somewhat	Disgree Somewhat	Strongly Disagree
Q615	Using an ECP would give me guilty feelings.	1	2	3	4
Q616	ECPs are more acceptable than other FP method.	1	2	3	4
Q617	Using ECP is immoral.	1	2	3	4
Q618	Using ECP is much more desirable than having an abortion.	1	2	3	4
Q619	I would feel embarrassed to discuss ECP with my friends.	1	2	3	4
Q620	There is nothing wrong for a woman to uses ECP.	1	2	3	4
Outcome Expectations					
Q621	ECP are not effective against unwanted pregnancies.	1	2	3	4
Q622	I am more likely to get an unwanted pregnancy if I don't use ECPs.	1	2	3	4
Q623	There are a lot of stories around about ECPs that make me wonder if they really are worth using.	1	2	3	4
Q624	I do not care about unwanted pregnancies.	1	2	3	4
Q625	I do not feel comfortable to have sex due to fear of unwanted pregnancy.	1	2	3	4
Q626	These days ECPs are easily available to get protected from unwanted pregnancy.	1	2	3	4
Q627	When I have sex with my partner/husband, I feel like I am already pregnant.	1	2	3	4

Thank you for your valuable time.

Ending time of interview: |__|__|Hour |__|__| Minute

Instrument III: Pharmacy/Retailer Interview

Informed Consent Form: for PHARMACY/RETAILERS of
Emergency Contraceptives Pills (ECP)
Name of Research Study: An Assessment of Emergency Contraceptive Pills in Nepal
Address: Monitoring, Evaluation and Learning (MEL) Project, Baluwatar

Introduction

Namaste! My name is _________________________. I am a jobholder in a research company **Blitz Media Pvt. Ltd.**, and currently I am working for CAMRIS International. To be sure that you understand about taking part in this study, I will read you this Consent Form and give you one signed copy of it. This study is intended to develop better health policy and programs.

Purpose for the Research

This study is being conducted to understand the situation of Emergency Contraceptive Pills in Nepal. The information collected in this study will be used to design effective program and strategy to help all family planning product users to receive highest quality services.

General Information about the Research

We are conducting a study "Emergency Contraceptive Pills in Nepal." For this, we need participation of a few pharmacy shops for sample and conduct interview with a pre-structured questionnaire. The interview will take about 20-25 minutes. We will be interviewing 40-50 pharmacy shops like yours in 11 districts of the country.

Confidentiality

If you decide to participate, your participation and all the information you provide us will be confidential and will not be shared with others, except some members of the research team, if required.

Possible Risks and Benefits

There is no maximal risk to you if you decide to participate in this study. Although there may be no direct benefit to you, this study may help develop and implement better and more effective health-related program. You may refuse to answer any questions you feel is uncomfortable or you may stop and walk away in the middle of the interview if you decide not to be in the research; however, we are very confident that your opinion will be valuable in this survey.

Compensation

No services will be provided as part of this study and you will not be paid for your participation.

Contact for Questions

If you have any problems or questions about this research, please contact Nepal Health Research Council (NHRC) (*Post Box7626- Kathmandu, Nepal*). Phone: 977-1-4254220 or 4227460.

You have been read a consent form and I hope you have understood what is written in the consent form. If you haven't understood or you have more questions about it, I am ready to answer all your queries that you seek to know. If you have understood everything, then I request your permission to ask questions. With that note, may I move forward?

PARTICIPANT AGREEMENT

I have been read and explained the benefits, risks and procedures for the research study titled "**An assessment of Emergency Contraceptive Pills in Nepal**". I affirm that I have completed 15 years of age and have not exceeded 49 years of age. I understand what I am being asked to do to participate in this study and agree to participate as a volunteer.

___YES Signature --------------------------------------

___NO

INVESTIGATOR'S CERTIFICATION

I certify that the nature and purpose, the potential benefits and possible risks associated with participation in this research study have been explained to the above individual and that any questions about this information have been answered and that the person volunteered to participate.

______________ ____

Date Investigator's signature

An assessment of Emergency Contraceptive Pills in Nepal
Structured Interview with Pharmacy Owner/Salesperson (*Preferably the most knowledgeable person who can provide complete information on ECP*)

Starting time of interview: |____|____| Hour |____|____| Minute

001	District	[ ][ ]
002	Municipality	
003	Ward No.	[ ][ ]
004	Code of interviewer	[ ][ ]
005	Code of supervisor	[ ][ ]
006	Date of interview	[ ] [ ] [ ] DD MM YY
007	Name of the shop	
008	Name of the respondent	
009	Designation of the respondent	

SECTION 1: IDENTIFICATION

Q101	Identification of shop(ID Number)	[ ][ ][ ]
Q102	Sex of the respondent	Male 1 Female 2
Q103	What is your complete age?	[ ][ ] years
Q104	Duration of establishment of the pharmacy shop:	[ ][ ] years
Q105	Education qualification of the respondent	
Q106	Number of persons engaged in the pharmacy shop:	[ ][ ]
Q107	Shop opening time	opening time:
Q108	Shop closing time	closing time:
Q109	Number of days shop opens in a week	[ ] days
Q110	Type of Outlet:	Private medical outlet ……………. 1 Sangini medical outlet……………. 2 Government……………………… 3 Others (specify)________________xx

SECTION 2: RANGE OF SERVICES OFFERED BY THE PHARMACY SHOP

Q.N.	Questions			
Q201	Do you sell any of the following contraceptives in this shop? *(Probe separately for each contraceptive)* *(Multiple response possible)*			Q201a. On an average, how many ECP clients do you serve in a month?
Q201a	Condom	Yes 1	No 2	
Q201b	Pills	Yes 1	No 2	
Q201c	Sangini (injectable contraceptive)	Yes 1	No 2	
Q201d	IUCD	Yes 1	No 2	
Q201e	Implant	Yes 1	No 2	
Q201f	Emergency Contraceptive Pills *2 in ECP→ End interview*	Yes 1	No 2	
Q201g	Others (specify)=====================	Yes 1	No 2	
Q202	How long have you been selling ECPs?	_______ months		

Q203. Currently which brands of EPC do you sell? (Multiple response possible)
Q204. How many packets of EPC do you sell in a month on an average? (Please fill the number for each brand)
Q205. Which is the highest EPC brand you sold in the last 12 months? (Single response)

	Q203 Sold brand	Q204 Number of packets sold in a month	Q205 Highest sell in the last 12 months
Econ	1		1
Feminor ECP	2		2
I-Pill	3		3
Unwanted 72	4		4
Max 72	5		5
Postinor EC	6		6
E72	7		7
OKAY	8		8
Others (specify)_____________	X		X
Others (specify)_____________	X		X
Others (specify)_____________	X		X

Q208	Do clients usually ask for the ECP product by name or do they ask for your opinion on which ECP to buy?	Ask by specific brand name………………... 1 Ask the seller for advice…………………… 2 Ask for '72 Hour'; does not mention brand. 3	1→GOTO Q211
Q209	If clients ask for your advice about ECP brand or if they do not mention '72 hour' brand name, which ECP brand do you recommend? (Single response)	Econ…….……………………………………1 Feminor ECP……………………………….2 I-Pill………………………………………...3 Unwanted 72……………………………….4 Max 72…………………………………..….5 Postinor EC…………………………..….6 E72………………………………………….7 OKAY……………………………………….8 Others (specify)…………………………… x	
Q210	Please explain the reasons for your recommendation. *(Multiple response possible)*	I think it is more effective……………….. 1 Because it is cheaper…………………….. 2 Profit is higher…………………………….3 Others (specify)…………………………… x	All→ GOTO Q213
Q211	Which brand do clients mostly mention whey they ask for ECP? (Single response)	Econ………………………………………..1 Feminor ECP…………………………….. 2 I-Pill……………………………………… 3 Unwanted 72…………………………….. 4 Max 72……………………………………..5 Postinor EC……………………………….6 E72……………………………………….. 7 OKAY…………………………………….. 8 Others (specify)…………………………… x	

Q212	What is your thought about the reasons why they want that particular brand? *(Multiple response possible)*	Effective Method (no pregnancy) ………… 1 Price is right……………………………….. 2 One pill instead of two……………………. 3 Recommended by friends…………………. 4 Media…………………………………… 5 Internet…………………………………. 6 Brand name is easy to use………………… 7 It is an old brand……………………………8 It is from an Indian Company……………… 9 Others (specify)……………………………. x	
Q213	Are the ECP buyers mostly females or males?	Mostly Females……………………………. 1 Mostly Males………………………………. 2 Half and Half………………………………. 3	
Q214	Do the buyers feel any discomfort or embarrassment while trying to purchase ECPs?	Yes………………………………………. 1 No………………………………………. 2	2→GOTO Q216
Q215	What kinds of discomfort do they feel? *(Multiple response possible)*	Do not come when there are other customers……………………………….... 1 Excessive shyness………………………. 2 Say it is not for me but for others…………3 Whisper about it in the ear………………. 4 Just want the tablet to be wrapped and given……………………………………... 5 Others (specify)……………………………. xx	
Q216	What kinds of promotional materials do you have regarding ECP in this pharmacy? Please show me. *(Multiple response possible)*	Brochures…………………………………... 1 Hoarding board……………………………. 2 Glow sign board……………………………3 Posters…………………………………..... 4 Banner……………………………………… 5 There is nothing…………………………… 6 Others (specify)…………………………… x	

Q217	Do you explain which timeframe is efficacious after unprotected sex to the ECP buyers? (Single response)	Period ☐☐ Hour ☐☐…………… 1 No suggestion given……………………….. 2 Don't know about period of suggestion……3 Before 72 hours…………………………….4 After 72 hours……………………………... 5 Don't Know………………………………. 98	
Q218	Have you received any orientation or training regarding ECP?	Yes…………………………………………. 1 No………………………………………….. 2	2 →GOTO Q221
Q219	If yes, from which organization did you receive the orientation or training? *(Multiple response possible)*	Name of the Organization: 1 == 2.== 3= ==	
Q220	What was the time period of the training?	☐☐Minute ☐☐Hour	

Q221. As part of this research study we would like to interview buyers/users of ECP. We request you to explain this research study to those who come to buy ECP and to prepare a list of buyers/users who volunteer to be a respondent for this study in this coming one week. Are you willing to help us by preparing a list?

Yes………………………. 1
No……………………… 2

Q222. Comments: Fill this section, if you find worthwhile information not captured by the questionnaire.

____

____

____

____

Thank you for your valuable time.

Ending time of Interview: |______|______| Hour |______|______| Minute

INTERVIEWER: If in agreement of preparing list of buyers/users, please provide the necessary formats and explain how to maintain the records/details of those buyers/users who agree to be a respondent.

Instrument IV: In-Depth Interview of MoH, EDP and NGOs

Informed Consent Form: MOH/EDPs/INGOs	
Name of Research Study:	**An assessment of Emergency Contraceptive Pills in Nepal**
Sponsor:	
Principal Investigator:	
Address:	**MEL, Baluwatar**

Introduction

Namaste. Thank you for taking the time to talk to me. My name is ______________________ and I am from Camris International. To be sure that you understand about taking part in this study, I will read you this Consent Form. If you want, we will give you a copy. Please ask me to explain anything you may not understand.

Purpose of the Research

This study is being conducted to understand the situation of emergency contraceptive pills in Nepal. The information collected in this study will be used to design program strategies to help all family planning product users to provide the highest quality services.

General Information about the Research

We are conducting a study "**An assessment of Emergency Contraceptive Pills in Nepal**" for which we need to recruit a sample of key informants with whom we can conduct interview with a pre-structured study questionnaire.

Your Part in the Research

You are being asked to volunteer to take part in this research study because we think you have a good understanding of family planning situation and more specifically emergency contraceptives. Your participation will help us to assess current local as well as in country scenario and its probable consequence in future.

Please make sure that the respondent you recruit are interviewed in a confidential location/room and no one other than you and the respondents can hear the communication between you and the respondents.

Possible Risks and Benefits

There is minimal risk to you if you decide to participate in this study. We will do everything possible to keep any information you give us completely confidential and will be used only for the purpose of this research without disclosing your personal identity. However, we hope that you will participate in this survey since your involvement is important.

Although there may be no direct benefit to you, this research study may help design and implement better health programs for Nepali men and women.

If You Decide Not to Be in the Research

You are free to refuse to be in this research.

Confidentiality

If you decide to participate, your participation and any and all information you provide to us is confidential, and will not be shared with others, except maybe for some of the research team.

Compensation

No services will be provided as part of this study and you will not be paid for your participation.

Leaving the Research Study

You may stop participating in this study at any time without penalty.

Contact for Questions or If You Have a Problem

Please contact Nepal Health Research Council (Post *Box 7626, Kathmandu, and Nepal*). Phone: 977-1-4254220 or 4227460 if you have any problems or questions about this research.

PARTICIPANT AGREEMENT

I have been read and explained the benefits, risks and procedures for the research study titled **“An assessment of Emergency Contraceptive Pills in Nepal**”. I affirm that I am 18 years old or greater, understand what I am being asked to do to participate in this study, and agree to participate as a volunteer.

___YES Signature --------------------------------------

___NO

INVESTIGATOR’S CERTIFICATION

I certify that the nature and purpose, the potential benefits and possible risks associated with participation in this research study have been explained to the above individual and that any questions about this information have been answered and that the person volunteered to participate.

_____________ ____

Date Investigator’s signature

AN ASSESSMENT OF EMERGENCY CONTRACEPTIVE PILLS IN NEPAL

Family Health Division, Nepal/Monitoring, Evaluation and Learning Project, Nepal
In-Depth Interviews with MoH/DoHS EDPs, I/NGOs

Respondent's Name: ______________________Designation/Organization:____________________

Date of Interview: ________________ Interviewee: ____________

A. AVAILABILITY, ACCESS AND USE

1. Has there been a change in utilization of emergency contraceptive pills (ECP) over the past decade? In general, what do you think about trends in use of ECP?

2. Do you think there has been a stagnation in CPR since last 10 years? If so, why do you think this is the case? Please elaborate and give your reasons.

3. In your opinion, what are some of the reasons for the increasing popularity ECP? What factors are contributing to this increase in use?

4. What has been the role of different manufacturer, distributors and social marketing agencies in increasing its popularity in recent past?

5. What are some of the communication strategies (replace regular family planning? pros and cons, factor generating ballooning demand) and successful approaches that have contributed to acceptability and use of ECP? Should the communication also include ECP as an emergency choice only?

6. What are some of the ways and means to increase access to ECP for those in need? How can access be increased by MoH/public sector, by I/NGOs and by private services, such as by pharmacies and by other private providers? What are some important barriers to increased access to ECP?

7. What skills do you think a person selling ECP should have?

B. POLICIES AND GUIDELINES

1. Can you please tell me about MoH policies, standards and guidelines regarding ECP? How old is this policy or guideline? Do you feel that there is a need to update these policies/guidelines or are there any gaps? Can you please elaborate?

2. In your opinion, in what ways do GON guidelines for ECP align with practice?

3. What are your views regarding the appropriateness and suitability of ECP to increase choice for women/couples to avoid unwanted pregnancies?

4. Are ECPs regularly provided through the MoH service delivery system? At what level and by what type of service provider? What type of pills are provided as ECPs? Should the MoH procure ECP?

5. Do you feel that ECP is a commodity that the MoH and EDPs should procure and distribute? Do you feel that ECP should be included as a part of national program?

6. What, if any, are the negative effects of increasing access to and use of ECPs? What precautions or means should MoH, EDPs and I/NGOs adopt to prevent negative effects of increasing ECP use? Should there be some restrictions in availability and access to ECP? Why and how? What are some of your concerns?

7. Can a price subsidy or price reduction increase use of ECPs? What do you think should be the average cost for one-time use of ECPs?

8. How can we record and report on ECP services in the public and private sector? What are some of the challenges?

9. Is there anything about the environment in the pharmacy selling ECPs that concerns you?

10. What are your additional suggestions and concerns regarding the availability, pricing, and accessibility of ECP?

11. What do you think about involving FCHV in providing information and distributing ECP? Please elaborate?

C. SUPPORT TO ECP PROGRAM

1. Has your organization supported ECP use? Yes or no. If so, since when? How is your organization supporting the availability and use of ECP? What kinds of support does your organization provide (commodities, technical assistance, marketing, training, any communications activities etc.)?

2. What are the future plans of your organization to support the availability and use of ECPs?

Instrument V: In-depth Interview of Service Providers

Informed Consent Form: Service providers	
Name of Research Study:	**An assessment of Emergency Contraceptive Pills in Nepal**
Sponsor:	
Principal Investigator:	
Address:	**MEL, Baluwatar**

Introduction

Namaste. Thank you for taking the time to talk to me. My name is ______________________ and I am working with Camris International. To be sure that you understand about taking part in this study, I will read you this Consent Form. If you want, we will give you a copy. There may be some words that you do not know. Please ask me to explain anything you may not understand.

Purpose of the Research

This study is being conducted to understand the Situation of Emergency Contraceptive pills in Nepal. The information collected in this study will be used to design program strategies to help all family planning product users to provide the highest quality services.

General Information about the Research

We are conducting a study "**An assessment of Emergency Contraceptive Pills in Nepal**" for which we need to recruit a sample of 109 key informants with whom we can conduct interview with a pre-structured study questionnaire.

Your Part in the Research

You are being asked to volunteer to take part in this research study because we think you have a good understanding of family planning situation and more specifically emergency contraceptives. Your participation will help us to assess current local as well as in country scenario and its probable consequence in future. Moreover, as an service provider, you can offer some critical insights concerning ECP products and associated services.

Please make sure that the respondent you recruit are interviewed in a confidential location/room and no one other than you and the respondents can hear the communication between you and the respondents.

Possible Risks and Benefits

There is minimal risk to you if you decide to participate in this study. We will do everything possible to keep any information you give us completely confidential and will be used only for the purpose of this research without disclosing your personal identity. However, we hope that you will participate in this survey since your involvement is important.

Although there may be no direct benefit to you, this research study may help design and implement better health programs for Nepali men and women.

If You Decide Not to Be in the Research

You are free to refuse to be in this research.

Confidentiality

If you decide to participate, your participation and any and all information you provide to us is confidential, and will not be shared with others, except maybe for some of the research team.

Compensation

No services will be provided as part of this study and you will not be paid for your participation.

Leaving the Research Study

You may stop participating in this study at any time without penalty.

Contact for Questions

Please contact NHRC, Post Box7626, Kathmandu, Nepal. Phone: 977-1-4254220 or 4227460 if you have any problems or questions about this research.

If You Have a Problem

If you have a problem that you think might be related to taking part in this research, please call NHRC at 977-1-4254220 or 4227460.

PARTICIPANT AGREEMENT

I have been read and explained the benefits, risks and procedures for the research study titled "An assessment of Emergency Contraceptive Pills in Nepal". I affirm that I am 15-49 years old, understand what I am being asked to do to participate in this study, and agree to participate as a volunteer.

___YES Signature --------------------------------------

___NO

INVESTIGATOR'S CERTIFICATION

I certify that the nature and purpose, the potential benefits and possible risks associated with participation in this research study have been explained to the above individual and that any questions about this information have been answered and that the person volunteered to participate.

______________ ____

Date Investigator's signature

An assessment of Emergency Contraceptive Pills in Nepal
Family Health Division, Nepal/Monitoring, Evaluation and Learning Project, Nepal
In-Depth Interviews for Service Providers

Respondent's Name: ____________________ **Designation/Organization:** _____________________

Provider ID: _____ **Date of Interview:** _________________ **Interviewer name:** _____________

A. DEMAND, AVAILABILITY, ACCESSIBILTY AND USE

1. The data indicates an increase in utilization of emergency contraceptive pills (ECPs) over the past decade. Why are people increasingly using ECPs? What are the main reasons for the increase in ECP popularity?

2. Are people making the right choice by using ECPs in the context of their RH needs? Please elaborate.

3. What are the issues and challenges in providing ECP services from your health facility? What are your suggestions /recommendations to overcome these issues and challenges?

4. Why clients are coming or not coming to this health facility to get ECP services?

5. Did you find any inappropriate use/ of ECPs? What are your concerns regarding use of ECP as a service provider? (Probe whether this overuse, misuse etc. What are your suggestions to increase the appropriate use of ECPs?

6. Are ECPs easily available/accessible to the clients when they need them? What are the challenges to providing ECPs in regard to availability, price and accessibility?

7. In your opinion, how can we increase/improve the knowledge of ECP users so that they use the ECPs based on their awareness of the full range of choices and options available to them?

B. SUPPLY

1. What are the conditions under which the ECP should be provided or not provided?

2. What roles do you play in providing access and availability of emergency contraceptive pills?

3. Do you have private place for counseling ECP services? If no, how do you counsel for ECPs? If yes, please describe it. Are you confident in your ability to provide counseling to ECP users? If no, please explain why not. If yes, why you are confident?

4. Have you received any training any family planning training that includes ECP services? If yes, where did you get the training? Did it improve your knowledge and skills? If yes, how?

5. Do you record ECP users in the health facility and report on ECP use to your concerned organizations? If yes, how do you record and report on ECP use? What are the challenges? What are your suggestions to improve the recording and reporting of ECP service delivery? Can you please show us the records (e.g. data from past 3 months)? Just for verification if it, in actual, exists.

6. Do you get any monitoring and supervision visits on ECP from the organizations that are giving you support? If yes, please describe the monitoring and supervisory visits on ECP that you receive.

7. Please assess yourself on how well you can explain to the ECP users about: use, side effects, timing of use, efficacy and follow-up?

8. Are users satisfied with the ECP services they are receiving from you and your facility? (Probe: confidentiality, services, complete and updated information/how to use, price).

9. What knowledge and skills do you think a service provider should have for providing ECP services? What do you suggest/recommend for improving service providers knowledge and skills?

C. ENABLING ENVIRONMENT (Support system)

1. What is your opinion regarding the collaboration/coordination between different organizations working in the area of ECPs?

2. Do you feel that MoH has an appropriate and updated policy and standards regarding ECPs? Please elaborate on your views. Have you seen NMS volume one?

3. What are the disconnections between policy and practice? Do policies and practices need any revision and update? Please provide your suggestions and recommendations.

4. How can the quality of ECP services be improved by the stakeholders (MoH, I/NGOs, Social Marketing agencies, private service providers and pharmacies)? What are the challenges? What are your suggestions/ recommendations to improve them?

APPENDIX IV: PERSONNELS INVOLVED IN THE STUDY

Sam Clark, Team Leader

Ashoke Shrestha, Consultant

Prakash Dev Pant, Consultant

Laxmi Thakur,Consultant

MEL Project

Manorama Adhikari

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