

Emergency contraceptive use in Addis Ababa, Ethiopia: Challenging common assumptions about young people's contraceptive practices

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Abstract: *Drawing on an ethnographic case study of young people's (aged 18-29) use of emergency contraceptives (ECs) in Addis Ababa, Ethiopia, this article highlights areas of disconnect between how reproductive health experts envision EC use and local meanings ascribed to ECs by young people. ECs – designed by reproductive health experts to be used only in case of emergency – were preferred by study participants over other contraceptive methods because of their ease of use, discreetness, perceived minimal side effects on beauty and future fertility, and usefulness in navigating reproductive intentions. The findings point to features that young people find desirable when it comes to contraceptive methods and suggest that common assumptions of reproductive health experts about young people's contraceptive practices need to be reconsidered, namely: 1) that young people can plan for prevention of unwanted pregnancy by buying a contraceptive method in advance; 2) that existing contraceptive technologies are appropriate for young people; 3) that young people prefer to use modern contraceptive methods; and 4) that young people in premarital relationships aim to prevent unplanned pregnancy. © 2015 Reproductive Health Matters. Published by Elsevier BV. All rights reserved.*

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Introduction

Recent studies from sub-Saharan Africa on young people's use of emergency contraceptives (ECs) show that there is a disconnect between young people's ways of using this fertility regulating method and the ways in which reproductive health experts intend (young) people to use them. These studies found that some young people in urban areas of sub-Saharan Africa use emergency contraceptive pills repeatedly, sometimes as their regular contraceptive method. Repeat users claim that ECs fit their everyday lives because they are convenient in situations where they have infrequent sex, the number of pills is small and they do not experience disturbing side effects.¹⁻⁴

In contrast, reproductive health experts, while acknowledging that ECs can be taken safely as often as needed, do not recommend them for regular use because they are less effective than other contraceptive methods and frequent use can result in menstrual irregularities.⁵ ECs are intended and marketed as a “back-up” method to be used after unprotected intercourse, when other contraceptives have failed (for example, after breakage or slippage of

condoms), after incorrect use of contraceptives (for example, after having missed one or more regular contraceptive pills), or after being forced or coerced into having unprotected intercourse.⁷ The envisioned user of ECs is thus “an individual who experienced non-consensual sex, a contraceptive accident, or a consensual encounter in which other forms of contraceptives are not used”.⁶ The introduction of ECs has often been accompanied by moral anxieties regarding overuse of the product and promiscuity, false claims that it is an abortifacient, and fears that frequent use implies condomless sex and can result in increasing numbers of STIs.⁶ In sub-Saharan Africa, women using ECs have repeatedly been portrayed as irresponsible by service providers and the local press.^{2,3,8,9}

The disconnect between envisioned and actual use has been noted for other contraceptives as well. When contraceptive technologies are developed, they are inscribed with “specific competences, actions, and responsibilities” about envisioned users.¹⁰ Underlying these are “hegemonic notions of gender and sexuality”,¹¹ as well as biomedical definitions of

“safe sex”, that do not necessarily correspond to local circumstances when technologies are made available in different settings. The local appropriation of contraceptive methods has been termed “cultural variability” by Marks. Writing about the history of the oral contraceptive pill (OCP), she noted how the pill, during its introduction in different countries, was not a neutral object; rather, culturally-informed attitudes towards contraception, as well as social, economic and religious factors, shaped how it was perceived.¹² In a similar way, Russell and colleagues describe how contraceptives operate in and represent a universe of culture, morality, and emotion.¹³ This complex web of factors and their effect on contraceptive (non-)use are often ignored by the designers of such methods and by those making them available in different local contexts.

Using ethnographic data, this article analyses how ECs are adopted and interpreted by unmarried young people aged 18–29 in Addis Ababa. Are the young people using ECs the same group as the intended users? How do young men and women use ECs in sexual relations? How do young women and men view ECs in relation to other available contraceptive options? How does this relate to common assumptions held by reproductive health experts about young people’s contraceptive use?

Emergency contraceptives in Ethiopia

ECs became available over-the-counter in pharmacies and drug stores in Addis Ababa in 2007 and currently cost 10 ETB (approximately € 0.40). As in other African settings, young people in Addis Ababa prefer to buy ECs from pharmacies and drug stores, rather than obtain them from youth-friendly services or public health facilities.^{2,14} ECs are available under the brand name Postpill and are sold in a small, plain box containing a strip with two pills that need to be taken 12 hours apart, as well as an information leaflet with instructions in Amharic and English. Since becoming available, sales of Postpill have shown a steep increase, with more than 1.7 million packs sold in Ethiopia in 2013, mostly in urban areas.¹⁵ Studies on EC use in Ethiopia (most of them quantitative) have shown that knowledge and use of ECs is indeed higher in urban than in rural areas, especially among university students and commercial sex workers.^{2,16–18} In Addis Ababa, the availability of Postpill is similar to that of OCPs, yet they are less widely available than condoms, which are also

sold in small shops, supermarkets and at night by street vendors around bars and crowded areas. All contraceptive methods, except Postpill, are actively promoted in the media through large billboards and TV commercials under Ethiopia’s currently progressive family planning programme.¹⁹ ECs were only promoted when they first became available. The posters that accompanied the introduction of ECs read “*When the unexpected happens... Postpill ... an important second chance. (...) They offer women an important second chance to prevent pregnancy when regular methods fail, no method was used, or sex was forced*”. Only a few study participants recalled these posters and messages; young people were mainly informed about ECs through word of mouth.²⁰

Methods

This article draws on a subset of data collected during thirteen months of ethnographic fieldwork, conducted between September 2012 and February 2014, on young people’s (aged 18–29) use of sexual health technologies in Addis Ababa, Ethiopia. Fieldwork began with an exploratory phase consisting of observations (25 days) and questionnaire distribution (N=36) among 16 males and 20 females purchasing contraceptives in different pharmacies and drug stores. The majority of respondents were in their twenties. All except two were unmarried, indicating the popularity of ECs among unmarried young people. The educational background of the respondents ranged from elementary school up to university level, with men being slightly more highly educated overall. A detailed description of the data collection techniques used inside the pharmacies and drug stores can be found elsewhere.²⁰ Data collected during this phase informed the next study phase of focused ethnography.

In the focused ethnography, unstructured interviews were conducted with 30 additional young people, eight men and 22 women. They were initially approached through the personal networks of the author and female research assistants, after which the group was expanded using snowball sampling methods. Young people were selected based on the criteria of being in the age range of 18 to 29, unmarried, having current or past experience with sexual relationships and a willingness to talk about it. Young people participated in between one and six interviews leading to a total of 65 interviews (the number of interviews that

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