

Original research article

Pharmacy worker practices related to use of misoprostol for abortion in one Mexican state[☆]

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Abstract

Background: Pharmacies are important sites for access to health information and medications in Mexico. Most workers are not trained in health issues and may provide inaccurate information to consumers. Misoprostol is used by women throughout Mexico for early abortion and often is purchased from pharmacies. This study aims to understand the practices of pharmacy workers when asked for advice about and medications for abortion, in particular misoprostol.

Study Design: A random sample of pharmacies in both urban and rural areas of one state of Mexico included both chain and independent pharmacies ($n=169$). Two mystery clients (MCs) visited the pharmacies, requesting medication for “bringing down the period” and then asking for misoprostol. MCs recorded information about the interactions following each visit in standardized formats. Bivariate comparisons were made between spontaneous and prompted discussions of misoprostol. Associations were considered statistically significant at $\alpha<.05$.

Results: Ninety percent of pharmacy workers attending to the MCs discussed misoprostol as an abortifacient, either spontaneously or after being prompted by the MCs. Misoprostol was for sale in most (61%) of these pharmacies. The majority of pharmacy workers (75%) did not request a prescription. Over 75% of all pharmacy workers provided the MCs referral to trained medical providers with whom they could seek a follow-up visit. Sixteen percent of pharmacy workers suggested a regimen consistent with evidence and recommendations for using misoprostol for early abortion. Regimens that were underdosages were common, and few workers recommended a potentially harmful overdosage. Instructions about side effects and risks were rare. The price of misoprostol ranged from 900 to 1800 pesos (US\$83–167) for a bottle of 28 tablets (200 mcg each) or US\$4.07 per tablet, on average.

Conclusions: Pharmacy workers in both urban and rural areas of Mexico are increasingly becoming aware of misoprostol as an effective abortifacient and are willing to provide the information to consumers. However, their information is limited and often inaccurate. Strategies need to be developed so that they receive timely and correct information, consistent with evidence-based recommendations. The legal context of abortion in Mexico (with restrictions in every state, except Mexico City), the restricted registration of misoprostol as a therapeutic agent only for gastric ulcers and the fact that the majority of pharmacy workers are not considered to be health workers are among the most important barriers to advances in training pharmacy workers in the correct application of misoprostol.

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1. Introduction

Pharmacists and pharmacy workers throughout the world provide access to health information, products and services. Pharmacies are often sought out by men and women as their first source of medical care because of their convenience,

relative anonymity, short waiting times, geographic accessibility and potential cost savings [1–4]. These advantages may be particularly important for understanding the healthcare-seeking behaviors of people who want assistance with potentially stigmatizing issues such as sexually transmitted infections (STIs), family planning (especially for the youth), emergency contraception and abortion. Throughout Latin America, pharmacies are important sites for access to healthcare advice, service provision and direct access to medications [3,5].

Despite these advantages, there exist important challenges to ensuring that clients/users receive care that is effective and accurate [6–9]. Pharmacy workers may not be formally trained and may recommend unnecessary or even dangerous medications, which then are sold without a prescription and without the support of a trained healthcare professional [2]. One survey of six Latin American countries showed that the majority of drugs in pharmacies are dispensed without a prescription [10]. These same drugs would require a prescription in the United States and several other countries. Results from studies with pharmacy workers in Latin America, Africa and Asia show that most did not recommend appropriate medications to mystery clients (MCs) who were requesting assistance for a range of reproductive health issues [3,4,8,11–14]. Clients also may self-medicate inappropriately, causing subsequent health problems and drug resistance [10,15,16]. Self-medication, without any medical consultation, has been a common practice in both rural and urban areas in Mexico [9,17,18].

From among the reproductive health issues that women confront, abortion is one of the most stigmatizing. Stigma and restrictive laws do not keep women faced with an unwanted pregnancy from aborting, but they force them into dangerous practices. World Health Organization abortion estimates for 2003 highlight that although Latin America has the most restrictive abortion laws in the world, it also has the highest abortion rate at 31 abortions per 1000 women ages 15–44 years. Approximately 21% of all pregnancies end in *unsafe* abortion, and 94% of all abortions are unsafe. These statistics are significantly higher than those in other regions of the world [19,20]. In Mexico, abortion-related causes accounted for 7% of all registered maternal deaths from 1990 to 2005. Most of the affected women were young and without healthcare coverage from major social security systems in Mexico [21].

In Mexico, abortion legislation varies from state to state. Each state has at least one exception to criminalizing abortion in its penal code, except for the Federal District (referred to as Mexico City) where, in April 2007, the Legislative Assembly passed landmark legislation that decriminalized abortion, making it legal on demand during the first trimester of pregnancy. In August 2008, the Mexican Supreme Court ruled that the law was constitutional.

In part due to stigma, restrictive abortion laws and limited availability of safe legal abortion services in Latin America, in the 1990s, women began to purchase misoprostol over-

the-counter from pharmacies to self-induce their abortions [22–24]. Misoprostol is a prostaglandin analogue registered as a medication for the prevention and treatment of gastric ulcers, which has been shown to be 91–96% effective as an abortifacient when used vaginally or sublingually for pregnancies of 63 days' gestation or less [37]. Consequently, women have been able to access confidentially an abortifacient that is safer than clandestine methods often used. Using misoprostol also can be less costly than seeking care from providers offering illegal but safe services. Purchasing the medication without a prescription from a private sector pharmacy also is consistent with health-related behaviors, in general, in Mexico. Previous studies have shown that rather than obtain medications from public sector health systems, most people purchase their medications, in general, from private pharmacies, which exist throughout the country in urban, semiurban and rural areas [3,18].

National-level regulations that guide practice in the Mexican health sector stipulate that a prescription is required for misoprostol to be sold to consumers. Misoprostol, under its main brand name Cytotec, is available in bottles of 28 pills (200 mcg each) in pharmacies throughout Mexico. Experience and anecdotal evidence show that the drug is sold by pharmacies throughout the country on demand. Women purchase the medication from private pharmacies where prescriptions are not requested and where workers have little or no information to offer customers. Because misoprostol is labeled in Mexico for use in preventing gastric ulcers and is not approved or registered as an abortifacient or for any other obstetric indications, pharmacy workers cannot consult the instructions for use included with the medication or the *Diccionario de Especialidades Farmaceuticas* (DEF), the Mexican equivalent of the Physicians' Desk Reference, for information about its safe and effective use.

This study aims to assess pharmacy workers' knowledge about abortifacients, in particular misoprostol, and to document the recommendations and information that they give to pregnant women seeking advice on how to terminate their pregnancies. The research builds on findings from work conducted in a major urban area in Mexico aimed at understanding the practices of pharmacy workers when asked for advice on and medications for abortion [25–27]. The study site is one of Mexico's smallest states, governed by the conservative National Action Party. The findings thus offer the first information on pharmacy practices related to the use of misoprostol for abortion in a small and conservative state where less awareness about the medication and greater resistance to assisting women with abortifacients could be expected.

2. Materials and methods

2.1. MCs

The mystery or "simulated" client (MC) method has been used for over two decades in research on healthcare

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