



Original research article

The provision of emergency contraception in Kinshasa's private sector pharmacies: experiences of mystery clients[☆]

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Abstract

Objectives: Recent programmatic and research efforts on addressing gaps in health systems of low-income countries increasingly see task shifting, i.e. the provision of healthcare by non-medically trained personnel, as a possible solution to increase the availability of specific services and commodities. In Kinshasa, private-sector pharmacies are the primary and preferred provider of family planning (FP) methods, and thus constitute a potential resource for expanding access to specific contraceptives. The objective of this study is to explore selected pharmacies' readiness to serve women seeking emergency contraception (EC).

Study design: This study used a mystery client (MC) methodology to visit 73 pharmacies in Kinshasa, Democratic Republic of Congo (DRC). Trained interviewers posed as novice EC users and asked specific questions to evaluate the pharmacy staff's technical knowledge of EC and their attitudes towards EC clients. The results of the MC visit were recorded immediately after the MC left the pharmacy.

Results: Findings indicate that more than two-thirds of EC providers were knowledgeable about EC dosage, timeframe, and side effects, and 90% were deemed helpful towards novice EC users. Rare but glaring misconceptions about EC timeframe (20% of providers) and long-term side effects (4% of providers), as well as frequent stock-out (22%) and cost issues highlight priorities for programmatic improvements.

Conclusions: As new service delivery strategies are explored to complement the uneven network of health structures in DRC, this study suggests that, given proper training and integration in FP programming, private-sector pharmacies have the potential to meet specific contraceptive needs for women living in Kinshasa.

Implication statement: Private pharmacies included in study sample in Kinshasa (DRC) have adequate family planning (FP) service skills to provide clients with emergency contraceptive pills.

These higher-end outlets constitute an opportunity for expanding access to FP, although, under total market approaches, a more diverse range of drugs shops should be investigated.

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Keywords: Emergency contraception; Mystery clients; Pharmacies; Family planning; Democratic Republic of Congo

1. Introduction

The Democratic Republic of Congo (DRC), one of the 69 poorest countries in the world, is committed to the Family Planning 2020 (FP2020) global initiative to expand access to family planning (FP) information, services, and supplies, with the goal of reaching a modern contraceptive prevalence of

19.5% at the national level by 2020 [1]. As part of its engagement, the DRC has launched a number of policy, advocacy, and programmatic actions to increase the demand for modern contraceptives, reduce unmet need for FP, multiply delivery channels of FP services, and diversify the method mix available in the country.

Short-acting methods such as condoms, pills, and injectables are the most commonly used methods by women living in the capital city of Kinshasa (collectively representing 63.3% of modern method use among married and 84.3% among unmarried FP users [2]). However, among

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these, emergency contraception (EC) remains underused (only 1.9% of married women and 4.3% of unmarried women have ever used EC [2]). Reasons for this low EC use include limited integration in FP programs (EC only appears in official FP guidelines in cases of rape, incest, or mental incapacity [3]), very low method awareness in the population (only 22.6% of all women aged 15–49 years have heard of the method [4]), and limited distribution of the method by international partners supporting selected health facilities or pharmacies.

With 58.9% of all women aged 15–49 years reporting that their most recent birth was unintended [2] and indirect evidence of a high prevalence of unsafe abortions [5,6]), EC's unique potential as a contraceptive “second chance” and life-saving commodity [7] represents a largely untapped resource for expanding access to FP for women with specific contraceptive needs.

Private-sector pharmacies, which are the primary source of contraceptive commodities for women in Kinshasa [2], are also the preferred service delivery points for EC in sub-Saharan countries [8]. Proximity, absence of consultation or prescription fees, and perceived discretion are key reasons why pharmacies are a promising resource to increase access to EC, including for advance provision [9]. However, pharmacy staff's lack of knowledge about EC or negative attitudes towards FP is also a potential barrier for customers. Studies conducted in India [10], Ghana [11] and Kenya [12] have shown important gaps in technical knowledge regarding EC timeframe and side effects, risk of repeat use, and additional training and support needed by pharmacists to provide reproductive health education or referrals to FP clinics [13,14].

This study used a mystery client methodology to assess personnel's readiness in selected private pharmacies of Kinshasa to serve EC to female clients in order to explore opportunities and challenges in increasing access to EC through these types of outlets.¹ Outcomes of interest were staff's willingness to provide EC and their knowledge of EC dosage, timeframe and side effects, obstacles to obtaining EC, and personnel's capacity to provide additional sexual and reproductive health information.

2. Materials and methods

To assess the conditions faced by women who try to obtain EC, we used mystery clients to visit 73 pharmacies throughout Kinshasa. This survey method uses trained people posing as real clients at a program or service delivery point and then later recording their experiences through a survey or an interview [15].

¹ Existing guidelines from the National Programme for Reproductive Health (PNSR) in DRC indicate that EC can be accessed over the counter without prescription at private facilities, but requires a doctor's prescription for provision at public facilities. However, these guidelines are not consistent with other recommendations formulated by PNSR and it remains unclear whether they are widely known among Kinshasa's pharmacy staff.

Table 1

Questions asked about emergency contraction (EC) during mystery client visits to Kinshasa pharmacies.

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- 1) “Hi, I have a problem. I think I'm at risk for getting pregnant and I don't want to have a child right now. Is there something I can take to avoid this?”
 - 2) How long do I have to take this (before it stops being effective)?
 - 3) How many pills should I take?
 - 4) Does this pill have side-effects? Is it dangerous?
 - 5) Should I go see a doctor later?
- [If EC is out of stock]*
- 6) Do you usually have it in stock? How much does it cost?
- [If EC is refused]*
- 7) Why can't you sell me this pill?
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The research team recruited six mystery clients among experienced interviewers from the National Programme for Adolescent Health (PNSA) and trained them for 3 days in EC technical knowledge, mystery clients research methodology, role-playing, and practice in pharmacies near the training location. These pharmacies were not included in the study.

We then drew a sample of 73 outlets from a list of 105 pharmacies officially registered with the Ministry of Health (MoH). MoH authorization to operate requires the presence of a pharmacist with a recognized university degree as supervisor. Each of the facilities was surveyed once and did not receive advance warning of the mystery client visit.

In line with existing research on typical EC users [14,16], mystery clients were women aged 20 to 35 years, who were trained to walk into pharmacies and request “something to avoid getting pregnant” after unprotected intercourse. During the practice role-play the mystery clients were free to develop storylines but had to include a series of questions (see Table 1) to prompt the pharmacy staff for information they may not have given spontaneously. Immediately after they exited the pharmacy, the mystery clients used a survey form to record the outcome of the visit (EC provided, refused, out of stock), questions spontaneously asked by the pharmacy staff, brand and price of EC, reasons for non-provision when relevant, and information received after asking about timeframe for use (i.e., how much time do they have to take EC before it ceases to be effective), potential side effects, and necessity of a follow-up visit. In addition, mystery clients indicated their assessment of the quality of the information they had received and their general assessment of the attitude of the pharmacy staff towards them.

Table 1 details key questions mystery clients were trained to ask systematically to the pharmacy staff they interacted with.

Data collection for this research was approved by Tulane University Institutional Review Board (#16–869,451), as well as by the Ethics Committee of the Kinshasa School of Public Health (#ESP/CE/039/2016).

3. Results

The pharmacies visited for this study were located in 22 of the 35 health zones of Kinshasa, with an over-representation of

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