

GENERAL POLICY # 4

Increase Access to Contraception through Condom Social Marketing and Enable the Widespread Provision of Emergency Contraception

There is a great need to increase young people's knowledge of and access to contraception. This is because recent changes in social norms worldwide have made sexual activity more risky for young people (both in terms of unwanted pregnancies and contraction of STDs). These changes include longer periods of nonmarital sexual activity and the HIV pandemic, both of which disproportionately affect young people.

One of the most effective interventions for increasing knowledge of and access to contraception is condom social marketing (CSM), which helps prevent both STDs and unwanted pregnancies. CSM involves the distribution of condoms (often packaged in ways that make them attractive to young people) through retail outlets, government services (such as health clinics and schools), and community-based organizations at subsidized prices or, in some cases, free of charge. This distribution strategy is complemented by safe sex information campaigns in the mass media and strategic targeting to particularly vulnerable parts of the youth population. Successful CSM programs have also used curriculum-based health and sex education programs in schools to encourage safe sex practices and condom use (see Core Policy #3).

It is also important that youth have access to a backup of emergency contraception (EC) to prevent unwanted pregnancies when other methods, such as condoms, fail.¹ Policy makers should make EC widely available and accessible to young women by the following methods: (i) registering at least one EC product for sale within the country; (ii) permitting the sale of EC without a doctor's prescription; (iii) enacting laws that recognize adolescents' right to use EC; (iv) allowing women to acquire advance supplies from local distributors; and (v) incorporating EC into government-regulated family planning services and protocols. Clearly, the use of EC should not replace routine contraception, preferably through condom use, and youth need to be informed both about the availability of EC and about its proper use. Some ways to achieve this are to set up EC telephone hotlines, train pharmacists to answer questions about EC, and ensure that the instructions in the packets of EC are well-designed and clearly written. Above all, this approach requires strong political support to change the regulatory environment and social attitudes.

How Does Increasing Access to Contraception Prevent Risky Youth Behavior?

Programs and policies that increase access to contraception make it easier for young people to engage in safe and healthy behavior and to minimize the consequences of risky sexual behavior. In many developing countries, condoms are often available only in pharmacies and health clinics, and the public thinks of them as only appropriate for use by and with commercial sex workers.² A further dibecauseptive to using condoms is their high price, which is a particular barrier for poor young people who are the group most likely to engage in unprotected sex. CSM can help the most disadvantaged young people by increasing their knowledge of safe sex and their access to and use of condoms, thus decreasing the spread of sexually transmitted infections and the incidence of unwanted pregnancies. The destigmatization of condoms that has occurred in many countries illustrates how CSM can help populations to overcome social and cultural resistance to the effective prevention of STDs as well as unplanned pregnancies.

Whereas CSM promotes good decision making, policies that enable the provision of EC can mitigate the adverse effects of poor decisions that have already been made. Unplanned pregnancies put an immense social burden on unmarried young women, especially in countries where families do not support out-of-wedlock

births. Young mothers commonly leave school, have difficulty entering the labor market, and tend to be poorer adults and engage in other risky kinds of behavior more often than young women who delay motherhood. Their children also have greater developmental problems and have a higher propensity for becoming at-risk youth than do the children of adult women. In those places where EC is not provided as part of reproductive health services, an estimated 20 million unsafe and illegal abortions occur each year.³ As a result, allowing the provision of EC can significantly reduce the social and health risks associated with unplanned pregnancy. If taken within 72 hours after unprotected sex, EC safely and effectively reduces the risk of pregnancy by as much as 90 percent. In addition to ensuring quicker use and, therefore, greater efficacy, making EC widely available makes it possible for friends to share their supplies, which avoids the embarrassment involved in obtaining supplies from family doctors or clinics. Moreover, and contrary to popular belief, international evidence confirms that making EC accessible does not increase the incidence of unprotected sex.⁴

Research Findings: Providing the Evidence Base

There are two main ways to curb the spread of sexually transmitted infections and reduce the incidence of unwanted pregnancies—CSM and providing EC. Here are some examples of the effectiveness of each method.

Condom Social Marketing. *DKT do Brazil* is a CSM campaign that has been helping to make condoms more available to low-income Brazilians for more than 15 years. Its main strategy is to sell condoms to wholesalers and retailers for a small fee, which results in a final price to the consumer of between US\$0.20 and US\$0.35 per condom, which is a fraction of the price of commercial brands. With the revenues that it collects, *DKT* finances campaigns to raise awareness about HIV/AIDS and safe sex. Combined with other macro-level efforts, such as lobbying for reduced import duties on condoms, the initiative has led to dramatic growth in the Brazilian condom market, from less than 50 million in 1991 to more than 300 million in 2002. In 2006 alone, the program sold 76.4 million male condoms and 90,961 female condoms.⁵ The Brazilian government has spearheaded other similar efforts. The Ministries of Health and Education launched a controversial pilot program in 2003 to distribute condoms in schools. While this particular initiative has not been evaluated, it has been expanded to over 200 municipalities and is a key part of Brazil's successful strategy of curbing the spread of AIDS.⁶

Cameroon's *Horizon Jeunes* is another example of CSM that has had a positive impact on risky behavior. Targeted toward young urban people between the ages of 12 and 22 both in and out of school, this national social marketing campaign promotes two main messages—delay the initiation of sex, and, if you choose to have sex, use condoms. “Edutainment Events” are among the innovative methods that the program uses to deliver CSM messages. These consist of presentations during football matches, town meeting discussions, short films at popular video clubs, awareness sessions at dance clubs, and radio programs. These efforts are bolstered by peer educators who distribute campaign-sponsored condoms to local young people. Evaluations have shown that *Horizon Jeunes* has increased young people's knowledge of reproductive health and has changed their behavior, especially that of young women, who have increased their condom use by nearly 20 percent.⁷

Emergency Contraception. Numerous countries have explicitly approved of EC as a contraceptive method, including many that have highly restrictive abortion laws (such as Argentina, Brazil, Colombia, El Salvador, Kenya, Pakistan, Thailand, and Venezuela). These policies have prevented countless unintended pregnancies and abortions worldwide. In the United States, for instance, allowing the distribution of EC accounted for the nearly 45 percent decrease in abortions between 1994 and 2000, and 51,000 abortions were averted in 2000 alone as a result of EC.⁸ In France, more than 1 million women used EC on a nonprescription basis in the first three years after the legislation was approved, and around 70,000 women per month used it in 2002.⁹ French policy makers also authorized school nurses to dispense EC, which has been shown to have led to a 25 percent decline because 2002 in the number of adolescent girls having abortions.¹⁰ And in New Zealand, a

law allowing EC to be sold over the counter has led to a 15 percent increase in pharmacy sales of EC pills and a correlated decrease in abortion among young women.¹¹

Moving Forward: Factors for Success

- ***CSM promotional activities must incorporate as many actors as possible***, including the mass media, community-based organizations, health and education practitioners, and peer educators.
- ***The government must be an active partner in CSM*** and include it in its own programs, especially to bring condoms to the entire population even if this means subsidizing the costs for poor consumers.
- ***Both market and consumer research are fundamentally important inputs into the design of CSM campaigns***, for example, to assess the preexisting availability of condoms; discover the attitudes, habits, needs, and wants of different groups; explore the different family planning methods used in different local contexts; and use relevant and up-to-date information to adjust how the program is being implemented.
- ***CSM messages should be targeted first to younger rather than older youths***, as information about safe sex has a stronger and more lasting impact if delivered before the initiation of sexual activity. The messages should also discuss a range of options for addressing real problems faced by young people, as well as be reinforced by repeating the messages as often and through as many means as possible.
- ***The success of CSM should not just be measured in terms of how many condoms are sold***. The impact of the strategy within the wider social and reproductive health context must also be considered (in other words, the extent of any changes in awareness, recognition, and acceptance of risk; how and by how much behavior has changed; and how many people have been exposed to the program).
- Policy makers should, at a minimum, ***register one EC product for sale within the country, make EC available over the counter, and recognize adolescents' right to use EC***.
- Local and national authorities need to find innovative and inventive ways to ***inform women about the availability and proper use of EC***.
- ***EC initiatives should be integrated*** into government-regulated family planning services and protocols.
- ***A national surveillance system should be incorporated into the Ministry of Health to monitor the impact of behavioral changes resulting from CSM or EC programs*** (such as the extent of people's knowledge of safe sex practices; their awareness of EC; and the incidence of condom and EC use, unplanned pregnancies, legal and illegal abortions, and STDs among young people), as well as to make any necessary policy changes during the program's implementation.

Endnotes

1. YouthNet. "Expanding Contraceptive Options and Access for Youth." YouthLens Fact Sheet on Reproductive Health and HIV/AIDS. No. 12. Available at: <http://www.youth-policy.com/index.cfm?page=ECP>.
2. UNAIDS. 2000. "Condom Social Marketing: Selected Case Studies." UNAIDS Best Practice Collection, Joint United Nations Program on HIV/AIDS, Geneva, Switzerland.
3. World Health Organization. 2004. "Unsafe Abortion: Global and Regional Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2000." World Health Organization, Geneva, Switzerland.
4. Marston, C., H. Meltzer, and A. Majeed. 2005. "Impact on Contraceptive Practice of Making Emergency Hormonal Contraception Available Over the Counter in Great Britain: Repeated Cross Sectional Surveys." *British Medical Journal* 331: 271; and Belzer, M., K. Sanchez, J. Olson, A. Jacobs, and D. Tucker. 2005. "Advance Supply of Emergency Contraception: A Randomized Trial in Adolescent Mothers." *Journal of Pediatric and Adolescent Gynecology* 18: 347–354.
5. World Bank. 2007. "The Promise of Youth: Policy for Youth at Risk in Latin America and the Caribbean." World Bank, Washington, D.C.; and DKT International—Brazil, <http://www.dktinternational.org/brazil.htm>.
6. Associated Press. 2003. "Brazil to Distribute Millions of Condoms to High School Students." August 23.
7. UNAIDS 2000.
8. Jones, R., J. Darroch, and S. Henshaw. 2002. "Contraceptive Use Among U.S. Women Having Abortions in 2000–2001." *Perspectives on Sexual and Reproductive Health* 34(6): 294–303.
9. Aubeny, E. 2002. "French Association for Contraception Emergency Contraception over the Counter." Presentation at 7th Congress of the European Society of Contraception held April 10–13, 2002, Genova, Italy.
10. Calla, Cécile. 2002. "Près de six mille jeunes filles ont obtenu la pilule du lendemain auprès de leur infirmière scolaire en 2001-2002." *Le Figaro*, December 20.
11. Managh, Cushla. 2004. "Dramatic Rise in Urgent Pill Sales." *The Dominion Post*, February 5.

Key Implementation Considerations	
Anticipated Outcomes	<ul style="list-style-type: none"> • Increased use of contraception, especially among sexually active young people • Lower rates of STDs • Fewer unwanted pregnancies • Fewer abortions (both safe and unsafe)
Secondary Effects	The benefits to society of promoting healthy sexual behavior include reduced expenditure on curative care; lower infectious disease prevalence; and spillover effects on welfare, security, and economic growth.
Responsible Agency/ Sector	Ministries of Health, Education, or Youth; medical and pharmaceutical communities; national media; NGOs
Targeted Risk Group	Types I and II
Targeted Age Group	Ages 12 and older
Cost Elements	
Necessary Initial Conditions	<ul style="list-style-type: none"> • Strong political support • Acceptance of the provision of contraceptives and the dissemination of information related to sexual behavior
Specific Examples	<ul style="list-style-type: none"> • Condom Social Marketing: <i>DKT do Brazil</i> and Cameroon's <i>Horizon Jeunes</i> • Emergency Contraception: France, the United States, and New Zealand
Level of Effectiveness (Strong Evidence or Emerging Evidence)	<ul style="list-style-type: none"> • Condom Social Marketing—Emerging evidence • Emergency Contraception—Emerging evidence
Issues to Consider for Replication and Sustainability	<ul style="list-style-type: none"> • Collaboration among different services is vital for disseminating information about healthy sexual behavior and contraceptive options. • The contraception costs of poorer consumers must be subsidized. • Intensive training and persistent, continuous support given to community agents can overcome initial cultural reluctance to using contraception. • Contraception promotional activities must take into account the ability of the target audience to absorb the messages, and the program's content should be flexible and adaptable enough to reach all young people in widely differing situations and facing different constraints and opportunities. • Contraception campaigns can be large and nationwide or, as appropriate, small and targeted to specific locations or groups within the population. Similarly, a program can stand alone or be a component of a larger, more comprehensive program. Furthermore, the design and implementation of different marketing activities should incorporate both experienced professionals as well as individuals drawn from the general public and targeted groups.