



Consortio Latinoamericano de Anticoncepción de Emergencia

Latin American Consortium for Emergency Contraception

INTRODUCTION AND ACKNOWLEDGEMENTS

The Latin American Consortium for Emergency Contraception (LACEC) is pleased to present the second edition of the fact sheets on key issues "Advocacy for Emergency Contraception in Latin America and the Caribbean." These fact sheets are addressed to every Latin American and Caribbean person and organization that works to disseminate information about emergency contraception (EC) and increase access to this method. These fact sheets have been created as a tool for the advocacy and promotion of EC. Their aim is to provide accurate and up-to-date information about this contraceptive method. This information is based on scientific evidence and on a sexual and reproductive rights framework. Furthermore, these fact sheets may assist all initiatives to promote the inclusion of EC in national policies, norms, and health programs.

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FAMILY CARE INTERNATIONAL



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EMERGENCY CONTRACEPTION ADVOCACY IN LATIN AMERICA AND THE CARIBBEAN

KEY ISSUES

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INTRODUCTION

Access to emergency contraception (EC) has been recognized as a part of women's sexual and reproductive rights as well as a means to decrease unwanted pregnancies and, as a consequence, abortion-related morbidity and mortality. In the past few years, great efforts have been devoted worldwide to expanding knowledge and access to EC through biomedical and psychosocial research; information, education and communication (IEC) campaigns; and the introduction of commercial products and social marketing, among other activities.

The **Latin American Consortium for Emergency Contraception (LACEC)** is a network of non-governmental, governmental, public and private institutions as well as organizations working in the areas of health, education, and sexual and reproductive rights. Since its inception in 2000, its mission has been to contribute to improving health conditions and diminishing maternal mortality and unsafe abortion in Latin America and the Caribbean through disseminating information on and advocating for emergency contraception within a sexual and reproductive rights framework. For more information about LACEC, please visit www.clae.info.

LACEC's objectives are:

- To normalize and institutionalize the use of emergency contraception pills (ECPs) through their inclusion in Health Ministries' norms regarding reproductive health, family planning, sexual violence and adolescence. Compliance with these norms in all countries of the region is as important.
- To promote, disseminate and expand information on EC and access to ECPs, including the Yuzpe Method and dedicated products, among every social and economic sector of society using a gender perspective.
- To expand commercialization and distribution of dedicated EC products at social marketing prices.
- To defend EC as a sexual and reproductive right within the wider field of human rights, and to integrate it in the context of human sexuality and the prevention of gender-based violence and sexually transmitted infections (STIs), including HIV.

The Latin American and Caribbean region faces specific challenges that have prevented universal dissemination of EC. Among these we find opposition by conservative groups to the method's dissemination and use, conservative attitudes towards sexuality, inadequate sexual education or a lack of it, a lack of economic resources, and political and economic instability. Therefore, specific information about how to launch and have access to EC within the social, cultural and political frameworks of our region is necessary.

The **goal of these fact sheets** is to provide a compendium of the primary published facts on EC that are useful and relevant within the context of Latin American and Caribbean. These fact sheets: cover the barriers and challenges to introducing EC and making it accessible in the region; provide arguments and scientific evidence that support EC's effectiveness and safety and explain their mechanisms of action; present strategies and advocacy campaigns that have proven successful for the introduction of EC in different countries of the region.

These fact sheets are addressed to groups advocating for EC. They should be helpful in: efforts to increase knowledge about and access to EC in different countries; alliance-building processes and in strategies to include EC in national norms; sensitization campaigns directed at authorities and at health, education and legal professionals, and in efforts to neutralize groundless arguments that oppose EC.

This advocacy resource contains 12 facts sheets that cover EC from a sexual and reproductive rights perspective. They include technical information about the contraceptive method and its mechanism of action; legal aspects and ethical considerations regarding its use; advice on advocacy strategies and on means to achieving inclusion of EC in health norms; and the role commercial sectors (private and public), parliamentarians and groups committed to women's rights can play to facilitate access to EC. The process of introducing EC is also described, together with obstacles that may arise and strategies that have proven successful to overcoming them in the region. This second edition includes a new fact sheet with updated information (as of April 2005), regarding EC's mechanism of action.

LACEC hopes these fact sheets support the promotion of emergency contraception, thus strengthening women's sexual and reproductive rights.

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Comments and suggestions are welcome!

Notes:

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- APPRENDE, Bolivia
- APPRENDE, Peru
- APROFA, Chile
- Asociación Agenda Mujeres, Peru
- Asociación Argentina por la Salud Sexual y Reproductiva, Argentina
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For additional resources on Emergency Contraception in English please visit the International Consortium for Emergency Contraception at www.cecinfo.org.



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Emergency contraception plays an important role in helping women accomplish their reproductive intentions by preventing unwanted pregnancies. Incorporating this method in regions where it is still not available through official family planning programs and/or alternative services should be considered a long-term strategy to improving reproductive health services.

-World Health Organization¹

EMERGENCY CONTRACEPTION: A STEP FORWARD FOR WOMEN'S HEALTH

The term emergency contraception (EC) refers to contraceptive methods women may use to prevent a pregnancy after unprotected intercourse. Even though there is scientific evidence regarding the reliability and efficiency of emergency contraception to prevent pregnancies, this method is still not widely known by health service providers or by the general population, nor is it available everywhere. This situation represents an important area of action for people and institutions whose work revolves around the sexual and reproductive health and rights of women.

Expanding access to EC is one of the most cost-efficient strategies to decreasing maternal mortality, as the method prevents unwanted pregnancies that occur as a result of a failure of a contraceptive method, rape, unprotected sexual intercourse, or because of a lack of correct information regarding fertility and reproduction.² When facing an unwanted pregnancy, many women resort to abortions performed under unsafe conditions, placing their lives at risk. Abortion is one of the top three causes of maternal death in countries where the voluntary interruption of pregnancy is legally restricted, as is the case in most countries in Latin America and the Caribbean. Additionally, it is usually the poorest and youngest women who usually do not have access to safe abortions.

It is estimated that 200 million pregnancies occur worldwide every year; 20 million of these pregnancies end in unsafe abortion, resulting in 600,000 maternal deaths.³ In Latin America, between 20 and 40% of all pregnancies are unwanted; 25% of pregnancies end in abortions, and 21% of maternal deaths are caused by abortions performed under unsafe conditions.⁴

Maternal Mortality Rate in the Region (per 100,000 live births)

Haiti	680
Bolivia	420
Dominican Republic	150
Colombia	130
Ecuador	130
Honduras	110
Mexico	83
USA	14
Canada	5

Adapted from the World Health Report 2005 - *Make every mother and child count*, World Health Organization.
Available at <http://www.who.int/whr/2005/en/index.html>

Facilitating access to and availability of EC to all women, who for one reason or another are faced with the possibility of an unwanted pregnancy, can contribute to the prevention of unsafe abortions. It can also decrease the number of maternal deaths and allow women to exercise their right to free choice within the context of reproduction.

¹ WHO, 1998a.

² Trussell *et al.*, 1997.

³ Hill K. *et al.*, 2001; Robey *et al.*, 1992.

⁴ Schiavon R., 2001.

EMERGENCY CONTRACEPTION: A FUNDAMENTAL RIGHT OF ALL WOMEN

In 1968, at the World Conference on Human Rights in Teheran, Resolution XVIII of the United Nations General Assembly indicated that “couples have the fundamental human right to decide upon the number and spacing of their children and the right to obtain the necessary education and methods to do so.” This principle has been ratified in various United Nations international conferences on population and development, human rights, and women. Among the various international instruments, the following are the most relevant:

- Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), which was adopted by the United Nations General Assembly in 1979.
- The Program of Action of the International Conference on Population and Development (ICPD, Cairo 1994). The framework of sexual and reproductive health in the ICPD as a right replaced the previous demographic focus, which was focused on controlling population growth.
- The Fourth World Conference on Women (Beijing, 1995), ratified the concept of sexual and reproductive health, as approved in Cairo.

The International Conference on Population and Development and the Fourth World Conference on Women acknowledged that women’s sexual and reproductive rights are a fundamental part of universal human rights. Recognizing these rights represents a step forward for women’s health and for their right to make free and informed decisions concerning their sexuality and reproduction. Sexual and reproductive rights are inalienable rights, and their protection is needed in order to ensure conditions of justice and equality for women and their families. These international agreements, ratified by a great majority of countries around the world, are political tools that can be used to denounce and fight against discrimination and the violation of women’s human rights.

Although most Latin American countries have signed these agreements, women still face difficult situations. In a continent unsettled by political, social, economic, and cultural conflict, women and girls are often victims of sexual discrimination, and therefore constitute a group whose rights, as people and as citizens, are among the most vulnerable, particularly in the poorest sectors of society. When women are denied access to education, to work, and to decisions regarding family and politics, they are marginalized or invalidated, their capacity to act is hence limited and their fundamental human rights are violated along with their sexual and reproductive rights. In addition, in many societal groups, women still do not enjoy the same conditions of equity and equality allowing them access to health services, nor do they enjoy the freedom to make their own decisions regarding their sexuality and reproduction.

The exercise sexual and reproductive rights also implies benefiting from scientific progress. This is established in the United Nations’ International Covenant on Economic, Social and Cultural Rights,⁵ which has been recognized and signed by a great majority of the States in the region:

“The State Parties to the present Covenant recognize the right of everyone (...) To enjoy the benefits of scientific progress and its applications; (...) the exercise of women’s right to health requires that all the barriers that oppose access to health services, education and information be suppressed, in particular in the realm of sexual and reproductive health.”

EMERGENCY CONTRACEPTION: HELPING THE MOST VULNERABLE WOMEN

EC should be accessible to all, especially to women who are in vulnerable conditions. That is, women who have suffered or who are susceptible to the abuse of their sexual and reproductive rights. This may include children and adolescents; women who have been raped; refugee or displaced women; and HIV-positive women.

Youth and Adolescents

In Latin America and the Caribbean many adolescents begin sexual activity at a very early age, and not always because they wish or choose to do so. On occasion they are forced by their partners or by people holding greater power, or because they are pressured by their schoolmates and peers. Sometimes the driving force leading to sexual activity is economic necessity. Adolescent women have limited access to information regarding their sexuality and reproduction, to sexual and reproductive health services, and to efficient contraceptive methods. In the context of growing poverty, as is the case in the majority of the region’s countries, adolescent women and girls are more exposed to all forms of abuse and sexual violence. In many cases prostitution or cohabitation at a very early age are the only viable strategies for family or individual survival.

⁵ United Nations, 1968 and 2000.

Information and access to EC support youths' sexual and reproductive rights and can contribute to the decrease in the high rates of unwanted pregnancies among adolescents (see *Fact Sheet 6*).

Victims of Sexual Violence

Sexual violence is a serious public health problem, carrying short- and long-term consequences, which are sometimes irreparable and can put the life and health of people suffering at risk. Unwanted pregnancy, the transmission of sexually transmitted infections (STIs), including HIV, and the negative impact on mental and emotional health, are only some of the consequences that sexual aggression has on women's health.

Adolescent women and girls are more frequently the victims of coercion and sexual violence. It is estimated that around the world between 40 and 60% of all sexual abuse occurs in youth who are younger than 16 years old.⁶

Women's right to prevent pregnancy resulting from rape, the right to prevent STIs and the transmission of HIV, as well as the right to receive quality treatment for physical and psychological abuse must be guaranteed and well articulated. EC can contribute in an immediate way to the partial reestablishment of a rape victim's reproductive health through preventing a pregnancy resulting from the assault.

Prevention and treatment of rape must be approached in a comprehensive way which includes and guarantees access to EC. In this context, EC must be considered within a broader system of comprehensive quality care for victims of sexual violence, offered within a gender perspective which includes medical, legal, and social services as part of a single service. In order for this to take place, EC must be available in emergency health care units and included in the protocols of care for victims of sexual violence, as part of the justice system in every country.

The use of EC in cases of rape represents an exercise of the right to information and to free and responsible choice in preventing unwanted pregnancy and/or abortion under unsafe conditions. In addition, EC is part of the therapeutic process for a raped woman, as it provides an effective solution against unwanted pregnancy which is often the product of violent aggression. As in the case of unprotected sexual relations, information about EC should be provided to women who have suffered sexual violence within a context of confidentiality and respect for the right to free choice.

It is of critical importance to inform health service providers about the use of EC in cases of rape in countries where it forms part of their reproductive health norms or their legal medical system, as well as in countries where it still has not been incorporated. Health professionals cannot deliberately withhold information that may prevent undesired or harmful consequences to a woman's health (an unwanted pregnancy or an unsafe abortion).

Refugee and Displaced Women

Around the world, armed conflict and natural disaster have forced an alarming number of people to become refugees or to be displaced from their homes. Girls and women who are refugees or are in situations of forced migration are more vulnerable than others and tend to suffer coercion, sexual violence, and sexual exploitation with greater severity. This exposes them to greater risks in terms of unwanted pregnancy, infection with HIV and other STIs, and complications resulting from abortions performed under unsafe conditions, which may even lead to death.⁷

Often, general data concerning displaced and refugee populations do not reflect the particular drama that this condition represents for women. In Colombia, between 49% and 58% of the two million displaced people are women;⁸ furthermore, constant assaults against refugee and displaced women, who are trapped between the conflicting forces, have been reported. These women are the victims of, among other crimes, sexual slavery, sexual mutilation, forced nudity and forced abortions.⁹ Additionally, 30% of displaced adolescents are mothers or are pregnant with their first child.¹⁰

EC is recognized as a fundamental tool and as an essential component of the comprehensive services that should be provided to refugee or displaced women who experience sexual violence.¹¹

⁶ IPAS, 2001.

⁷ Wulf D, 1994.

⁸ United Nations Office, Colombia, 2001.

⁹ According to the Colombian NGO María María, which collaborated with the rapporteur of the United Nation's Commission on Human Rights in Colombia.

¹⁰ Ospina P, 2001.

¹¹ United Nations High Commissioner for Refugees, 1999.

Women Living with HIV

EC is an additional option for HIV-positive women who wish to avoid pregnancy. Many women become pregnant without wanting to, or acquire STIs and HIV due to their lack of access to contraceptive methods, or because they lack the power to negotiate condom use from their partners. For these very reasons, there are many women living with HIV and who are at risk of becoming pregnant when they do not wish to be. In the case of unwanted pregnancies, women often resort to unsafe abortions, or live through pregnancies knowing that their baby may be infected with HIV, particularly women who have no access to appropriate treatment for risk reduction of vertical HIV transmission (mother to child). It is therefore fundamental that women living with HIV are informed and have access to EC and understand that they have the right and the free choice to become pregnant or not.

CONCLUSION

Access to EC facilitates women's exercise of their sexual and reproductive rights, as the method allows women to decide whether to avoid an unwanted pregnancy autonomously, even after unprotected sexual intercourse. EC also allows women who have been subjected to forced, unprotected sex to take contraceptive measures after sexual intercourse has occurred.

Denying information and/or access to EC undermines women's right to choose whether to have children and when to do so; it deprives them of a safe contraceptive method that may be fundamental in regards to their reproductive needs; and it forces them to put their health and life at risk, through unsafe abortion, or by carrying an unwanted pregnancy to full term.

EC is a safe, cost-efficient, and effective contraceptive method that contributes to guaranteeing women's sexual and reproductive health and rights. Considering the many circumstances in which women may need to use EC, the method must be broadly promoted, so that all women know of its existence before they may need it.

Some key concepts concerning gender, health, and sexual and reproductive rights, which are essential to advocating for EC

Reproductive rights include individuals' and couples' rights to:

- Make free and informed decisions about their reproductive life, including the number and spacing of children; and
- Obtain the highest level of sexual and reproductive health.

Sexual rights include individuals' right to:

- Make free and informed decisions regarding all aspects of their sexuality;
- Be free from discrimination, coercion, or violence in their sexual decisions and life; and
- Expect and demand equality, full consent, mutual respect, and shared responsibility in sexual relations.

Gender equality is reached when women and men are treated as equals.

Gender equity is accomplished when the distribution of responsibilities and benefits between men and women is undertaken with justice and impartiality.

Adapted from the ICPD, ICPD+5 and the documents of the Fourth World Conference on Women



TECHNICAL INFORMATION

Emergency contraception (EC) allows women to prevent pregnancies after sexual relations without contraceptive protection, whether due to rape, failure of a method, or lack of use. In order to provide quality services and to support the correct use of EC, health professionals must have correct information about EC, including its effectiveness, its health effects, its mechanism of action, and the current recommendations regarding its use.¹ There is a large amount of information available on EC, on the internet as well as in publications produced by various institutions. This information may be used to train health personnel and to inform the public, as long as the source is acknowledged. The up-to-date and summarized technical information contained in this fact sheet may be complemented with publications included in the bibliographical references.

EMERGENCY CONTRACEPTION: CONTENT AND REGIMEN

1. Hormonal Emergency Contraception

Hormonal emergency contraception is known as emergency contraception pills; this form of contraception consists of the ingestion of specific doses of oral contraceptives within the first 120 hours (five days) following an unprotected sexual relation. Levonorgestrel pills or combined ethynil-estradiol and levonorgestrel pills are commonly used. EC uses the same hormones that regular oral hormonal contraceptives contain, but EC is administered in higher doses and within a defined period of time. These regimens and compositions have been broadly studied over recent years by various researchers and in multi-centric studies coordinated by the World Health Organization (WHO), which have demonstrated its safety and effectiveness.

Levonorgestrel Regimen:

This regimen is more effective and produces less secondary effects than the combined regimen.² It can be employed in two ways:

- a) The most common method has been to use two doses of 750 mcg (0.75mg) of levonorgestrel (LNG), separated by an interval of 12 hours, beginning within the 72 hours following unprotected intercourse. Nevertheless, recent studies by the WHO have demonstrated that this regimen can be used also within 120 hours following unprotected intercourse, even though contraceptive effectiveness lowers on the fifth day.³ Dedicated products contain two pills with the exact quantity of levonorgestrel, with one pill taken per dose. In situations where dedicated products are not available, each dose can be replaced by 25 pills of levonorgestrel alone (30 mcg each), which is also employed as a contraceptive method during lactation (see *Table 1* for some of the most common commercial brands).
- b) A new method is the use of a single dose of 1500 mcg (1.5 g) of levonorgestrel, which is as effective as two doses of 750 mcg and is often more convenient for users.⁴ For this method, two pills of the registered product may be taken at once.

¹ WHO 1998a; www.ippfwhr.org/resources/index.html

² WHO, 1998b.

³ Von Hertzen H *et al.*, 2002; Piaggio G *et al.*, 2003.

⁴ Von Hertzen H *et al.*, 2002.

Combined Regimen (the Yuzpe Method)

This regimen has been the most widely used since EC methods have been known. It consists of taking two doses each of 100 mcg of ethynil-estradiol + 500 mcg of levonorgestrel, separated by an interval of 12 hours. The first dose must be taken within 120 hours (five days) following unprotected sex. There are dedicated products for this regimen that contain the exact dose and are easier to use. In the case that dedicated products are not available, four contraceptive pills, which when combined contain 30 mcg of ethynil-estradiol and 15 mcg of levonorgestrel, may be used instead of one dose (see *Table 1*).

Table 1: ORAL CONTRACEPTIVE PILL FORMULATIONS				
Regimens and formulations (per pill)	Common brands	First dose	Second dose	
Levonorgestrel Only LNG 0.75 mg	Dedicated products: Imediat-N, Levonelle-2, NorLevo, Plan B, Postinor-2, Vikela, Vika Pozato, Pilen, TACE	<i>In a single dose</i>	2	-
		<i>In two doses</i>	1	1
Levonorgestrel Only LNG 0.03 mg	Microlut, Microval, Norgeston	25	25	
Levonorgestrel Only LNG 0.0375 mg	Ovrette	20	20	
Combined Estrogen-Progestin EE 50 mcg+LNG 0.25 mg or EE 50 mcg+NG 0.50 mg	Eugynon 50, Fertilan, Neogynon, Noral, Nordiol, Ovidon, Ovril, Neovlar, Evanor, Normamor	2	2	
Combined Estrogen-Progestin EE 30 mcg + LNG 0.15 mg, or EE 30 mcg + NG 0.30 mg	Lo/Femenal, Microgynon 30, Nordette, Ovral L, Rigevidon, Microvlar, Ciclo 21, Ciclón, Gestrelan, Nociclin, Anulette, Norvetal, Innova, Microfemin	4	4	
Abbreviations: EE= ethynil estradiol LNG= Levonorgestrel NG= Norgestrel				
As part of all regimens, the first dose must be taken as soon as possible and within the first 5 days after unprotected sex. The second dose must be taken 12 hours after the first.				
LNG may be taken in a single dose of 1.5 g.				
The single dose in the combined method has not been tested because its side effects are thought to be severe.				
Information adapted from <i>Expanding Global Access to Emergency Contraception</i> , Consortium for Emergency Contraception, 2001.				

2. Non-Hormonal Emergency Contraception

The insertion of an intrauterine device (IUD) as an EC method must be carried out within the first five days following unprotected sexual intercourse.⁵ This option may be appropriate for women who wish to use an IUD as a long-term contraceptive method and who fulfill the medical criteria for regular use of an IUD.⁶ The IUD must always be placed by a health professional that is specifically trained to do so, and it requires clinical supervision after the insertion.

THE MECHANISM OF ACTION OF HORMONAL EMERGENCY CONTRACEPTION

The mechanism of action of hormonal emergency contraception is complex because the effects of administered hormones depend on the day of the menstrual cycle in which they are used and on a woman's fertility, which varies according to the stage of her cycle. If used before ovulation, Emergency Contraception Pills (ECPs) can prevent the release of the ovum. ECPs may also alter the sperm's mobility (because levonorgestrel produces a change in the cervical mucus) and vitality. Both mechanisms prevent fertilization. ECPs do not prevent implantation.

ECPs do not interrupt an established pregnancy nor do they cause an abortion. Other mechanisms of action of EC are being studied.⁷

Recent scientific evidence proves that levonorgestrel does not alter women's uterine lining. Studies performed on rats and monkeys show that the intake of levonorgestrel after fertilization does not interfere with the development of the implantation or the embryo. Levonorgestrel interferes with the reproductive process, affecting ovulation in rats and monkeys as well as in women.

In brief, when women take ECPs during their menstrual cycle where it may still interfere with ovulation or the mobility of sperm, fertilization is prevented. If a woman takes the required dosage when it is already too late to stop these processes, the method fails and pregnancy occurs, if the woman is undergoing a fertile cycle (see *Fact Sheet 3*).

CONTRACEPTIVE EFFECTIVENESS

Emergency hormonal contraception is effective at preventing pregnancies after unprotected sexual relations. Nevertheless, it is less effective than regularly used modern contraceptive methods because of its mechanism of action. This is one of the reasons why its use is recommended only after unprotected sex, when there are no other contraceptive alternatives available.⁸

When used within 72 hours after unprotected sexual intercourse, the estimated rate of pregnancy after the use of levonorgestrel is between 1.1% and 1.3%; and around 3.2% for the Yuzpe method. The Yuzpe method only reduces the risk of pregnancy in 57% to 75% of cases, while the levonorgestrel only regimen prevents approximately 85% of estimated pregnancies.⁹ This noticeably contrasts with the effectiveness of regularly used hormonal contraception which, if used correctly, prevents pregnancy in up to 99% of women who have frequent sexual relations throughout the year.

Both regimens can also prevent pregnancy if they are used on the fourth and fifth day after the relation took place, even though their contraceptive effectiveness is less than if used during the first 72 hours. Because EC's contraceptive effectiveness is related with the time that elapses between unprotected intercourse and the ingestion of ECPs, with effectiveness decreasing with longer intervals, it is recommended that ECPs be taken as soon as possible after the unprotected sexual relation has taken place.¹⁰

⁵ Trussel J, Ellertson C, 1995; WHO, 1998a.

⁶ WHO, 2003.

⁷ Kesserü E *et al.*, 1974; Raymond *et al.*, 2000; Durand *et al.*, 2001; Croxatto *et al.*, 2001; Hapangama *et al.*, 2001; Marions L, 2002; Croxatto *et al.*, 2002; Croxatto HB *et al.*, 2003; Muller *et al.*, 2003; Palomino *et al.*, 2003; Brache *et al.*, 2003; Marions, 2004; Ortiz *et al.*, 2004; Gemzell-Danielsson K, Marions L, 2004.

⁸ WHO, 2000.

⁹ WHO, 1998b; Piaggio G *et al.*, 1998; Rodríguez I *et al.*, 2001; von Hertzen H *et al.*, 2002; Ellertson C *et al.*, 2003; Trussell J *et al.*, 2003; Piaggio G *et al.*, 2003.

¹⁰ Piaggio G *et al.*, 1999; Rodríguez I, cols; Ellertson C *et al.*, 2003.

Table 2, shows the estimated contraceptive effectiveness of EC; figures below show the percentage of pregnancies that are avoided according to the day in which it is taken after unprotected sexual relations.

Table 2. Estimated Effectiveness of Emergency Contraception (pregnancies avoided according to the day of use)			
LEVONORGESTREL		YUZPE METHOD	
Day 1 to 3:	91%-69%	Day 1 to 3:	72.8% (correct use) 66.5% (typical use)
Day 4:	83%	Day 4 to 5:	77.2% (correct use) 54.6% (typical use)
Day 5:	31%	-	-

Note: The data regarding levonorgestrel are based on an analysis that combined two studies coordinated by WHO and which included 3,757 healthy users, most of which used ECP correctly.¹¹ The data concerning the Yuzpe method are based on a study that involved 812 users, out of which only 116 of them took the pills after 72 hours. In this study, the data was analyzed that took into consideration the correct use of ECP and the typical use (this includes those who did not take it correctly).¹²

Various authors consider that the effectiveness of EC has been overestimated because the date assigned to ovulation, which is used to estimate the probability of pregnancy for each woman, is not precise. Estimates of the effectiveness vary according to whether the calculation is made using the day in which unprotected relations occurred in relation to the estimated date of ovulation, or if it is made using the day of the menstrual cycle in which unprotected relations occurred (in this case effectiveness is lower).¹³ The potential fertility of EC users is different to that of the reference group, which was formed only by fertile women who were healthy from a gynecological perspective.¹⁴ In addition, these women may also have a lower risk of pregnancy, and it has also been shown that not all users have sperm in the vagina or in the cervix after a condom has broken or been displaced.¹⁵

SAFETY AND SIDE EFFECTS

EC is a method that is safe for women's health.¹⁶ There are no known medical conditions under which ECPs should not be used. Given that emergency contraceptive pills are used for such a short period of time, experts believe that the precautions associated with the continual use of oral contraceptives do not apply to ECPs. All research studies have determined that EC does not harm women in any way nor does it harm pregnancies that are underway. If an established pregnancy is confirmed, ECPs should not be used, because they do not have an abortive effect, and thus do not interrupt pregnancy.

The most common side effects produced by the ingestion of emergency hormonal contraceptives are nausea and vomiting, which occur with less frequency under the levonorgestrel-only regimen.¹⁷ Other less common side effects are abdominal pain, fatigue, headache, dizziness, mammary sensitivity and irregular vaginal stains or bleeding. If vomiting occurs within the first two hours after the ingestion of either of the doses, the doses must be taken again to ensure the effectiveness of the method. The incidence of nausea and vomiting may be reduced if an antiemetic drug is administered (to prevent nausea and vomiting) before combined pills are taken, particularly by women who have already experienced nausea with contraceptive pills.

¹¹ Piaggio G *et al*, 2003.

¹² Ellerston C *et al*, 2003.

¹³ Trussel J *et al*, 2003.

¹⁴ Wilcox *et al*, 1995 and 1998.

¹⁵ Espinos *et al*, 2003; Raymond E *et al*, 2003.

¹⁶ Glasier A, 1998; Norris Turner A, Ellertson C, 2002; WHO, 2003. Vasilaskis C *et al*, 1999.

¹⁷ WHO 1998b.

PROVISION OF EMERGENCY CONTRACEPTION

Guidance and Counseling

Another important element concerning the introduction of EC is contact with the pharmaceutical industry in order to register a dedicated product with regulating agencies. In the cases studied, this has been effectively accomplished, in spite of obstacles presented by opposition groups, and there are now dedicated products available in pharmacies, health services, and through social merchandising.

The following four circumstances are possible when treating an EC user:

1. Provision of EC after unprotected sexual relations.
2. Provision of EC in advance of need, before failure of a contraceptive method or before unprotected sexual relations take place.
3. Provision of EC and condoms, so as to prevent pregnancy, STIs and HIV, and in the possible event of an accident using a condom.
4. Provision of EC after rape.

In the first three scenarios, the appropriate steps to follow during guidance and counseling are the same:

- Begin an interaction with empathy and respect for the person;
- Identify the patient's socio-economic and cultural background;
- Understand the situation or circumstance as to why they are requesting EC;
- Identify their risk behaviors (their sexual life and their use of contraceptives) as much as possible;
- Provide information about EC and the method and explain its use;
- Request written informed consent whenever required for personal and institutional reasons; and
- Provide information about safer and more reliable contraceptive methods, and suggest and explain their use.

In the case of providing care to a woman who has been raped, in addition to offering psychological, legal, and social support to the victim, medical attention should include guidance on how to prevent STIs, including HIV, and information regarding EC. When counseling rape victims regarding EC, health service providers must take the following considerations into account:

- If the woman is alone or with someone;
- If she is underage and alone or accompanied by her parents;
- If she is lucid and capable of making decisions;
- If her physical and mental health allow counseling to take place; and
- If she is mentally disabled.

Although the support of those who accompany her is important, the woman must be the one who makes the final decision of whether or not to use EC. Therefore, it is advisable to offer information and the method itself to her directly and to respect whatever decision she makes. If the victim is not capable of deciding for physical or psychological reasons, providers should be familiar with the existing legal procedures and actions should follow accordingly.

Issues Regarding Medical Prescriptions

In some countries, family planning protocols establish that medical prescriptions are required for the purchase or distribution of oral contraceptives in general and of ECPs in particular. This may represent an obstacle for many women in terms of time constraints, costs, and accessibility to services.

ECPs have been approved and recognized because of their effectiveness and safety, therefore their distribution, sale, and access without medical prescription is justified for various reasons.¹⁸ On the other hand, the opportunity to educate users and their partners when ECPs are provided about regular contraceptive methods, prevention or treatment of STIs/HIV, and to provide guidance regarding sexual and reproductive health care, must also be taken into account.

Hormonal emergency contraception does not require a medical prescription because:

ECPs are:

- Medically very safe.
- More effective if taken earlier.
- Easy to use when appropriate instructions are provided.

ECPs do not present:

- Counter-indications, nor must the dose be adjusted for each person.
- Risks of overdose or addiction.
- The need for a physical, gynecological, or pregnancy test.

Provision of EC in Advance of Need

Given that ECPs are more effective the earlier the first dose is taken, it is very important that women have access to the method as soon as possible after unprotected sexual relations. In a study conducted in England, ECPs were provided in advance to a group of women during a clinical visit. The majority of them used the method appropriately and did not use the method more frequently than women who had not received ECPs in advance. Those who received the ECPs in advance did not replace their regular contraceptive method for ECPs.¹⁹ Other studies have obtained similar results.²⁰

The anticipated supply of ECPs seems to only prove beneficial for women, because women can thus take them immediately when an emergency situation presents itself, increasing the method's efficacy. Comprehensive health services should supply their users with adequate information on correct usage of EC and, if possible, provide ECPs in advance.

¹⁸ Ellertson C *et al.*, 1998; Grimes DA, 2002; Gainer E *et al.*, 2003.

¹⁹ Glasier A, Baird D, 1998.

²⁰ Ellertson C *et al.*, 2001; Blanchard K *et al.*, 2003.

Packaging

ECPs ideally should be delivered in a package which clearly identifies their use and provides instructions. This will depend on the legal status of the product's distribution and on the previous agreements reached with the pharmaceutical firms. The packaging may be designed according to its target public (with youthful and colorful packaging if aimed at youth, or more sober ones when aimed at adult women). When regular oral contraceptives are repackaged as EC, it is advisable to ensure that this has been previously authorized by the respective health or pharmaceutical agency, as well as to ensure that the product includes instructions for use, information about possible side effects, expiration date, and information stating that the method is not a protective measure against STIs/HIV.

Sexually Transmitted Infections (STIs), HIV, and EC

- An important consideration when counseling on and providing EC is that EC does not protect against STIs or HIV.
- Health services should provide information and counseling regarding STIs and HIV to all women, and test and treat STIs and HIV when necessary. Women who have suffered sexual violence or who fear having contracted a sexually transmitted infection should be treated immediately.
- When giving women, men, couples, and youth advice about contraceptive methods, it is very important to emphasize the benefits of using male or female condoms because these offer dual protection against unwanted pregnancies and STIs (including HIV).
- All condom users must have information about EC and, if possible, must have ECPs at hand in case of condom failure.

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HUMAN DEVELOPMENT AND THE EMERGENCY CONTRACEPTION PILL

Human Development

A new human being is formed by the union of a sperm cell with an ovum. This union is called fertilization and it is the origin of a single cell called a zygote. If the sperm cell and the ovum that unite are human, the zygote is also human.

When During the Menstrual Cycle Does Fertilization Begin?

The menstrual cycle begins with the first day of menstruation and ends 24 to 35 days after, unless a pregnancy occurs. For a pregnancy to occur, fertilization must take place along with the development of a zygote, but not all ova are fertilized nor do all zygotes develop and allow for pregnancy. For fertilization to take place, ovulation must occur, and sexual relations must take place close to the time of ovulation, as gametes (ova and sperm cells) must be in good condition to be able to unite and generate a viable embryo. This can only occur if sexual intercourse takes place at most five days before ovulation or on the day of ovulation itself. Fertilization only happens in half the cases in which this condition is fulfilled, be it because gametes do not find each other, or because they are defective, or because the environment that surrounds them is not favorable.

Ovulation occurs only once every menstrual cycle and may occur on any day, from day ten to day 22 of the cycle. Ovulation allows for the release of a mature ovum from the ovary. Once this occurs, the ovum must be fertilized within the few next hours, and if fertilization does not take place, the ovum deteriorates and loses the capacity to generate. Fertilization may only take place over one of the 13 days between day 10 and 22 of the normal menstrual cycle.

When Does Fertilization Occur after Sexual Intercourse?

Fertilization does not take place immediately after sexual intercourse. If sexual intercourse takes place on the same day as ovulation, fertilization may occur on the same day as intercourse. If sexual intercourse takes place five days before ovulation, fertilization will occur five days after the sexual intercourse. Therefore, not all individuals begin their existence on the same day that sexual relations take place.

The Development of a Zygote from Fertilization to Implantation

Fertilization takes place in the fallopian tubes, which connect the ovaries with the uterus. The zygote produced has the potential to develop and generate a human being that is made up of thousands of millions of cells, in the same way that a seed can grow and develop to become a tree. Likewise, a human zygote can become an embryo, a fetus, a newborn or an adult person, but for this to happen it must first develop.

Three days after fertilization has taken place, the developing zygote consists of eight to ten cells and moves to the uterus where it continues to develop, immersed in uterine fluid. Here the zygote becomes a morula and then a blastocyst. The blastocyst is made up of 200 cells, most of which will become the placenta and other organs that are annexed to the embryo. Only 10% of blastocyst's cells will become the embryo. When the blastocyst implants, it is smaller than the head of a pin.

On the seventh day of development, the blastocyst nests in the internal layer of the uterus, called the endometrium. For this to occur, the endometrium must be receptive, due to the action of the ovaries' hormones, estradiol and progesterone. Implantation consists of the submersion of the blastocyst into this maternal tissue. After implantation has taken place, the woman's body recognizes that a new individual is developing and reacts to its presence, through cells that will become the placenta, which begin to secrete a hormone called human Chorionic Gonadotropin (hCG). This hormone passes into the mother's bloodstream and acts upon the ovaries by preventing menstruation from taking place.

The Embryo's Development after Implantation

Menstruation occurs when the endometrium is shed and is accompanied with bleeding, this occurs when the ovary stops producing progesterone. If pregnancy does not take place, menstruation occurs between nine and 16 days after ovulation. If menstruation were to take place after implantation, the blastocyst would be shed along with the menstrual blood. To avoid this from happening, the blastocyst sends a signal to the mother's organism by secreting hCG, so that the ovary continues producing progesterone and does not allow menstruation to take place. When this occurs women do not have their period, and this is usually the first sign of pregnancy.

After implantation happens, the embryo begins to form. At this point it lacks a heart, brain, extremities, and all other fetal or adult organs. Its development is minimal and it still does not possess the biological substance allowing for sensations, emotions, thoughts, wishes, or conscience of itself, though it has the potential to keep developing and eventually acquires the organs necessary to function as a person.

Natural Flaws in the Process of Human Development

Close to 50% of embryos that manage to produce hCG die spontaneously within the first week that follows implantation without an important delay in the woman's period. When one hundred fertile couples have sexual relations various times in a month and do not do anything to avoid pregnancy, in the first month 25 of these women become pregnant. Twenty-five percent of the other 75 women become pregnant on the second month, and so on. Not all women become pregnant at once because fertilization does not occur in many couples and many instances of fertilization do not lead to pregnancy. This is because the product of fertilization is spontaneously eliminated before the menstrual cycle is delayed.

What Happens to Sperm after Sexual Intercourse?

Under the best conditions, a single sexual encounter leaves millions of sperm in the vagina, thousands of which enter the neck of the uterus where the majority becomes stationed. Some ascend within minutes into the fallopian tubes, but these do not have the ability to fertilize. From the accumulated sperm that remain in the neck of the uterus, continuous numbers ascend into the fallopian tube over the following days. Some adhere themselves for hours to the walls of the fallopian tubes where they acquire the ability to fertilize. When they detach themselves, they maintain their capacity to fertilize for a short amount of time while they search for the ovum. New sperm must replace these until ovulation occurs. Though sperm can wait for the ovum for days, the ovum is only fertile for a few hours after ovulation.

Emergency Contraception Methods

Emergency contraception methods are contraceptive methods which women can use during the days following unprotected sexual relations (see *Fact sheet 2*).

What Happens after Taking an Emergency Contraception Pill?

When a woman takes levonorgestrel (LNG) within the first days after sexual relations, the medication may prevent ovulation, interfere with the migration of sperm cells from the uterus neck to the fallopian tube, or interfere with the process of adhesion and acquisition of the sperm cells' fertilizing abilities in the fallopian tube. It is through these mechanisms that fertilization may be prevented. If fertilization has already taken place, there is a 50% probability of pregnancy not occurring because of the spontaneous loss of the zygote. If the zygote is normal and viable, the pill does not prevent or alter its development because LNG acts upon the organism in the same way as progesterone (the hormone related to pregnancy).

Until 2001, very little was known about the mechanism of action of LNG and scientists could only propose hypothetical mechanisms. There was never any data in scientific literature that guaranteed LNG's anti-implantation action, although this was a favored hypothesis. Recent experiments testing the hypothesis have shown that LNG is not abortive. LNG or a placebo were administered to two very different animal species (rats and capuchin monkeys) after fertilization, and the number of pregnant animals from the two groups was counted. If LNG interfered with implantation, there should have been less pregnant females among those which received the drug than among those which received the placebo. The result was identical in both groups, this allows for the hypothesis that LNG prevents the rejection of implantation. On the other hand, in the two species mentioned above and in women, it has been proven that if LNG is administered before ovulation, it interferes with the fertilization process from taking place. For the time being, the altering of the sperm cell migration and of ovulation are the only mechanisms which have been documented with data.



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LEGAL AND HUMAN RIGHTS ISSUES

Organizations advocating for emergency contraception (EC) often wonder what the legal consequences of their actions may be. Although there is not a single response for all countries, given the diversity of legislation and norms in health issues, a general legal framework which may help guide the actions of such institutions¹ is presented below.

EC is not specifically mentioned in Latin American constitutions, nor in the majority of the laws in countries in the region. However in some cases, it is included in administrative rulings and policies. In much of the region there are legal sanctions or restrictions on abortion. Given this controversy, it is important to keep in mind that EC does not interrupt an established pregnancy and that it does not induce abortion (see *Fact Sheet 2*).

Within the legal context, we must bear in mind that access to EC is a sexual and reproductive right. Sexual and reproductive rights have been recognized in a series of international conferences² that must be fulfilled by the countries that have ratified the resulting documents. The following rights are recognized in the constitutions and legal norms of Latin American countries:

- The right to physical and mental health, which includes the right to sexual and reproductive health, including health information;
- The right to privacy, which implies the right to make decisions on one's own sexuality and reproduction without interference from the state or a third party;
- The right to decide the number and spacing of children, which implies the right to decide whether or not to have children and when to do so;
- The right to found a family and the right to equality within it, this includes the right to make decisions which are free from discrimination, coercion and violence in matters related to family and reproductive life;
- The right to freedom of thought and religious freedom, which implies the right to make well-informed decisions without the imposition of any religious belief; and
- The right to benefit from scientific progress, which includes access to information, and to methods and services that allow people to choose the number of children, when to have them and the spacing between them.

Many countries, such as Argentina, Bolivia, Brazil, Ecuador, El Salvador, Honduras, Jamaica, Mexico, Nicaragua, Paraguay, Peru, Dominican Republic and Venezuela have added EC to their family planning or reproductive health regulations. In other countries such as Uruguay, EC is sold without explicit regulations; the same norms that regulate regular oral contraceptives are applied to EC, as EC uses registered contraceptive compounds which are already included in the health regulations of these countries. The difference between EC and regular contraceptive pills is only the prescribed dose and the intervals of administration. Therefore, one may conclude that prescribing and using EC is not illegal, even when the method is not explicitly included in national regulations.

¹ Cook RJ *et al.*, 2001.

² International Conference on Population and Development (ICPD, Cairo, 1994), the Fourth World Conference on Women (Beijing, 1995) and their respective five and ten year ratifications.

EMERGENCY CONTRACEPTION DOES NOT INTERRUPT PREGNANCY

Pregnancy is the process of the development of an embryo after implantation.³ From a medical perspective, EC does not interrupt pregnancy; therefore it does not induce abortion. Information provided in scientific literature does not present any evidence that EC interrupts pregnancy, prevents implantation, or affects the embryo either before, during, or after implantation. Recent data regarding the mechanism of action of EC shows that its contraceptive effect is due to the inhibition of ovulation and other phenomena that take place before fertilization. There is no evidence that supports the supposed interference of EC with the process of implantation (see *Fact Sheet 2*).

Legislation in several countries around the world has affirmed this understanding of EC. For example, a judicial decision in Great Britain stated that because EC takes effect before implantation and since EC cannot interrupt the course of a pregnancy once the ovum has implanted, it is not possible to state from a medical or a legal point of view that EC induces abortion.⁴ Some regulatory agencies in countries where abortion is illegal, such as Colombia, have approved EC distribution because it is not considered an abortifacient.

This position has been backed by international organizations such as the World Health Organization,⁵ the Pan American Health Organization,⁶ UNICEF, the United Nations High Commissioner for Refugees, and the World Bank, among others.⁷ Despite this practically unanimous international support for EC, juridically this issue may be subjected to court interpretation in each country. This is why the role of health institutions as well as that of providers, activists and nongovernmental organizations is essential for the effective regulation and distribution of EC.

Once the fragility of scientific knowledge is taken into account, the abstract possibility that levonorgestrel is abortive still exists; and by taking this into account, does an argument exist to justify its prohibition under constitutional law? If so, it is still not right to abide by this. Democratic right does not limit autonomy based upon such weak bases. If there is no evidence that the wellbeing we are trying to protect exists, nor that the damage we are trying to avoid may effectively take place, on which basis then should we rest legal prohibition and apply invasive forms of social control that prohibition would entail? Under such circumstances, prohibition would rest on a code of normative ethics that may not be protected by the state and that would damage the principle of pluralism.

Carlos Peña,⁸ "De nuevo, la pildora" (The Pill, Again), Diario el Mercurio, under Reportajes, Op-ed. section, July 4, 2004, Santiago, Chile.

LEGAL ASPECTS OF HEALTH SERVICES

EC providers must fulfill the standards of care for users who wish to avoid a pregnancy, both during diagnosis and throughout counseling, prescription and method delivery, in the same manner as when prescribing contraceptive pills for normal use or any other contraceptive method.

Some legal considerations to take into account when supplying EC in health services are:

- **Counseling and/or provision of the method.** When EC is included in ministry of health norms, it is important to monitor the quality of care provided. As with any contraceptive method, the institutions that have a counseling program for EC, whether they are health agencies of the State or civil society, must have personnel that are qualified on this subject. In terms of the legality of the provision of EC in countries where it does not form part of health norms, the general rule is that "whatever is not prohibited is allowed." In other words, if EC is not specifically sanctioned by any law, then recommendation of its use is not a crime. As mentioned above, EC is the use of regular oral contraception pills in higher doses. These contraceptive pills are already part of health norms; thus they are not illegal even when they are not explicitly included in those norms.

³ International Federation of Gynecology and Obstetrics (FIGO), 2003.

⁴ Smeaton V, 1988.

⁵ WHO 1998a.

⁶ OPS, 2001.

⁷ USAID, 1999.

⁸ Carlos Peña is a lawyer, and former Dean of the Law Department. He is currently the Academic Vice rector of the Universidad Diego Portales of Santiago, Chile.

- **Introduction of a new product.** To introduce a specific EC product one must follow procedures indicated by the ministry of health or the institution in charge of registering pharmaceutical products in order to obtain a license (see *Fact Sheet 9*).
- **Inclusion of EC in reproductive health and in fertility regulation norms as well as in protocols for care for women survivors of sexual violence.** ECPs are an oral hormonal contraceptive method that should be included in these norms, by indicating specific posology in terms of whether levonorgestrel-only pills or combined oral hormonal (the Yuzpe Method) pills are used (see *Fact Sheet 8*).
- **Re-packaging.** Even when EC is authorized for sale, the fact that combined oral contraceptives are re-packaged in doses different from those initially authorized may bring about legal obstacles for their distribution. It is advisable that the organization ensures the authorization of corresponding health or pharmaceutical bodies before re-packaging and distributing EC. In addition, there are some important elements that should be included on the packaging such as: instructions for use, information on possible side effects, a warning that the product does not protect against sexually transmitted infections or HIV, and the expiration date.

LEGAL ASPECTS OF INTERNATIONAL FUNDING OF HEALTH SERVICES

Organizations that are funded by the United States Agency for International Development (USAID) are subjected to certification under the Global Gag Rule (also referred to as the Mexico City Policy) and must know USAID's position regarding EC.

USAID considers EC a form of emergency oral contraception to prevent pregnancies. This is why the Gag Rule does not interfere with the distribution of EC by institutions wishing to receive funds from this agency. USAID has clearly established that nongovernmental organizations may provide EC as a family planning method without affecting their chances of receiving funds offered by this organization of international cooperation.

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ETHICAL CONSIDERATIONS AND EMERGENCY CONTRACEPTION

The introduction of emergency contraception (EC) to Latin America and the Caribbean has been accompanied by an intense ethical debate concerning the method. Opposition groups claim, without a proper foundation, that EC is an abortion method, and that its use is at odds with Catholic morality and the present legislation in most of the countries in the region. These groups refuse to recognize recent scientific evidence that confirms that EC is not abortive. These are the same groups who oppose modern contraception and the use of condoms to prevent sexually transmitted diseases and HIV/AIDS.

The Controversy

The basic debate as to whether EC is ethical revolves around a series of false allegations concerning the method. Issues addressed here seek to clarify these false claims and highlight how recent scientific discoveries (see the section about mechanisms of action on *Fact Sheet 2*) are not taken into account by these arguments.

Incorrect Assertion:

“Emergency contraception prevents the implantation of the fertilized ovum in the uterus.”

This assertion is untrue as there is no scientific evidence that supports it. It has been proven that the emergency contraceptive pill (ECP) inhibits ovulation; this has been confirmed in tests on women, monkeys and rats. Levonorgestrel, on the other hand, inhibits the penetration of sperm cells into the genital tract of women. Furthermore, there were no changes in the uterine linings of women who used levonorgestrel in the doses used for EC. On the contrary, recent studies conducted on laboratory animals (monkeys and rats) show that implantation occurs with the same frequency in animals that were given levonorgestrel and in animals that were fed a placebo after sexual intercourse on the day of ovulation.¹

Incorrect Assertion:

“Emergency contraception may affect the embryo before implantation takes place, preventing its development.”

There is no direct evidence that the hormones used in EC have any effect on human embryos. It is not possible to obtain this evidence because of ethical reasons; indeed this type of evidence does not exist for any drug used in medical treatments. Indirect evidence, which comes from other regularly used contraceptives containing the same hormones (pills and implants), shows that there are no teratogenic effects nor any form of congenital malformation in children that are born after the method has failed.

Incorrect assertion:

“Emergency contraception induces abortion.”

Pregnancy is the process of the development of an embryo after implantation.² Information available in scientific literature does not provide any evidence to suggest that EC interrupts pregnancies, nor that it prevents implantation from happening or that it affects the embryo, be it before, during or after implantation. Therefore EC does not induce abortion (see *Fact Sheet 3*).

In summary, when a woman takes ECP during her menstrual cycle, when it could still interfere with ovulation, it prevents fertilization. If taken when it is already too late to prevent ovulation from happening, the method fails and the woman becomes pregnant, only if she is fertile during that cycle. ECPs are definitely not abortive, thereby removing EC from the ethical and moral debates which accompany the abortion debate.

¹ Kesserü E *et al.*, 1974; Raymond *et al.*, 2000; Durand *et al.*, 2001; Croxatto *et al.*, 2001; Hapangama *et al.*, 2001; Marions L, 2002; Croxatto *et al.*, 2002; Croxatto HB *et al.*, 2003; Muller *et al.*, 2003; Palomino *et al.*, 2003; Brache *et al.*, 2003; Marions, 2004; Ortiz *et al.*, 2004; Gemzell-Danielsson K, Marions L, 2004.

² International Federation of Gynecology and Obstetrics (FIGO), 2003.

From an ethical point of view, EC should be evaluated in the same way as other contraceptive methods. It should be based on the principles of bioethics: beneficence, equity and justice, autonomy and respect for the individual, based on a human rights perspective as established by the United Nations Convention of 1968 (see *Fact Sheet 1*). These principles call for the safeguarding of pluralism in societies, for the respect of different views held by people regarding fertility control, as well as for the freedom to decide about the use of contraceptive methods.

Ethics and the Contraceptive Use

According to the World Health Organization, of the 200 million pregnancies that occur worldwide, 529,000 maternal deaths take place, of which 13% are caused by unsafe abortions. Each year 10.6 million children die before they reach the age of five, and 20 million children are born underweight. These problems are concentrated in less developed regions of the world, among the poorest and least served areas of a country. Unwanted pregnancies that are carried to full term can have severely negative effects on the physical and mental health of women and children; high incidences of child abuse are one of these effects. Many unwanted pregnancies occur during adolescence; these have serious consequences on the life of young mothers and their children. Preventing such problems is one of the goals of family planning and reproductive health programs.⁴

The concern for the wellbeing of the family and the reduction of poverty are important motivations for accepting of fertility regulation methods. The concept of “responsible parenthood” is thus linked to having the number of children that can be loved, taken care of, supported, and educated.

The use of contraception fulfills the principles of bioethics because it contributes to people’s wellbeing and autonomy; it protects the right to life and health; it supports women and men’s right to enjoy and decide upon matters concerning their sexuality and reproduction from an autonomous position, as well as helping to ensure the right of children to be wanted.

The Regulation of Fertility as a Human Right

The regulation of fertility falls into the context of human rights:

The right to life and health:

The use of contraception protects the life and health of women (see *Table 1*) as it prevents unsafe abortions from taking place while also avoiding pregnancies in women with pathologies that expose them to serious risks when pregnant. Contraception also protects the health of mothers by prolonging the interval between pregnancies, thus allowing for them to recover physically, mentally, nutritionally, etc. The rates of infant mortality are higher when pregnancies occur in intervals of less than two years compared to when they are separated by larger intervals, thus contraception allows for a higher rate of child survival.

	Deaths per 100,000 women ⁵	Contraception % of women of reproductive age ⁶
Africa	102 - 153	1 - 49
Asia	14 - 144	9 - 70
South America	6 - 12	9 - 58
North America	1 - 2	74 - 80
Northern Europe	1 - 2	81 - 84

⁵ Adapted from Hill *et al.*, 2001.
⁶ Adapted from Robey B *et al.*, 1992.

The right to individual liberty: Each person should be able to express their sexuality, decide their reproductive behavior, and to use contraception according to the perception that one holds of oneself, according to one’s life situation and values.

The right to start a family and to decide whether to have children: The right to avoid unwanted pregnancies requires the use of efficient contraception. It is estimated that 120 million people around the world do not have access to contraception.

³ Díaz, 2004; IPPF, 1996, FIGO, 2003.

⁴ Hill K *et al.*, 2001; Robey *et al.*, 1992.

The right to health care: People have the right to health care, not only by preventing unwanted pregnancies, but also through contraceptive measures. This implies knowing the contraceptive options that exist in order to make convenient and safe choices taking into account one's own characteristics and personal necessities as well as from a biomedical point of view.

The right to education and information: People have the right to information, counseling and guidance about contraception so that they can make free and informed choices concerning their sexuality and reproduction.

The right to privacy and confidentiality: The principle of respect for individuals implies that they have the right to be taken care of in a private environment which guarantees the confidentiality of their choices and actions.

The right to equity and dignity: All people have the right to be taken care of with respect and dignity, regardless of their social condition, economic situation, beliefs, ethnic origin, civil status, sexual orientation, age or any other characteristic that they may possess.

The right to the benefits of scientific progress: This right implies that procedures or medications recognized as effective regulators of fertility be made accessible. It also requires that health professionals must follow standards based upon the most recent scientific evidence regarding methods and procedures in their medical practice (evidence-based medicine). It also implies that health services be managed and organized so that family planning methods are delivered in an appropriate and effective way (based on evidence stemming from research on health services and on operational research).

The right to live free from abuse or torture: Contraception prevents abortions as well as its physical, psychosocial and legal consequences which amount to a serious form of abuse. Health care services must respect and treat people in a dignified way, while guaranteeing conditions (in the organization and its infrastructure) that do not imply psychological nor physical aggression for clients.

The Responsibility of Service Providers

When dealing with ethical aspects of contraception, including EC, it is essential to take into account the responsibility held by health personnel providing contraceptive services.

People who need contraception are women, men and youth with different biomedical characteristics and diverse lifestyles, surrounded by specific social environments that influence their daily life and their future plans. These people have value systems and personal experiences based on their gender, with different levels of awareness of the influence that these factors have on their behavior. It is in this context that decisions are made, when possible, about sexual and reproductive behaviors.

Health care providers must have ethical principles in mind and at the same time respect the clients' rights, in order to inform and support their decision-making process when choosing a contraceptive method that is suitable for the characteristics and needs of the individual.

Health care providers must not impose their religious stance or values on their clients, and must respect the diversity of opinions, beliefs and religions. Some health care professionals refuse to provide certain contraceptives such as EC, because they erroneously perceive it as an abortive method due to lack of information. This conscientious objection on behalf of health care professionals is valid only if the provider immediately refers the person requesting the contraceptive method to another health professional so as to facilitate prompt care and information. An urgent referral is of paramount importance because of the limited amount of time during which EC is effective.

There are also different positions concerning the exercise of sexuality and its separation from reproduction. According to the principle of respect for people, health care providers must offer their services to whomever requests contraception without giving preference to their own ideological positions regarding definitions of family, sexuality without reproduction, or the use of certain contraceptive methods.

Unwanted pregnancy is associated with a limited knowledge of one's own body and the reproductive physiology of women, and to inadequate use or lack of use of effective contraceptive methods. Health providers may offer information about reproductive physiology and must provide complete and unbiased information about contraceptive methods. This requires providers to have information regarding methods and their potential health consequences, and technical knowledge to carry out the necessary procedures. A lack of training in service providers is contrary to the principle of doing no harm. The process of communication between providers and users must take place in a context of equality and mutual respect to ensure that a principle of respect for people is satisfied. Free and informed consent can only take place under these conditions.

Public and private health care authorities have the ethical responsibility to facilitate and supervise that these conditions be fulfilled. The debate concerning the ethical aspects of fertility regulation should not be centered on contraceptive technology but rather on the quality of information and the services offered, so that principles of respect for people and their autonomy and of beneficence are satisfied within a framework of human rights.

The Perspective of Catholics for a Free Choice

As Catholics for Free Choice we stand by the principles of an educated conscience and by the doctrine of probabilism. These postulates of the Catholic Church support the supreme value of personal conscience. Thus, Catholics faced with a choice that implies a moral problem (such as avoiding unwanted pregnancies), are free to decide according to their own conscience separate from the teachings of the Catholic hierarchy.

In several countries in Latin America and the Caribbean, political actions against provision EC have been mainly promoted by the Catholic Church and by fundamentalist sectors of society. This constitutes an assault on women's rights to free choice as well as on women's rights to access scientific progress for the benefit of our health and life.

When dealing with matters related to contraception, interference by the hierarchy of the Catholic Church on public opinion and on authorities becomes akin to coercion, particularly when individuals have been threatened with excommunication. Parliamentarians in our countries are also subjected to these pressures.

Within this framework, it is a priority for Catholics for a Free Choice to work with public policy officers and legislators in order to support civil society's capacity to question norms in order to benefit people's lives.

Visit our website www.catholicsforchoice.org



Consortio Latinoamericano de Anticoncepción de Emergencia

Latin American Consortium for Emergency Contraception

THE SITUATION OF ADOLESCENTS AND YOUTH

Adolescent pregnancy rates have been demonstrating a tendency to rise around the world. Women aged 15-19 give birth to approximately 17 million of the 131 million children that are born every year.¹ According to data from the Pan American Health Organization, in the year 2001, the annual rate of fertility in adolescents (live births per 1,000 women aged 15 to 19) varied between 40 and 160 in Latin America and the Caribbean, while in developed countries, the figure is less than 20 per 1000.² In Latin American and Caribbean, young women represent between 25% and 50% of unwanted pregnancies.

In Latin America, adolescent men and women begin their sexual activity at early ages, with little access to information about sexuality, reproduction, or how to prevent risks to their health. For example, young people encounter serious difficulties and restrictions when trying to access sexual and reproductive health services and effective contraceptive methods. These restrictions are cultural, economic, or religious and are related to lack of power in the household, school and in society. In general, adolescents are not believed to have sexual and reproductive rights.

Given this situation, it is of utmost importance to guarantee access to emergency contraception (EC) for adolescents and youth. Distribution of EC to adolescents and youth should promote their emotional, psychological and physical integrity, and should ensure complete respect for their rights. According to the principle of non-discrimination, young men and women must be treated as citizens that have sexual and reproductive rights.

Young People's Voices*

What sexual and reproductive rights can young men and women exercise through emergency contraception?

EC is especially relevant within the context of sexual and reproductive rights. In fact, EC represents an advancement in the struggle for these rights. EC is a means to exercise these rights in very specific cases such as rape, condom failure, or unprotected sex. The exercise of some rights can be facilitated through information and access to EC. These include:

- *The right to reproductive autonomy:
EC allows women to prevent unplanned pregnancies. This means that young women make their own decisions and experience sexuality according to their needs and not based on gender stereotypes such as virginity, maternity, subjection to male desires, and others.*
- *The right to a comprehensive and secular sexual and reproductive education:
EC must be a part of the educational curriculum and it must be presented in relation to topics such as sexuality, contraceptive methods, prevention and defense against sexual violence, etc.*
- *The right to live free from violence:
EC facilitates the care of victims of sexual violence who run the risk of pregnancy.*

¹ Population Action International, 2001.

² Guzmán JM *et al.*, 2001.

If we understand EC within the context of these rights, we can generate strategies to facilitate access. This contributes to the empowerment of young women and men by presenting tools that allow them to freely make their own decisions regarding their sexual and reproductive rights.

- * Based on the document: “La anticoncepción de emergencia: un importante camino para ejercer nuestros derechos sexuales y reproductivos” (Emergency Contraception: an Important Means to Exercise Our Sexual and Reproductive Rights) produced by the Latin American and Caribbean Network for Sexual and Reproductive Rights (REDLAC); Elige Red de Jóvenes por los Derechos Sexuales y Reproductivos, A.C. (Mexico); Profamilia (Colombia); União de Mulheres (Brazil); Católicas por el Derecho a Decidir (Bolivia).

INFORMATION, EDUCATION, AND COMMUNICATION CAMPAIGNS ON EC FOR AND BY YOUTH

Training

To reach young people—who are at greater reproductive risk and present a higher chance of engaging in unprotected sex—youth themselves must promote and disseminate information about EC through information, education and communication campaigns. The training and information they need should be interactive and include spaces for open, confidential and non-judgmental dialogue. EC training programs that include youth are considered more effective if EC is the sole topic, though it must be placed in the context of other family planning methods. At the end of the training, it is important to evaluate the quality of information received by young men and women and to hear their opinions about the process.

Materials

Posters, brochures, videos, calendars, and stickers may be produced and distributed. They should:

- Inform about EC;
- Identify situations in which EC is recommended;
- Include direct messages that meet the needs of young men and women; and
- Facilitate access and provide information on how to contact health care providers who can offer emergency contraception pills as well as instructions about its correct usage.

These materials should always reinforce messages about gender equity and the importance of mutual sexual care so as to emphasize that EC is only a support method and should not be a regular method for pregnancy prevention.

Community Promotion

It is important to disseminate information about EC and the use of condoms to young women and men in places where they spend their time (schools, dance clubs, internet cafés, bars or sports facilities) and through free hotlines. Printed information, such as cards containing EC information on a wallet sized calendar, may be distributed among young people. Ideally, both contraceptive methods (condoms and EC) would be distributed in places where young people tend to spend time.

Informational home visits offer the opportunity for parents to learn about the existence and function of EC and also highlight the importance of respecting their sons’ and daughters’ sexual and reproductive rights. Home visits can also foster parents’ involvement in improving the quality of life for their daughters and sons and in preventing pregnancies and STIs, including HIV. Information that counteracts prejudices about young people being irresponsible and about EC promoting promiscuity should be disseminated.

Promotion in Schools

Activities that promote and educate about EC should be held in schools and it is critical to help supply this method through the school health personnel. If authorities are against school distribution, a referral system to youth centers and to EC providers should be created.

COUNSELING AND APPROPRIATE SERVICES FOR YOUTH

Counseling

Counseling services as well as sexual and reproductive health services should have specific programs or units that offer youth-friendly information and care to adolescents of both sexes. These units for youth should also include the participation of young people in the planning, implementation, monitoring and evaluation of its health programs.

EC may motivate male adolescents to approach these types of youth health services. It is important to involve male adolescents when a couple requests EC from a health facility because it offers an opportunity to stimulate a sense of shared responsibility in youth as well as dialogue between the couple concerning the use of contraceptive methods.

In order to guarantee youth access to EC, health professionals need to be trained, including staff at pharmacies, so that they can provide information and guidance regarding contraception and, especially EC to youth. It is also pertinent to discuss with health promoters the importance of method delivery to youth.³ Furthermore, spreading wrong and negative messages about contraceptive methods and EC (for example that they are “harmful to the health and development” of adolescent women) must be avoided.

Guidance given to young women and men may be more effective if accompanied by a dose of ECPs together with a condom and an informational brochure about other contraceptive methods, so that young people may choose what product best meets their needs.⁴

It is advisable that health personnel from public and private institutions and NGOs that offer services for young people receive up-to-date information and training on EC. This new information should be distributed to their offices or pharmacies.

Other aspects worth considering are simplifying delivery methods of contraceptives and including educational materials with them. The messages should center on developing decision-making skills, and how to stay sexually healthy.

Ethical Aspects

When adolescent women and men seek contraceptive services, health service providers must follow the principles of respect for personal dignity and safeguarding clients’ rights within a framework of privacy and confidentiality. Nevertheless, often when youth and adolescents seek contraceptive services, particularly EC, health professionals fear criticism from parents or worry that they are being thought of as promoting inadequate behavior such as early sexual activity. When addressing these kinds of reactions, the organization should emphasize the key role healthcare providers hold in diminishing risks associated with sexual and reproductive health and in guaranteeing good health on a larger scale. It should also be made clear that the information provided to adolescents about EC does not influence their sexual behavior.⁵

In the extreme case that a healthcare provider refuses to provide EC on the basis of conscientious objection, the provider must refer the young person to another health professional for adequate care.

Health professionals should be encouraged to provide EC, as well as other contraceptive methods to young men and women without requiring parental consent, in order to respect young people’s decisions and their right to confidentiality. There is no law establishing that parental authorization is required to begin having sex, or that parental guardianship includes control over their children’s sexuality.

³ Society for Adolescent Medicine, USA, 2004.

⁴ Society for Adolescent Medicine, USA, 2004.

⁵ Graham A. *et al.*, 2002.

*For more information on the Latin American Consortium for Emergency Contraception please visit www.clae.org.
For additional resources on Emergency Contraception in English please visit the International Consortium for
Emergency Contraception at www.cecinfo.org.*



Consortio Latinoamericano de Anticoncepción de Emergencia

Latin American Consortium for Emergency Contraception

ADVOCACY FOR EMERGENCY CONTRACEPTION

The goal of making emergency contraception (EC) available for all women in Latin America and the Caribbean requires various actions and strategies. These include disseminating information for diverse audiences, using solid and accurate arguments based on women's rights, the advancement of medical science, and scientific evidence. In order to make EC available to all women in the region, partnerships should be developed among organizations and people who can contribute to expanding access to EC.

This fact sheet illustrates some general advocacy ideas that may be useful for groups working towards introducing EC in their countries.¹

Advocacy refers to the action of seeking and mobilizing support for a cause, with the goal of obtaining greater social and political commitment and will from people and institutions that may influence decision-making, social acceptance and public opinion that is favorable to a cause.

DESIGNING A STRATEGY FOR EC ADVOCACY

The first step towards defining an EC advocacy strategy in a given country is to **identify and define goal(s)** so that the expected results are clear. For example, do you wish to improve distribution of EC? Do you want to improve health service providers' knowledge about EC? Do you want to include EC in reproductive health norms? It is important to establish short, medium, and long term goals as well as to create feasible monitoring systems that help evaluate achievement and progress throughout the process. While making an agenda for action, the **objectives and activities must be accurately defined**. These objectives must be formulated in such a way that they can be easily monitored and evaluated within a defined timeframe.

It is necessary to **gather information** as input to develop effective messages. This information should be based on statistics and facts that stem, as much as possible, from research and studies about EC. It is important to have local information that is relevant to the audience that the advocacy strategy is targeting. It is best to be familiar with the degree of acceptability of EC among different population groups as well as the situations in which there is consensus on when the use of EC is necessary. These facts may be obtained from epidemiological research or sociological surveys in each country. When there are no local research results, the possibility and feasibility of undertaking a simple exploratory or experimental survey must be evaluated as one of the activities to be carried out within the strategy.

Resource Allocation

Research is an important tool for EC advocacy. Research results can be organized in data banks that include summaries of available studies and arguments for EC that each research study supports. Research will also help identify areas for action and effective messages to promote EC or to respond to accusations put forth by conservative groups. Some examples are:

¹ Sources used: Advocacy Guide for Sexual and Reproductive Health & Rights, International Planned Parenthood Federation (IPPF), London, 2001; Defendiendo nuestros derechos: Guía de abogacía por los derechos sexuales y reproductivos, Family Care International (FCI), Bolivia, 1999; Bolivia y el Fondo de Población de las Naciones Unidas (UNFPA), 1999; Rance, Susana and Tellería, Jaime; Advocacy participativo; Population Concern, Bolivia, 2001.

- Research on **knowledge, attitudes, and perceptions** held by the general population about EC is necessary to develop sensitization and awareness campaigns.
- Studies on **knowledge, attitudes, perceptions, and practices** held by health personnel show: how much they know about EC; prejudices and erroneous beliefs about the mechanism of action of EC on which health personnel may be basing their judgments; the degree of knowledge of the legal status of EC in the country, etc. Having this information will help define key messages for advocacy campaigns directed at health service providers. At the same time, it may help mobilize resources to fund training of health personnel on EC.
- Evaluating **dissemination strategies** helps to plan and improve EC's dissemination and distribution programs directed at the general population. It also allows helps to identify what measures must be taken to ensure access to EC by more vulnerable populations (such as adolescents, rape victims, or illiterate women).
- Research on **the mechanism of action** of EC provides important arguments founded on scientific evidence. These prove to be most useful when debating the method's legitimacy.

Developing an Effective Message

The primary audience of each advocacy activity should be clearly defined, whether it includes leading institutions in health, human rights, and politics; individuals with decision-making power in terms of policies, programs, and services; mass media, such as the press, radio, and television; women and the general public, etc. Each of these groups requires different approaches in terms of messaging and means of communication.

Messages whether oral, printed, or audiovisual must be simple, clear and to the point. It is important to test the messages with representatives from the target groups before disseminating them on a larger scale. To determine content, the following issues must be taken into account:

<i>Audience:</i>	Who is our target audience?
<i>Content:</i>	What do we want to say? Why? What response are we expecting from the audience?
<i>Language:</i>	What language should be used for the message to be received effectively? What wording should be avoided?
<i>Style:</i>	What is the most appropriate style for each audience? Formal, academic, or educational?
<i>Source:</i>	Who is sending the message? What individuals or institutions have the necessary credibility with the group we wish to address?
<i>Medium:</i>	Which communication channels will have greater impact among the selected audiences? Which media can be used given the availability of resources?
<i>Time and place:</i>	What is the best moment to reach our target audience? What community dates or events may serve as links to launch our messages and promote EC?

BUILDING ALLIANCES

In order to gain social and political support, other allies who can support the promotion of EC and generate strategic alliances should be identified. These partners may be organizations or public figures, such as opinion leaders, politicians and parliamentarians, decision-makers, etc., whose support may be key to mobilizing human and economic resources.

Alliance-building is one of the most powerful ways to strengthen advocacy actions, respond to attacks by opposition groups, widen support organization networks, disseminate information, create collaborations, work opportunities and commitments, and make the best use of the means available to reach a common objective.

Before implementing a strategy to promote EC, it is important that working teams are formed, that partners assign tasks according to their specific strengths, and that information is shared so that messages are consistent. Having the widest possible support base and the necessary funding to implement activities is a must. It is easier to mobilize resources for advocacy strategies when objectives are clearly defined and alliances are established.

The goal of the Latin American Consortium on Emergency Contraception (LACEC) is to help build these alliances regionally and nationally, and to strengthen them around women's rights to EC and to sexual and reproductive health. See the list of your country's institutions affiliated to the consortium (www.clae.info) to identify possible allies.

In Latin America and the Caribbean, there are several networks and coalitions with offices in each of the member countries, which are organized to advocate on a series of issues related to sexual and reproductive health and to women's health and rights. These issues include reducing maternal mortality, preventing violence against women, and decriminalizing abortion. These networks have designed work targets and strategies for collaboration, information dissemination, and monitoring the performance of public institutions regarding the implementation of health policies and programs and the fulfillment of related laws. These include:

- Grupo de Trabajo Regional Interagencial para la Reducción de la Mortalidad Materna (Interagency Regional Working Group for the Reduction of Maternal Mortality);
- Red Latinoamericana y del Caribe por los Derechos Sexuales y Reproductivos de la Mujer (Latin American and Caribbean Network for Women's Sexual and Reproductive Rights);
- Red de la Salud de las Mujeres Latinoamericanas y del Caribe (RSMLAC) (Latin American and Caribbean Women's Health Network, LACWHN) www.reddesalud.org/presentacion.html;
- Red Feminista Latinoamericana y del Caribe contra la Violencia Doméstica y Sexual (REDFEM) (Latin American and Caribbean Feminist Network Against Sexual and Domestic Violence) www.refem.cl; and
- Comité de América Latina y el Caribe para la Defensa de los Derechos de la Mujer (CLADEM) (The Latin American and Caribbean Committee for the Defense of Women's Rights) www.cladem.com

You may contact these organizations in order to identify allies for your EC advocacy campaign.

Some Advice for Creating and Organizing Strategic Alliances

Every coalition, alliance or network, generally:

- Follows a set of statutes that define its formation and functioning;
- Establishes goals, objectives, and activities that will guide collective work;
- Defines members' functions and establishes working groups or subcommittees in charge of different activities and tasks. For example, subcommittees may be created for work on policies (the monitoring of agendas, international commitments, writing of norms and communiqués, etc.); for promotional tasks (producing and disseminating information, awareness raising campaigns, strategies to recruit new groups, etc.); and to seek financial resources to fund planned activities;
- Establishes methods of working and frequency of meetings depending on their calendar of activities, the mobility of each member and opportunities available in each particular country; and
- Monitors and evaluates each working groups' and subcommittees' plans, as well as planning future actions based upon those evaluations.

IMPLEMENTING AN ADVOCACY STRATEGY AND FACING OPPOSITION

Once an EC advocacy strategy has been planned, activities may begin. To make a strategy visible and obtain commitment from people who may favor the introduction of EC, suitable events may be used, such as public forums, seminars and conventions. These are situations in which dialogue about health and sexual and reproductive rights can take place. These opportunities are appropriate to deliver information and to present arguments about the need and importance of EC, from the point of view of people who require it, and also to deliver information about health problems relevant to each country.

Teams must be prepared for unforeseeable issues and be ready to modify a strategy or the contents of its messages at any time. It is important to acknowledge and be aware of possible EC opponents, to analyze their arguments and to develop answers based upon solid arguments and scientific evidence. Even when opposition may not be evident, it is advisable to be prepared by taking into account the lessons learned in other countries where there has been progress in introducing EC. In Latin America and the Caribbean the most common arguments used by groups who oppose EC are the following:

- "EC is a form of abortion" ...FALSE!
EC cannot interrupt an established pregnancy. Research has shown that EC can prevent or delay ovulation, interfere with the migration of sperm cells towards the fallopian tubes, and prevent fertilization, but it cannot prevent implantation and cannot affect an ovum that has already been implanted in the uterine lining.
- "EC promotes promiscuous and irresponsible ways of life" ...FALSE!
EC offers one more way to exercise responsible sexuality, it offers another contraceptive option to women and couples who may need it. There are many circumstances in which the most responsible thing to do is to use EC in order to prevent an unwanted pregnancy (for example, in the case of rape, when a regular contraceptive method fails or is used incorrectly, or in the case of flawed planning).
- "EC is directed at single teenage men and women; its availability affects the authority of parents and the morale of the community" ...FALSE!
Women of all ages may need EC at some point in their life. Young women who lack experience in the use of contraceptives are at greater risk of unwanted pregnancy. If unprotected sexual relations take place, avoiding teenage pregnancy is a top priority because of the negative consequences that an unwanted pregnancy can have on a young woman's psychological, physical, and emotional wellbeing.

- “EC is just like the abortion pill RU486” ...FALSE!
EC only acts before a pregnancy has occurred. RU486 (its generic name is Mifepristone), which is employed to induce an abortion, is used once a pregnancy has been confirmed.

EVALUATING AND MONITORING AN ADVOCACY STRATEGY

Throughout the implementation of a strategy it is necessary to evaluate the results and impact of advocacy efforts. To this end, it is important to measure progress towards the achievement of short, medium and long-term objectives that have been set, using participatory evaluation processes. Based on the results of this evaluation, recommendations can be put forth to adjust and refine strategies and to identify subsequent steps for EC promotion. It is important to share lessons learned from this evaluation among members of national and regional alliances, in order to contribute to the acquisition of knowledge obtained from experience.

THE ROLE OF NGOs AND CIVIL SOCIETY ORGANIZATIONS

Since EC is an essential component of sexual and reproductive rights and women’s rights, NGOs have an important role in:

- **Identifying and involving political actors** who support EC, thus generating public debate and positioning the topic in state political agendas.
- **Creating awareness** about the importance of EC to women’s health and their sexual and reproductive rights among mass media professionals as well as among health, judicial and educational professionals.
- **Creating alliances with mass media** so they can participate in EC information and dissemination campaigns, based on scientific evidence, to refute arguments from opposition groups.
- **Disseminating clear and simple information about EC** through written and audiovisual media so that all women, without exception, learn about this option offered by contraceptive technology that allows them to make free and informed decisions when facing the possibility of an unwanted pregnancy.
- **Guaranteeing availability** of EC for women and adolescents so they may freely exercise their human and reproductive rights without pressure, coercion or intimidation. If access to EC is not provided, many women are forced to make decisions that may lead them to suffering permanent disabilities or even death.
- **Reviewing, documenting and informing about the current status of norms** regarding respect for women’s human and reproductive rights in each country. These norms must be analyzed vis-à-vis the commitments signed by states at international treaties and covenants. Facilitating access to EC for every woman and couple is a State responsibility in terms of protecting the sexual and reproductive rights of its population.
- **Organizing interdisciplinary groups**, with strong participation by women and youth, to develop strategies that promote and monitor respect for sexual and reproductive rights, access to the benefits of medical and scientific progress, including EC, and mainstreaming gender perspective into health services.
- **Preparing, incorporating and disseminating solid arguments**, which are conceptually clear, regarding fundamental concepts such as fertilization, implantation, gestation, pregnancy, etc., in order to refute statements from opposing groups, and to add technical and scientific perspectives to advocacy arguments.



STRATEGIC FOCUS ON INCLUDING EMERGENCY CONTRACEPTION IN OFFICIAL HEALTH NORMS

The following scenarios favor the inclusion of emergency contraception (EC) in different norms and medical and medical-legal procedures for countries:

- Gender and rights perspectives have been incorporated into national and local policies;
- There is recognition and adherence to international agreements regarding sexual and reproductive health and rights;
- Abortion is decriminalized or legal under given circumstances;
- There are laws protecting women from gender violence as well as norms for the comprehensive care of victims of sexual violence;
- There are regulations regarding sexual and reproductive health care in the ministry of health;
- Existing medical-legal systems already include gender and rights perspectives;
- There are laws that guarantee citizens' sexual and reproductive rights and these laws are guaranteed to be implemented; and
- The state is secular and does not allow interference by religious groups or fundamentalist movements in matters of citizens' rights and public health.

Governmental Institutions

All efforts should be coordinated with health, education, judicial, and pharmaceutical product registration systems in order to ensure that EC is included in a country's norms, protocols, services and patents.

Health System

Consider the following:

- National sexual and reproductive health programs;
- Emergency care systems, both in hospitals and prior to hospital arrival;
- The three levels of health care services (primary, secondary and tertiary);
- Private health care systems; and
- Informal and traditional health care systems (midwives, traditional doctors, etc.).

Educational System

Advocacy for integrating and educating about EC must target:

- Curricular and extracurricular sexual education programs;
- Training programs for health professionals; and
- Syllabi of medical, nursing, social work, psychology, law and other university programs.

The educational system is critical to delivering information about EC to health professionals and thus to the general population.

Judicial System

EC should be considered an essential component of services for women who have experienced sexual violence. It protects both the health and reproductive rights of women of reproductive age. EC can prevent an unwanted pregnancy that may occur as a consequence of rape and can thus partially reestablish the reproductive health of a woman who has been assaulted.

New Pharmaceutical Product Registration Systems

EC can be introduced into the market as a dedicated product (contraceptive pills specifically created to be used as EC) or as EC pills. It is important to identify the strengths and opportunities to position EC in each country without running the risk of having the product removed from the market. Registration of a dedicated EC product can be made both by a pharmaceutical laboratory and by a public, private, or non-governmental organization that works in health and/or in sexual and reproductive issues.

Reviewing Health Norms

Including EC in norms related to sexual and reproductive health (including family planning and care for domestic and gender violence victims) is a strategic goal as it legitimizes the use of EC and supports acceptance of this method among health sector professionals and the general population.

In countries where norms have been passed, they generally fall under the responsibility of the ministry of health and/or social security departments, and are occasionally reviewed and reformulated. It is important that institutions and NGOs advocating for EC join groups or committees that review norms, and that they define strategies to include EC in areas concerning family planning and reproductive health, as well as domestic, sexual, and/or gender violence.

It should be stressed that the absence of EC in norms does not imply that the use of the method is considered illegal. The use of the same hormones present in EC has been legal for a long time in the form of regular hormonal contraception.

By identifying and creating alliances with different agents that favor EC incorporation, we can create scenarios that help neutralize actions from the opposition that hinder its introduction and often set back its inclusion in a country's norms and procedures.

EC as a Component of Care for Victims of Sexual Violence: An Effective Strategy for Introducing the Method

A proven effective strategy to introduce EC into countries where there has been resistance is to promote the method as part of the services offered to women who have suffered sexual violence. The use of EC as an element of medical care after sexual assault is less controversial among sectors that oppose the method, as there exists a larger established consensus concerning a victim's fundamental right to quickly re-establish her reproductive health.

To launch such a strategy, it is important to have current national figures on the incidence of sexual violence, forced pregnancy, and unsafe abortion, as well as figures documenting the relationship between unwanted pregnancy and maternal morbidity and mortality.

Opportunities for Participation in Civil Society

In many countries, civil society organizations and NGOs have become leaders in advocacy for EC. Within civil society different groups may disseminate information about EC, including the following:

- Organizations that defend human rights;
- Organizations dedicated to monitoring the fulfillment of international human rights (including sexual and reproductive rights), and health and education commitments made by national governments;
- Women's organizations, feminist organizations, and others that specialize in advocating for women's rights and gender equity;
- Organizations that work for and with youth;
- Organizations that promote and offer family planning and sexual and reproductive health services; and
- Other grassroots organizations that are supportive of the issue.

Generally speaking, NGOs have greater freedom of action with a larger capacity to mobilize strategic support and resources in order to promote progress within national health policies and programs. National-level NGOs may need the support of networks and organizations that advocate for EC both regionally and internationally.

However, it is essential that initiatives to introduce EC by civil society and NGOs include the collaboration of the public sector so as to guarantee that achievements are sustainable, as well as to secure both short- and long-term support for EC from state institutions.

Some NGOs have successfully ensured inclusion of EC in national norms (such as PROFAMILIA in Colombia) and have documented their advocacy strategies sharing challenges, successful strategies, and lessons learned throughout the process with organizations from other countries.

IMPLEMENTATION OF NORMS

Norms regarding reproductive health, family planning and/or care for victims of sexual violence are intended for implementation at the national level, to be used and applied at every level of care. However, this is not always the case, for reasons including a lack of trained personnel, a scarcity of economic resources, or insufficient supervision and monitoring systems within health services. Furthermore, in many countries health personnel are unfamiliar with norms issued by health ministries, and these norms are often not enforced by services in other sectors, such as the justice system.

In order to implement national norms in reproductive health, family planning and/or care for victims of sexual violence, EC must also be included in other regulations such as:

- Procedure and protocol manuals for emergency services at hospitals;
- Procedure manuals for emergency care systems for pre-hospital arrival and for paramedics;
- Protocols for care for women who suffer sexual violence and seek care in the private health care system; and
- Protocols for care in medical-legal systems for women who suffer sexual violence.

Different EC models and/or counseling and delivery protocols can be formulated according to the service in which the method will be introduced. The following can be used as reference:

- The national norm (in countries that have one);
- Documents issued by different health and scientific organizations, such as the World Health Organization and the International Planned Parenthood Federation; and
- Documents issued by regional and international EC advocacy networks such as the Latin American Consortium for Emergency Contraception (LACEC) or the International Consortium for Emergency Contraception.¹

Judicial and health care systems may be centralized or decentralized within a country. Decentralized systems usually offer greater opportunities for the effective incorporation of EC because they tend to have a larger capacity to respond to needs expressed by civil society, organized at a local, county or departmental level.

¹ Internacional Consortium for Emergency Contraception, 2001.

TRAINING AT EVERY LEVEL

In order to disseminate information, to facilitate access to EC, and to provide quality services to women in need, training in EC must include all personnel in charge of providing information and counseling. This requires that every person involved is trained, from service providers to administrative staff. Comprehensive training must include the following elements:

- Placing EC in the context of human sexuality and sexual and reproductive health and rights;
- General information about the country's sexual and reproductive health and rights situation;
- Raising awareness about sexual violence;
- Training in EC that incorporates existing methods (its composition, posology, indications, contraindications and warnings), its mechanism of action, side effects, effectiveness, and counseling of clients; and
- Incorporation of EC in the context of sexually transmitted infections and HIV prevention.



Consortio Latinoamericano de Anticoncepción de Emergencia

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LOGISTICAL ISSUES

Access to emergency contraception (EC) depends on its availability in all health services and on an information and dissemination strategy. It is important to have two EC alternatives readily available: a levonorgestrel-only specific or dedicated product and the Yuzpe method (regular contraceptive pills containing ethynil estradiol and levonorgestrel). Levonorgestrel only has less side effects, is more effective and easier to take. However, the Yuzpe method is cheaper and readily accessible to women, as regular combined pills are usually available without a medical prescription.

REGISTERING AND MARKETING DEDICATED PRODUCTS

These activities include several steps:

Product Registration

- The pharmaceutical company that produces a given EC product may select a single importer in each country. The company must be certain that the interested importer-distributor is trustworthy and economically stable. The importer-distributor must convince the pharmaceutical company of its ability to register the product successfully and of its capacity to market and distribute the EC product in amounts that will be economically profitable. For this purpose, a portfolio must be prepared exhibiting its successful record in imports and sale of pharmaceutical products, as well as a marketing plan and sales projections for EC.
- Once an agreement has been reached with a pharmaceutical company, the importer-distributor will present a portfolio with information about EC to the government office responsible for registering new products. The time the government takes to approve the registration and sale of the product may vary (generally between 3-12 months). This process costs around US\$2000 per country, which may be covered by the importer or the producer.

Production

Once the product has been registered and the government has approved the product, the EC importer-distributor will arrange for production with the pharmaceutical company.

Launching

A product launch creates awareness of and support for the new product within the medical community. Prior to the launching, the importer-distributor must disseminate promotional and training materials, relevant scientific articles, and free samples.

Distribution, Sales, and Promotion

The product should be available in at least 70% of the country's drugstores, for which the importer must have a large group of vendors. Drugstores may refuse to buy the product, which stalls accessibility and sales. However, resistance can be avoided through an attractive sales strategy that employs solid and convincing marketing arguments. Advocacy activities are indispensable to raising awareness of the product's existence among female consumers and to guarantee the support of a wide range of service providers.

PRODUCT AVAILABILITY

The availability of EC at health service centers depends on economic resources, the political will to purchase such products, and on the existence of oral contraceptives in the country. When there are limits due to budget constraints, public services and NGOs may use various strategies:

- Negotiate an agreement with the producers/distributors in order to obtain the product on consignment (payment is deferred until the product is sold);
- Negotiate a donation for an initial fund in order to acquire the product; and/or
- Include EC within the annual budget as part of the required medical stocks.

Whether through sales or through free provision, it is essential to keep a record of the distribution of EC for accounting purposes, facilitating re-stocking when appropriate.

THE ROLE OF NGOS

Those who support EC can be of enormous help in the process of registering and distributing the product.

Each institution may use its influence, connections and networks to ensure information and access to the product. NGOs may negotiate partnerships with the commercial sector in order to promote EC and, according to the agreements reached, negotiate with the producers and/or distributors a *quid pro quo* for their support in disseminating the method (for example, providing free products). Another important task for NGOs is to try to influence the commercial price of the product so as to make it more accessible to those needing EC.

SOCIAL MARKETING

Social marketing aimed at the distribution of dedicated EC products at accessible prices may be carried out in various ways.

In some cases, such as with PROFAMILIA in Colombia, the importers/distributors can successfully carry out social marketing on their own. Despite this example, it is not a common practice, as few organizations have the commercial experience. Generally those who carry out the social marketing may buy the product from the producer or from the distributor and/or mobilize funds to distribute it at a price that does not compete with the commercial sector. This strategy is very useful for all sectors and may successfully reach parts of the population not covered by the commercial sector. Finally, NGOs may create ties with the commercial distributor in order to establish a “social marketing” strategy that the commercial sector would probably not implement because of its low income-yield capacity. For example, activities such as distribution in suburban, rural, and low-income areas, as well as educational materials and brochures may be co-financed and therefore help to increase information and access to the product.

NGO Actions and Strategies to Establish Ties with the Commercial Sector

- Promote support of EC from the ministry of health by participating in events such as the launching of a dedicated product.
- Influence the government in order to accelerate the process of registering and distributing a dedicated product.
- Publicly defend the product. Hold press conferences with mass media and facilitate accessible information about EC.
- Establish community-based networks to inform about EC.
- Establish networks with other NGOs to create a broad base of support.
- NGOs with their own clinical services may distribute the product through their own clinics.
- Develop educational materials for users in association with the importer/distributor.
- Co-finance public relations campaigns along with efforts to promote and defend the product.



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PARLIAMENTARIANS' ROLE IN PROMOTING EMERGENCY CONTRACEPTION: LESSONS LEARNED

The collaboration between NGOs and civil society and individual parliamentarians, groups of parliamentarians and /or national legislative commissions allows for the promotion of a variety of topics within the field of sexual and reproductive health and rights, including emergency contraception (EC). Parliamentarians may follow a course of action towards increasing access and knowledge of EC methods among different sectors of society. To meet this goal, they may:

- Initiate and sustain debates that contribute to disseminating relevant and accurate information about EC within society. In this way, they further the process of educating and shaping public opinion;
- Influence other parliamentarians and decision-makers from different governmental institutions, thus generating visible political support and building consensus around EC; and
- Incorporate program agendas within wider social contexts.

Parliamentarians have a solid understanding of their national political reality and of their ability to influence decision-making processes because:

- They are acquainted with the political and social landscapes of their respective countries as well as with the characteristics and functioning of the country's political process;
- They know who the relevant actors and institutions are; and
- They understand the obstacles that must be faced to reach a certain goal and how feasible it is to expect a given change to take place.

AREAS OF ACTION

There are four specific areas of action parliamentarians may participate in: promotion, legislation, resource allocation, and supervision.

Promotion

Promotion involves placing focus on actions around EC that parliamentarians can advance within both legislative sphere and society at large. In this area, parliamentarians can:

- Initiate and sustain dialogues that give EC visibility and build a consensus around the use of the method;
- Foster the creation of alliances and connections with national and international organizations, including civil society groups;
- Participate in debates and public presentations, press conferences, and through mass media;
- Inform and mobilize other parliamentarians; and
- Inform and mobilize other leaders including those involved with policies, programs, and services.

Legislation

This is an area of expertise for parliamentarians. Within it parliamentarians can:

- Develop legislative proposals that favor equity in resource allocation to improve the wellbeing of the population at large and for women in particular;
- Modify laws that discriminate against women and encourage the inclusion of legislation on EC within laws referring to violence against women, particularly in cases of rape and statutory rape;
- Legislate on educational matters so that information about EC is included in sexuality education programs;
- Disseminate and facilitate the implementation of existing laws that regulate the use of EC; and
- Place the topic within the context of international conferences and treaties regarding sexual and reproductive health and rights and women's health, and monitor existing commitments.

Resource Allocation

This area is of crucial importance since the allocation of human and financial resources allows programs on sexual and reproductive health, including EC, to become truly operational. In this area parliamentarians can:

- Participate in and defend EC in budget debates;
- Favor actions that improve gender equity regarding access to sexual and reproductive health products and services;
- Allocate resources to sexual and reproductive education and health, and promote the efficient use of funds;
- Supervise and assess expenditures on sexual and reproductive health;
- Allocate resources to obtain and use accurate information on sexual and reproductive health issues;
- Ensure that the information generated by the state or requested by the state disaggregates figures by sex; and
- Ensure that health sector reform includes sexual and reproductive health issues, including availability of and access to EC in its basic packages.

Supervision

In this area parliamentarians can:

- Promote and participate in the periodic evaluation of the results obtained by sexual and reproductive health programs;
- Promote the use of lessons learned in the development of new programs; and
- Monitor the efficient use of resources to meet the objectives set.

ACTIONS TO PROMOTE SUPPORT OF EC AMONG PARLIAMENTARIANS

The following are some actions which may strengthen the capacity of parliamentarians to advocate in favor of EC:

- Facilitate access to technical, accurate and reliable information based on scientific evidence which allows them to develop solid arguments and sustain informed debates with the opposition and other groups;
- Facilitate contact between parliamentarians and experts and NGOs that can provide suitable information and monitor their activities;
- Facilitate the exchange of experiences and lessons learned when introducing EC among parliamentarians and NGOs from different countries; and
- Promote sharing, technical assistance, and alliances between NGOs, experts, and parliamentarians.

Objectives should be clearly defined and realistic, fostering the creation of a consensus so that legislative proposals are viable.

THE INTER-AMERICAN PARLIAMENTARY GROUP ON POPULATION AND DEVELOPMENT

The Inter-American Parliamentary Group (IAPG) works in direct collaboration with individual parliamentarians and/or national or regional parliamentary groups that work on population and development issues within a rights perspective. At the regional level, the IAPG works closely with three parliamentary organizations: the Latin American Parliament (PARLATINO), the Central American Parliament (PARLACEN), and the Andean Parliament (PARLANDINO).

At the United Nations, the IAPG monitors international conferences and preparatory committees with the objective of promoting the participation of legislators within these groups and events, thereby ensuring their contributions are included in the resulting documents.

The IAPG aims at strengthening partnerships among parliamentarians, intergovernmental agencies and civil society organizations that focus on sexual and reproductive health, rights issues, and on women's empowerment.

Advocacy Materials

The IAPG, acting as a neutral party, seeks to promote an open dialogue on issues related to population and development with a rights perspective, this allows for the exchange of information on topics of regional interest within this field. It produces materials and disseminates information on relevant issues. Useful reference materials for the promotion of EC among parliamentarians can be found on its website (<http://iapg.org/resources.htm>). These include:

- IAPG publications: a series of informational materials produced by the IAPG in an easy-to-read format, especially designed to fulfill parliamentarians' need for information.
- IAPG reports: these reports discuss international activities organized by the IAPG with parliamentarians. This section also includes a series of documents produced jointly with other regional parliamentary networks.
- Basic documents: a series of basic international documents on human rights, including the final documents of the main international conferences and of the Special Sessions of the UN General Assembly.

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*For more information on the Latin American Consortium for Emergency Contraception please visit www.clae.org.
For additional resources on Emergency Contraception in English please visit the International Consortium for
Emergency Contraception at www.cecinfo.org.*



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HOW DO EMERGENCY CONTRACEPTIVE PILLS WORK TO PREVENT PREGNANCY?

- Emergency contraceptive pills (ECPs) inhibit or delay an egg from being released from the ovary when taken before ovulation.
 - In addition, they interfere with the approach of the sperm to the egg.
 - The two mechanisms above tend to prevent sperm and egg from uniting to form a fertilized egg.
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- Several studies have provided direct evidence that both combined (estrogen and progestin) regimens and progestin-only ECPs act by preventing, altering or delaying ovulation, in such a way that the egg is not released timely to be fertilized (1-7). Inhibiting, altering or delaying ovulation constitute the only mechanisms of action that clinical research has proven capable of preventing pregnancy by itself. This is probably the main mechanism ECPs use to prevent a woman to get pregnant.
 - Statistical tests have attempted to determine whether interfering with ovulation could fully explain ECPs' efficacy. However, it has not been possible to determine ECP absolute contraceptive efficacy with enough accuracy (9); thus, statistical approximation is an unsafe way of answering this question.
 - ECP regimens containing levonorgestrel only, prevent sperm from reaching the egg by thickening the cervical mucus, which results in the trapping of sperm from the cervix in the place where egg fertilization occurs (10, 11).
 - Some studies have tried to determine whether ECPs produce changes in histological and biochemical characteristics of the endometrium that may act by impairing endometrial receptivity to implantation of a fertilized egg. However, it has not been possible to demonstrate that ECPs produce major changes that could replicate those endometrial properties (1, 2, 4,12); and it is not clear that the few observed changes are enough to prevent implantation. A recent research study found that ECPs containing levonorgestrel only, do favor endometrial gene expression, associated to endometrial receptivity (13); and research based on animal models have clearly demonstrated that these ECPs do not prevent the implantation of the fertilized egg in the endometrium (14, 15).
 - All of the above indicate that ECPs prevent pregnancy by blocking egg fertilization; and, when the egg is fertilized they cannot prevent implantation, in which case a method failure is produced.
 - Data derived from studies made with high doses of oral contraceptives show that ECP regimens cannot alter an established pregnancy (16, 17).

MECHANISM OF ACTION

Since ECPs only prevent pregnancy in some cases and fail to do so in other cases, any explanation of their mechanism of action must report how pregnancy is prevented and why ECP fails sometimes. It seems more likely that this depends on when intercourse occurred and the timing in a woman's menstrual cycle when the ECP is administered (18). When intercourse occurs after ovulation, the risk of pregnancy is minimal or nonexistent. If intercourse occurs before, but very close to ovulation, there will be little time to inhibit it and halt the sperm ascent through the oviduct, in which case the egg may be fertilized resulting in pregnancy. On the other hand, if intercourse occurs before but farther away from ovulation, there will be enough time for ECPs to act by preventing ovulation and blocking the sperm ascent, thus preventing fertilization.

Why is the Mechanism of Action of ECPs Significant?

- The mechanism of action of emergency contraceptive pills is important for some users, healthcare providers, policy makers and manufacturers because of sensitive ethical and legal reasons.
- Exploring the mechanism of action of emergency contraceptive pills is central to understanding the difference between emergency contraception and early medical abortion. The two have occasionally been confused. ECPs are effective only in the first few days following intercourse before pregnancy begins, while medical abortion is an option for women in the early stage of pregnancy.
- At least five days elapse between unprotected intercourse and the establishment of a pregnancy, defined as implantation of a fertilized egg in the lining of a woman's uterus. ECPs work by preventing the formation of a fertilized egg, and cannot interrupt an established pregnancy or harm a developing embryo. (16,17).

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RECOMMENDATION

For women to make an informed choice about using emergency contraceptive pills, they must know that ECPs may prevent pregnancy in some cases only, and this occurs when there is still time to prevent the union of an egg with a sperm, and do not interfere with an established pregnancy.

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