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# **Mexico: Informing Service Providers and Factory Workers about Emergency Contraception**

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**Frontiers in Reproductive Health  
Population Council**

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Final report of the project, *Dissemination of Knowledge of Emergency Contraception among Service Providers and Factory Personnel*, conducted in Mexico during January-March 1999. This study was funded by the U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID) under the terms of Cooperative Agreement number HRN-A-00-98-00012-00, Subproject number 5801.13003.421. The opinions expressed herein are those of the author and do not necessarily reflect the view of USAID.

## **Mexico: Informing Service Providers and Factory Workers about Emergency Contraception**

### **SUMMARY**

The goal of this project was to inform physicians, pharmacists, and female factory workers about emergency contraception through mailings of booklets and posters. These materials had been developed in a previous operations research project conducted by the Instituto Mexicano de Investigación de Familia y Población (IMIFAP) and supported by the Population Council INOPAL III project. Both activities were funded by the U.S. Agency for International Development.

This dissemination project consisted of distributing the following print materials:

- A four-page booklet to inform physicians about emergency contraception (EC), which was inserted into a magazine sent to 15,000 physicians as well as mailed to a separate list of 3,065 private physicians;
- A four-page booklet to give pharmacists basic information about EC, which was inserted into a magazine sent to 15,500 pharmacies as well as mailed to a separate list of 1,075 pharmacies; and
- A booklet and poster mailed to 2,107 assembly plants located near the U.S./Mexico border.

The impact of the mailings was assessed by analyzing responses to three questionnaires mailed to the three major audiences. Questionnaire respondents generally liked the print materials and welcomed information about EC. Within three weeks of receiving the materials, many respondents reported that they had taken immediate action to make EC available and/or to educate others about EC:

- Nearly all physicians said that they had already given information to women in need of EC;
- Most physicians had discussed EC with their colleagues;
- Some physicians had given a talk about EC to their medical colleagues or had consulted them about implementing EC services;
- Most pharmacists had already provided information about EC to women and had discussed EC with other staff members;
- Nearly all of the respondents from assembly plants said that they had discussed the materials with other staff members; and
- One in five of the physicians and respondents from assembly plants stated that they had disseminated information about EC through the mass media.

Most respondents wanted more information about EC. Only a few respondents were opposed to EC.

This project showed that targeted mailings to key audiences can increase awareness of emergency

contraception at a relatively low cost. The booklets reached more than 18,000 physicians and 16,500 pharmacists. The booklets and posters sent to 2,107 assembly plants reached an estimated audience of 1.1 million reproductive-age women. The project cost \$27,978, of which the major components were printing and postage.

This experience indicates that reproductive health organizations can be effective in making information about EC and related services widely available. Public and private agencies in Mexico and other Spanish-speaking countries should replicate or modify the existing materials and distribute them widely.

# **Mexico: Informing Service Providers and Factory Workers about Emergency Contraception**

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# Mexico: Informing Service Providers and Factory Workers about Emergency Contraception

## I. BACKGROUND

Emergency contraception (EC) is a method that women can use to prevent pregnancy following unprotected sexual intercourse (sex without contraception or a contraceptive accident). Emergency contraception uses contraceptives that are widely available and accepted in most countries. The two contraceptive methods most commonly used for emergency contraception are:

- **Combined oral contraceptives.** Women who have unprotected intercourse may avoid an unwanted pregnancy by taking oral contraceptives as soon as possible and within 72 hours after intercourse. The usual dose is two contraceptive pills with 50 mcg ethynil estradiol/150 mcg levonorgestrel, followed by two additional pills after 12 hours. In the case of low-dose pills (30 mcg ethynil estradiol/250 mcg levonorgestrel), four pills must be taken in the first 72 hours after unprotected intercourse, followed by four additional pills after 12 hours. There are no known contraindications for these regimes. Studies have found that 98 percent of the women who take them as instructed do not become pregnant. Side effects include nausea (in approximately 50% of the cases), irregular uterine bleeding and breast tenderness.
- **Intra-uterine devices (IUDs).** Copper-medicated IUDs may also be used as an emergency contraceptive. They should be inserted within the first five days following unprotected intercourse. Studies have found the effectiveness of this treatment to be as high as 99 percent in preventing pregnancy. The contraindications for IUD use as emergency contraception are the same as those for regular IUD use (IPPF, 1994).

Until recently, most family planning and reproductive health programs in Mexico have not offered counseling on emergency contraceptive methods. Some program directors may be concerned about public criticism because of the misconception that EC is an abortifacient. As a result, most service providers and reproductive-age women in Mexico do not know about EC.

In Latin America, the Population Council and other partners recently conducted three emergency contraception projects that tested:

1. The acceptability of EC as an element in the care of rape victims, conducted by the Attorney General's Office in Mexico City (Vernon, Schiavon and Llaguno, 1997).
2. The acceptability of EC as a contraceptive method in outpatient clinics, programs for adolescents, and centers that care for rape victims, conducted by four organizations in Ecuador with technical assistance from the International Center for Research on Women (Paolisso et al., 1998).

3. Strategies to disseminate information on EC through various mass and interpersonal media, conducted by the Instituto Mexicano de Investigación de Familia y Población (IMIFAP) in Mexico City, funded by the Population Council INOPAL III project (Givaudan et al., 1998).

See Vernon (1998) for information on other EC programs in Latin America conducted by the Population Council and other organizations.

These projects have shown that emergency contraception is well-accepted by providers and clients who need the method for a variety of reasons (such as rape, condom breakage, and unforeseen sexual relations). The IMIFAP study in Mexico (Givaudan et al. 1998) demonstrated that targeted communication interventions did raise knowledge about EC. The proportion of private physicians who knew about EC increased from 38 percent in the baseline survey to 61 percent in the endline survey, while knowledge among pharmacists rose from 5 percent to 26 percent. After posters were displayed on the campus of the National University of Mexico, the proportion of students who reported knowing about EC increased from 37 percent to 50 percent.

## **II. OBJECTIVES**

The objective of this project was to expand the use of the results of the IMIFAP project to inform service providers and female factory workers in U.S./Mexico border towns about emergency contraception through mailings of booklets and posters. This project was designed to address Intermediate Result 2 of the FRONTIERS project, OR results disseminated and utilized for policy and program improvement.

## **III. INTERVENTIONS AND RESULTS**

### **Mailing of Booklets to Physicians and Pharmacists**

The booklets that IMIFAP had printed and distributed in the INOPAL III project were reviewed by three reproductive health experts (Rafaella Schiavon, Consultant; Emma Ottolenghi, Population Council; and Jeffrey Spieler, USAID). The revised versions – 40,000 copies of the four-page booklet for physicians and 87,500 copies of the four-page booklet for pharmacists – were printed by FRONTIERS.

To identify potential recipients of the mailings, PC/Frontiers staff searched for lists of physicians and pharmacies. The process was slow and difficult. Pharmaceutical companies and commercial editors would not agree to give or sell their lists. Through personal contacts, staff found a solution. A business editor who edits two courtesy magazines for physicians and pharmacists agreed to insert booklets within the magazines. Two copies of the EC booklet for physicians were included inside one issue of the magazine *DIVERSION*, which is mailed to 15,000 physicians. Five copies of the booklet for pharmacists were included inside one issue of *Pasatiempo Farmaceutico*, which is mailed to 15,500

pharmacies. Thus, a total of 30,000 booklets for physicians and 77,500 booklets for pharmacists were distributed as magazine inserts.

In addition, one booklet was mailed to 3,065 private physicians whose names and addresses were collected through other sources (such as the National Federation of Obstetricians/Gynecologists) and to 1,075 pharmacies that are members of the National Chamber of Commerce (CANACO). A few booklets – 48 booklets for physicians and 77 for pharmacists – were returned due to incorrect addresses.

### **Mailing of Booklets and Posters to Assembly Plants in Mexico**

FRONTIERS staff contacted various institutions and professional associations to obtain a list of assembly plants in Mexico. A directory compiled by the National Chamber of the Transformation Industry (CANACINTRA) was found. Since an electronic version of the directory was not available, addresses for 2,107 assembly plants were keyed in to produce a mailing list. Five copies each of the booklet for physicians, the booklet for rape victims, and the poster were mailed to each of the assembly plants. Eighty-one envelopes were returned due to address changes and other reasons. Since the 2,107 assembly plants have an average of 534 employees each, more than 1.1 million people, mostly women of reproductive age, were exposed to the message.

## **IV. EVALUATION**

To evaluate the impact of the mailings, PC/FRONTIERS staff sent three questionnaires to physicians, pharmacists and assembly plants on the mailing/distribution lists (see Appendix A for the three questionnaires). By the project's end on April 30, 1999 (just three weeks after the mailings), PC/FRONTIERS had received 40 responses from physicians, 14 responses from pharmacists, and 75 responses from representatives of assembly plants.

### **Physicians**

All 40 physicians who responded to the questionnaire had a private office. In addition, 23 physicians worked at public health facilities and 27 at private health facilities. All of them had read the booklet. Nearly all respondents (37 out of 40) rated it "very good" or "good." The booklet led to other important dissemination behaviors:



- All but one of the physicians said that they had already given information to women in need of EC.
- 60 percent reported that they had given a talk on EC to colleagues in their clinic or hospital, and 35 percent had given a talk for colleagues in another clinic or hospital.
- 87 percent had discussed the booklet with other colleagues.
- 35 percent had trained other health staff members in EC service delivery.
- Nearly one in four physicians said that they had consulted their colleagues about implementing EC services at their work sites.
- 22 percent had disseminated information on EC through the mass media (only one specified a popular radio program).
- 40 percent had searched for more information about EC.

Of the physicians who added comments, several mentioned the acceptability of EC and the lack of information about it. Some physicians requested further information.

### **Pharmacists**

Of the 14 pharmacists who had contacted PC/Frontiers by the project's end, 12 answered the questionnaire, one requested more materials, and one confirmed receipt of the booklets. All of the questionnaire respondents had read the booklet. Nine respondents considered the booklet "very good," and three rated it "good." Major behavioral outcomes were:

- Ten pharmacists said that they had given information about EC to women who needed it.
- Eleven pharmacists had shared the booklet and discussed it with other staff members
- Six pharmacists had asked questions or sought more information on EC.

The most frequent comments from pharmacists were congratulations on the initiative, reports of sharing the information with staff members, family and friends, and agreement with the use of EC, especially in cases of rape. Only one respondent reported any difficulties; he had received a complaint from a woman who had used EC without the desired effect.

### **Assembly Plant Workers**

Of the 2,107 assembly plants, 79 company representatives contacted PC/Frontiers before the project end; 60 people filled out questionnaires and 19 requested further information. All respondents had read the materials. Eight in 10 respondents said they had displayed the posters in their plants. About one half of the respondents considered the booklet "very good" and the rest (with one exception) considered it "good." Half (51%) of the respondents said that the poster was "very good," and 36 percent considered it "good."

Following are some of the behavioral outcomes:

- Ninety-five percent of the plant representatives said that they had discussed the materials with other staff members.
- 80 percent had shared the materials with others.
- 21 percent said they had disseminated information on EC through the media.
- 15 percent said they had searched for more information on EC.

In addition, three respondents reported that they had given talks on EC to all of their employees.

Nearly 40 percent of the plant representatives requested additional information and materials. One person asked for samples of the pills. Three respondents remarked that the information was very useful at their plants, since the great majority of employees were women of fertile age. Many respondents congratulated the project for sending the information.

Three respondents reported that the materials had caused problems, but they did not specify the nature of these problems. Two respondents stated that they did not agree with the method.

## **V. CONCLUSIONS AND RECOMMENDATIONS**

This project showed that targeted mailings to key audiences can increase awareness of emergency contraception at a relatively low cost. The materials had sufficient information to enable recipients to take immediate action and to discuss EC authoritatively. The booklets reached more than 18,000 physicians and 16,500 pharmacists. The booklets and posters sent to 2,107 assembly plants reached an estimated audience of 1.1 million reproductive-age women. The project cost \$27,978, of which the major components were printing and postage.

Initial reactions from physicians, pharmacists and representatives of assembly plants were overwhelmingly positive. Respondents expressed strong interest in knowing more about EC and had already discussed EC with their colleagues, clients, customers, and peers.

This experience indicates that reproductive health organizations can be effective in making information about EC and related services widely available. Public and private agencies in Mexico and other Spanish-speaking countries should replicate or modify the existing materials and distribute them widely.

## VI. REFERENCES

Givaudan, Martha, R. Vernon, C. Fuertes, and S. Pick. 1998. Testing Strategies to Disseminate Information on Emergency Contraception. INOPAL III Final Report. Mexico, The Population Council.

International Planned Parenthood Federation, 1994. IMAP Statement on Emergency Contraception. IPPF Medical Bulletin. Volume 28, No. 6, December 1994.

Paolisso, Michael, E. Pinto, M.L. Carrillo, M. Yépez, M. Arellano, and M. Macieira. 1998. Providing Emergency Contraception in Ecuador: Assessing the Impacts of Training and Practice. ICRW, Washington, D.C.

Vernon, Ricardo, Rafaella Schiavon, and Silvia E. Llaguno. 1997. Emergency Contraception as an Element in the Care of Rape Victims. INOPAL III Final Report. Mexico, The Population Council.

Vernon, Ricardo (ed.). 1998. Ampliando el Acceso a la Anticoncepción de Emergencia. Memorias del Taller Regional. Quito, Ecuador, 27-29 de abril.

# APPENDIX A

## Evaluation Questionnaires

### CUESTIONARIO EVALUACIÓN ANTICONCEPCIÓN DE EMERGENCIA (Médicos)

1. ¿En cuáles de los siguientes tipos de establecimientos presta sus servicios?  
(circule todos los que correspondan)

Atención en clínica, centro de salud u hospital del sector salud .....1

Atención en clínica u hospital privado .....2

Consultorio privado .....3

Otro \_\_\_\_\_ .....4  
(especifique)

2. ¿Leyó usted el folleto adjunto?

SI

NO

¿Cómo lo calificaría?

Muy bueno ..... 1

Bueno .....2

Regular .....3

3. Desde que recibió el folleto informativo ¿ha llevado a cabo alguna de las siguientes actividades?

ACTIVIDAD	SI	NO
Dar una plática informativa para otros colegas/otro personal de mi consultorio/clínica/hospital sobre los contenidos del folleto	1	2
Dar una plática sobre el tema para colegas/otro personal de otros consultorios/clínicas/hospitales	1	2
Comentar con colegas sobre la información del folleto	1	2
Capacitar a otros médicos, consejeros u otro personal para que proporcionen esta información a mujeres que la requieran.	1	2
Difundir por algún medio de comunicación el tema de la anticoncepción de emergencia. (especificar)	1	2
Proporcionar información verbal sobre anticoncepción de emergencia a mujeres que lo requieran.	1	2
Investigar a sobre el tema en la bibliografía anexa o en otras fuentes (Internet, Hot line)	1	2
Llevar a cabo reuniones con otros colegas/otro personal para discutir la conveniencia o posibilidad de implantar actividades de anticoncepción de emergencia en el consultorios/clínicas/hospitales. (especificar número de reuniones )	1	2

3. En caso de que haya llevado alguna de estas actividades, ¿ha tenido algunos problemas, o han sido bien recibidas las actividades?

He tenido problemas ..... 1

Han sido bien recibidas ..... 2

Por favor comente al respecto:

Gracias por su colaboración.



**CUESTIONARIO EVALUACION ANTICONCEPCION DE EMERGENCIA  
(Maquiladoras)**

1 Desde que recibió los materiales ¿ha llevado a cabo alguna de las siguientes actividades?

ACTIVIDAD	SI	NO
Leer los materiales	1	2
Pegar los carteles en las instalaciones de su empresa	1	2
Comentar con otro personal de su empresa sobre la información de los materiales	1	2
Compartir los materiales con otro personal de la empresa	1	2
Difundir por algún medio de comunicación el tema de la anticoncepción de emergencia	1	2
Preguntar/investigar a sobre el tema en otras fuentes (Internet, Hot line)	1	2

2. Por favor, califique los materiales que haya leído.

**Folleto**

Muy bueno ..... 1  
 Bueno ..... 2  
 Regular..... 3

**Cartel**

Muy bueno ..... 1  
 Bueno ..... 2  
 Regular..... 3

3. En caso de que haya exhibido o repartido los materiales ¿ha tenido algunos problemas, o fueron bien recibidos?

He tenido problemas ..... 1  
 Han sido bien recibidos ..... 2

Por favor comente al respecto en este espacio:

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4. Escriba en el siguiente espacio cualquier comentario que desee hacer.

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Muchas gracias por su colaboración.