Sexual Violence Against Women and the Unmet Need for Contraceptives

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Access to emergency contraceptive (EC) is a human right & part of standard comprehensive post-rape care (WHO 2013).

Evidence suggests EC is underutilised in low and medium income countries.

Potential barriers include (World Bank 2010; Path 2008):

- restrictive legislation and regulations
- insecure commodity supply
- lack of local access
- costs
- lack of knowledge (mechanism of action, dosing regimen)
- health concerns (side effects)
- anti-emergency contraception attitudes and more generally,
- social mores around gender, sexual assault, contraception and women's reproductive rights.
Context:
- Following on from WHO multi-country methodology studies in Pacific Island Countries...
- UNFPA project to support Ministries of Health and Medical Services in building capability and capacity for a sensitive, effective and sustainable health response to VAW.
- Annual situation analysis began in 2009.
- Aim to address and reduce VAW through programme design and repositioning of family planning.

Purpose:
- 2013: attention to EC access issues

Approach:
- Community capacity building inquiry
- Commodity Security programme
Sexual Violence Against Women in Pacific Island Country Family Studies (WHO-methodology)

Notes: Lifetime prevalence reported by 15-49 year old women ever in a relationship;
Non-Partner Sexual Violence > 15 years
Notes:
Modern contraceptive use is percentage among married women 15-49 years;
Unmet FP percentage among sexually active women in relationship not using any method of contraception and not wanting any more children or wanting to delay birth; Adolescent (15-19 years) birth rate per 1,000 women.
Situation Analysis

Setting: Pacific Island countries
- Kiribati (Micronesia)
- Solomon Islands (Melanesia)
- Vanuatu (Melanesia)

Data:
- Health worker discussions
- UNFPA data on supply of EC kits delivered to Pacific Island countries
- Observation of contraceptive supply in health centres
  - CAN YOU SHOW ME WHERE THE EC IS?
Findings

- All three countries have EC in their national medication list (levonorgestrel 1.5 mg; Postinor/NorLevo).

- Delivered EC kits may be used for cases of non-consensual or consensual sex.

- The number of kits ‘replaced’ may be more indicative of use rather than initial number supplied, with consideration of expiration dates.
<table>
<thead>
<tr>
<th>Country</th>
<th>Population (approx)</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
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<tbody>
<tr>
<td>Kiribati</td>
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<tr>
<td>Solomon Islands</td>
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<td>100</td>
<td>160</td>
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<tr>
<td>Vanuatu</td>
<td>250K</td>
<td>200</td>
<td>30</td>
<td>100</td>
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</tbody>
</table>

- Unknown demand.
- Supply based on past trends.
Where is the EC?

In the central Pharmacy Store

• Stored for Distribution.
• Health locations access EC kits from The Store.
• Not for direct distribution to women.
Where is the EC?
In the Pharmacy Dispensing Area

- Several packages of EC in hospital pharmacy **locked safe**.
- Why locked up? - ‘It is with the **dangerous drugs**’.
- Why ‘dangerous’? - ‘It **could be abused**’.
- Women need to take a prescription to the pharmacy.
- Long waiting times at the pharmacy.
- May be challenged about ‘abuse’.
Where is the EC?
In Clinics

• Several packages of EC kept in Antenatal Clinic.
• But on this day clinic is locked. Only one key. The person with the key is away at training.
Where is the EC?
In Rural Health Clinic

- Clinic run by Catholic mission.
- No family planning provided for religious reasons.
Emergency Contraception

1. Microlut
   - 1.5 mg levonorgestrel (LNG): 85% effective

Timing of ECP
   - Up to 4th day from UPSI
   - ≥2 hrs for IUD

Instruction
   - Take 2 pkts of Microlut × food
   - Repeat if vomiting within 3 hrs of ingestion.
   - Double dose if pt is taking enzyme inducers (medication)
   - If client is uncertain - do pregnancy testing after 3-4 wks

Enzyme inducers e.g.
   - Old pains
   - ECP
Conclusion:

Investigation identified lack of accessibility of EC kits in locations where they would be needed.
Identifying and eliminating barriers to women’s access to EC and contraceptive supplies is one mechanism to ensure essential comprehensive health services for survivors of sexual assault and promote women’s sexual and reproductive health rights.

In addition to access barriers, efforts to address EC acceptability are indicated.

Continue to work with RH Coordinators and Gender Focal Points

Resources: IPPF; ICEC; SVRI; UNFPA; WHO
http://www.cecinfo.org/

- Join in: Can you show me your EC?