

Emergency contraception

Experiences with prescription-only access in Germany

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Information about pro familia

pro familia: More than 50 Years for Sexual and Reproductive Health and Rights

pro familia is the leading non-governmental service and consumer organization for sexual and reproductive health and rights in Germany

founder member of the International Planned Parenthood Federation (IPPF)

provides a full array of professional services in 180 counselling and five medical centers nationwide

Information about pro familia

In 2007 pro familia reached about 200,000 clients with counselling, and 185,000 young women and men with sexuality education

Next to counselling, sexuality education and medical services pro familia offers

- Information for clients and professionals
- Online counselling (20,000 enquiries annually) and
- Online information (about 1 million visitors annually) as well as an
- Automatic telephone service on post-contraception in different languages

Information about pro familia

pro familia services focus on

contraception, pregnancy, infertility, sexuality and relationships, abortion, sexual violence and women's and men's health issues

Current data about the use of EC in Germany

Surveys

1. EMNID- Survey of the Federal Centre for Health Education (BZgA) on Contraceptive Behaviour of Adults (2007)

12 % of all sexual active women between 20 and 44 years have used hormonal EC

Out of which

- 9 % once
- 3 % two times or more

Current data about the use of EC in Germany

2. frauen leben („women´s life“): A survey about living situation and family planning between 1997 and 1999 (BZgA)

8 % of women in the age between 20 and 44 years have used hormonal EC

- 2,7 % of them more than once

Current data about the use of EC

In Germany typical differences in use can be identified:

- **Region** (west > east; urban > rural)
- **Age** (Higher use in young women)
- **Level of education** (significant higher use in women with high educational level)
- **Marital status** (Higher use in single and childless women)

Current data about unplanned pregnancy and contraception

3. A survey about sexuality of adolescents at the age between 14-17 and their parents (BZgA, 2001)

Causes of unplanned pregnancy

- 51 % ruptured condom
- 34 % forgotten pill
- 7 % pill couldn't work because of gastrointestinal symptoms

Current data about unplanned pregnancy and contraception

4. Pregnancy and termination of Pregnancy in underage women

Results of a survey of 1801 pregnant women in the age under 18 years (pro familia, 2006)

- 64 % of the minor women state to have used hormonal contraception or condom (or both) in the case they got pregnant

The presented obstacles in access result from three surveys:

1. Pregnancy and termination of Pregnancy in underage women

Survey of 1801 pregnant women in the age under 18 years (pro familia, 2006)

2. Qualitative data collection by means of a survey of the 180 pro familia counselling centres, 2005

Information came either directly from client reports or through direct contact to clinics and/or hospitals

3. Electronic qualitative data collection with a questionnaire on the pro familia homepage, (n=700) 2008

Obstacles in access

We can identify the following obstacles, which hinder provision of EC in Germany

1. Hospital provision (outpatient-department)
2. Medical walk-in centres (on-duty medical unit)
3. Pharmacy provision
4. Provision at night / week-ends / holidays
5. Lack of information

Obstacles in access

Hospital provision (outpatient-department)

Hospital provision and on-duty medical units are the main providers of EC

- at week-ends
- during night time

Obstacles in access

Hospital provision (outpatient-department)

Refusal

because of

- the attending doctor doesn't consider failure of contraceptive use as a case of emergency
- confessional (catholic) hospitals are not allowed to prescribe EC
- the hospital doesn't issue EC treatment because of unclear system of payment /charging regulations
- conscientious objection

Obstacles in access

Hospital provision (outpatient-department)

Gynaecological examination, ultrasound scan, pregnancy test

- Some hospitals perform routinely the above mentioned procedures irrespectively of the recommendations of international approved guidelines

Obstacles in access

Hospital provision (outpatient-department)

Gynaecological examination, ultrasound scan, pregnancy test also lead to

High costs for a single application of EC

According to case reports in the pro familia surveys women had to pay up to 90 €

Obstacles in access

Hospital provision (outpatient-department)

High costs for a single application of EC

As a result from our electronic survey
we can conclude from 700 replies:

28 % had to pay 21 -30 €

15% paid more than 31 €

5 % more than 50 €

The prices for the two LNG-EC Products in pharmacy are 16,85 € and 17,70 €

Obstacles in access

Last not least

Hospital provision (outpatient-department) means very often

- that girls and women are burdened by the fact that they have to present their personal worries several times in the clinic

(at the reception, the nursing staff and the doctor on duty)

and/or

- they have to endure very lengthy waiting times

(up to 3 hours)

Obstacles in access

Medical walk-in centres

Girls and women report about similar problems as in hospitals such as

- unnecessary examinations which result from doctors on duty who aren't necessarily specialised in gynaecology and might not feel capable in prescribing and
- which can result in not receiving a prescription here either

Obstacles in access

Pharmacy supply

Not all pharmacies have the “morning after pill” on stock or their stocks are minimal, so that women have to go to several pharmacies.

In rural areas and with no car, this can quickly result in a lengthy delay

Obstacles in access

Provision at night / week-ends / holidays

remains the crucial time for EC access

because of

unclear point of contact

limited possibilities to contact a doctor

limited opening hours

long distances

Obstacles in access

Lack of information - Professionals

Refusal of prescription/supply ignores the mechanism of action and the fact that EC is more effective the sooner it is used

Obstacles in access

Lack of information - Professionals

Charging for EC counselling and clinical examination or testing contradicts the German Social Security Code (SGB V §24 a, contraception), which recognises the claim of insured persons to medical counselling, necessary examinations and prescriptions in connection with contraception

and free supply of medical prescribed contraceptives for insured who have not yet reached their 20th birthday

Obstacles in access

Lack of information - women

Results of a survey of 1801 pregnant women in the age under 18 years:
Pregnancy and abortion in minor women (pro familia, 2006,
supported by BZgA)

26 % no knowledge about EC

24 % know about EC, but don't know where to get it

50 % know about EC and know how to get it

50 % didn't have sufficient information about EC

50 % were aware of the method but didn't use it

Obstacles in access

Lack of information - women

Results of a survey of 1801 pregnant women in the age under 18 years:
Pregnancy and abortion in minor women (pro familia, 2006,
supported by BZgA)

Unclear information affects

- mechanism of action
- time frame of efficacy
- costs
- reimbursement (free supply until 20th birthday)
- prescription

(incorrect information leading to failure in use or no use
might even be given by medical professionals)

Obstacles in access

Lack of information - women

Results of a survey of 1801 pregnant women in the age under 18 years:
Pregnancy and abortion in minor women (pro familia, 2006,
supported by BZgA)

Particular problems have arisen in rural areas. Where young women don't feel capable to overcome the obstacles

- to go to a clinic or see a doctor to obtain EC (for fear of gynaecologist)
- overcome long distances and unclear time expenditure
- for reasons of expense
- for reasons of moral judgement
- for reasons of embarrassment and shame

Conclusions

The survey results conclude

- contraceptive failure should be considered as a possible and probable event as contraception is a learning process
- a decline of feelings like panic and embarrassment can lead to more rational acting
- the aim should be a change of image:

People using EC don't act irresponsible and risky but responsible and competent

Further conclusions

Further conclusions and the need for action

In spite of general availability of EC since the 80s and in spite of the improvement in the methodology through the introduction of a gestagen preparation in 2000, problems in provision are still being reported

Obstacles still delay and prevent the "morning after pill" from being taken

Further conclusions and the need for action

In spite of the facts, that

- EC is proofed to be effective and save with no evidence-based absolute contraindications
- experiences with non-prescription use in at least 18 European countries (at least 45 countries worldwide) exist
- the *Expert Advisory Committee for Prescription-only issues* of the German Federal Institute for Drugs and Medical Devices (BfArM) recommended the non-prescription status for LNG-Emergency contraception in 2003

neither the German Society for Gynaecology and Obstetrics (DGGG) or the Association of Gynaecologists in Private Practice (BVF) nor the political decision makers consider the amendment of the availability status of EC.

Need for action

As long as the prescription for EC remains an obstacle in Germany which until today delays and prevents the "morning after pill" from being taken, **central tasks in the current options for action** are:

- **information/education of health care professionals, the media and policy makers**
- **development and information about current standards of quality and provision**
- **clarification of the charging practice**
- **training of pharmacists**

Need for action

Independently of the availability status of EC
the goal remains as important as ever

- **to increase public awareness and**
- **to provide information for potential users**

as nonuse because of lack of awareness and information
won't change
through easier access

Thank you