

Introducing Emergency Contraceptive Services: Communications Strategies and the Role of Women's Health Advocates

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Emergency contraception refers to the prevention of pregnancy through use of contraceptive methods after unprotected intercourse. Contraceptives that can be used for emergencies include the IUD and a variety of hormonal methods. Although emergency contraception was first used in the 1960s, it is a largely unknown method: A review of the scientific literature shows a widespread lack of knowledge among both providers and women about emergency contraceptive methods, how to use them, and where to obtain services.¹

The fact that emergency contraception remains so little used or understood can be traced to a myriad of factors: legal and regulatory obstacles, cultural influences that discourage its provision and use, service delivery obstacles and, above all, lack of knowledge. Research suggests that if emergency contraception were well known and generally available, many women who experience unprotected intercourse would use it rather than resort to abortion.² In developing countries, where many thousands of women experience unwanted pregnancies and an estimated 70,000 to 200,000 women die each year from complications related to clandestine abortions performed in unsafe conditions,³ emergency contraception could save many lives by preventing unplanned pregnancies.

The purpose of this article is to suggest ways in which emergency contraception can be responsibly and safely introduced into established health services and to discuss the role of women's health advocacy

groups and communications efforts in this process. No single path to the introduction of emergency contraception will prove acceptable or relevant in all settings. Nevertheless, numerous issues and questions should be addressed by all countries and programs seeking to improve women's access to emergency contraception.

Given the widespread lack of knowledge and availability of emergency contraception, how does one go about crafting strategies to introduce it into public or private health service delivery programs? What assessments, introductory research, consensus-building steps, and communication and training programs must be undertaken? Who are likely to be the actors in this introduction effort, and what roles should they play? Which audiences are the most important, and what messages should they be given?

Key Issues

Characteristics of Emergency Methods

Use of emergency contraception is different from planned use of contraceptive methods in several important ways:

- Hormonal methods are not recommended for routine or repeated emergency contraception because the doses for emergency use cause unpleasant side effects. In addition, such methods are less effective as emergency methods than as regularly used contraceptives. For example, although combined oral contraceptives are extremely effective as a regular method of contraception, they reduce the risk of pregnancy by only about 75% when used as emergency contraception.⁴

- Contraceptive methods that can be used for emergency situations are typically not packaged or labeled specifically for emergency use, and the specialized regimens for use (related to timing of initiation and dosage) have not been granted regulatory approval in many countries. This may pose both practical and political barriers to use.

- The different regimens for normal use of a familiar contraceptive method and for emergency use may be confusing to providers and users alike, and this confusion may contribute to poor compliance and reduced effectiveness.

- Using an emergency contraceptive method very soon after unprotected intercourse is critical to its effectiveness. Therefore, women must know about emergency contraception and where to get it before they need it, and emergency services and methods must be available to women either in advance of the need for use, or quickly upon identification of need. This may not be feasible in many service delivery settings.

- Some providers may restrict emergency contraception to women whom they consider, based on their own beliefs or values, "appropriate" users.

- Some individuals and groups will oppose the use of emergency contraception in the incorrect belief that it acts as an abortifacient. This perception must be addressed both at the policy level and during provider-client interactions.

Characteristics of Potential Users

Nearly all data on use of emergency contraception have come from developed countries, where most women have access to health services and where contraception is typically provided in medical settings. In developed countries, women have sought emergency contraception because they have been sexually assaulted, have experienced condom breakage or slippage, have neglected to use a planned method, have engaged in unexpected sexual activity, have only recently become sexually active, have engaged in sexual activity only infrequently or have not wanted to use contraceptives on a regular basis out of fear of or discomfort with side effects.

Women who use emergency contraception when a mishap occurs with a regular method are often women who use barrier

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methods, women who have recently switched from other methods (principally oral contraceptives) to condoms, and women at the beginning of a sexual relationship.⁵ These women know something can be done to avoid pregnancy after unprotected sex, are sufficiently aware of their risk of pregnancy to act quickly to obtain services, and are motivated to avoid pregnancy.

While these findings may not be predictive of the characteristics of potential users in developing countries, the data suggest that in any setting, a variety of women may want emergency contraception.

Characteristics of the Environment

In assessing factors that will determine knowledge of and access to emergency contraception, planners should take into account the environments into which emergency services might be introduced. It would be logical to start in sites such as

“An initial objective of most communications strategies should be to communicate what emergency contraception is—and what it isn’t—to the audiences one wants to reach.”

urban family planning clinics, which already have trained providers and contraceptive commodities that can be used in this new way. Conditions that characterize life in remote areas— isolation, lack of education, lack of access to services, and limited fluency in the major local languages—pose obstacles to health service delivery and communication⁶ and thus make introduction more difficult.

Introduction Options

To make emergency contraception available to women who want it, the number of providers knowledgeable about emergency methods must be increased, political and regulatory obstacles must be overcome, emergency contraception must be provided at an affordable cost and at times when women need it, and women who may need emergency contraceptive services must be made aware of their availability and of where they can be obtained.

Decisions about how to achieve these objectives—or whether to pursue them—will vary by country. As countries and programs develop introduction strategies for emergency contraception, however, they should carefully assess constraints, opportunities and goals. Key steps in this process include identifying which groups

of potential users to serve initially; assessing the capacity of a given service delivery system to provide emergency contraception; planning for communication to reach policymakers, providers and potential users; and determining the role of consumer groups in introduction.

Introduction of new emergency uses for existing fertility regulation methods, principally oral contraceptives and the IUD, will be limited by many of the same constraints that restrict women’s access to contraception in general. Nevertheless, lessons learned through introduction of these methods may be helpful.

Assessing Users’ Perceptions and Needs

In general, contraceptive introduction efforts are more successful when they are based on evaluative research identifying potential clients, their perceptions and the sites where they can obtain a given method or service. This kind of research typically examines the consumer’s attitudes and habits in regard to contraception, utilization of media by potential contraceptive users, the availability of necessary commodities, and the existing image

and use of the method among consumers.⁷ Factors women consider in choosing a contraceptive are safety (often an individual assessment of benefits versus risks), efficacy, acceptability, correct use requirements, availability, cost, and adequacy of counseling.⁸ Typical obstacles to use of contraceptives include fears that the method is harmful to the health of the user, the belief that the method is ineffective and a lack of awareness of family planning services.⁹

In the case of emergency contraception, assessing the attitudes of potential users on issues related to contraception, quality of care, convenience and contraceptive efficacy will be especially important. This can be accomplished through such means as interviews, questionnaires, focus groups and surveys. Examples of questions to examine include:

- Will potential users be able to distinguish between regular contraception, emergency contraception and abortion? If they cannot, what are the implications for their willingness to consider use of emergency contraception, and to use it effectively and appropriately? What are the implications for those providing emergency contraception?
- Do women feel welcomed by providers in the existing service delivery settings,

and do they trust them? Are they more likely to seek services if they are offered at a family planning clinic, in a pharmacy, in a women’s center or in a community-based distribution program?

- Will women want to use emergency methods if they understand that they are not totally effective in preventing pregnancy, even if used soon after unprotected intercourse?

Answers to these questions will provide valuable information to guide the development of country-specific introduction strategies.

Assessing Service Delivery Approaches

Each service delivery setting is unique, but some basic questions can be asked in any setting to help determine whether emergency contraception should be provided and, if so, the best way to do so. We distinguish between questions related to access and those related to resources for communication and training.

The questions related to access include the following:

- Which of the methods that can be used for emergency contraception are regularly available? Where can they be obtained? Are hormonal methods available only by prescription, or can they be obtained over the counter? Are they provided by community-based distributors?
- Can services be obtained quickly? When are they available? Are they available to adolescent girls and unmarried women? Are they available to men seeking a method for their partner?
- In places where methods are available only through a clinic, what restrictions are imposed on their use? Does a woman have to make an appointment to receive the method? If so, how long does it take to get an appointment? Does a woman have to undergo a physical examination? Are all requirements for regular use of the contraceptive method medically necessary for emergency use, or can some of them be waived? In the case of the IUD, do existing guidelines stipulate that insertion take place only during menses?
- Will provider bias against the method or against some potential users (for example, adolescents or rape victims) pose an obstacle to provision or use of the service?
- Do mechanisms and resources exist for providers and program planners to work with consumers’ groups such as women’s health advocates to overcome political or regulatory obstacles to expanded access?
- What messages on availability or access need to be conveyed, and to whom? What channels of communication will be most effective to reach policymakers, program

managers, providers and potential users?

Questions focusing on resources for communication and training include:

- What training have the potential providers of these methods already received? Are adequate resources available to train providers (whether physicians, pharmacists or village health workers) about emergency contraception? What time and resources are required to adequately train them to recognize which specific formulations of hormonal methods can be used for emergency contraception, and to counsel potential users on correct use of the methods? Will they be able to help a woman choose an appropriate method for future contraception?
- How can preservice training curricula and service delivery guidelines for health professionals best be revised to reflect updated policies and practices?
- How can providers and potential users best be adequately informed about the importance of taking the second dose of hormonal methods and about what to do if vomiting occurs after the first dose?
- Can providers correctly answer questions about when a woman can expect her menstrual period to resume? Will they be able to tell her what to do if her period does not resume within 3–4 weeks?
- What existing information, education and communications capacity within the health service delivery system could be tapped to reach providers and potential users?

These basic issues must be addressed, no matter what service delivery setting is being evaluated. By far the most important questions, however, are whether the particular health service can provide appropriate care for women who need emergency contraception, and whether service providers and communication activities can inform women about the method before they need it.

Strategies will have to consider both clinical and political barriers. Discussion of access and resource questions should therefore be a process involving input from policymakers, providers and women's health advocates.

Assessing Service Options

Providing contraceptive methods through clinics generally offers the most control to providers and the least access to women. Offering methods over the counter may be more convenient to women and may offer them greater privacy, but women obtaining emergency contraception in this manner may be less likely to receive needed counseling from a trained health provider. If hormonal emergency contraception is of-

fered through pharmacies, it will be crucial to establish mechanisms to adequately inform pharmacists and users about which brands, dosages and regimens to use.*

In short, the role that emergency contraception will play within broad programs and within particular service delivery settings must be decided when a strategy is developed. Addressing the needs of one subgroup of potential users—such as married women who experience contraceptive mishaps—may build a base that can later be expanded.

This approach has been used in some developed countries. In the United States, for example, some family planning programs provide an emergency contraceptive kit and counseling on emergency contraception to women who seek family planning services.¹⁰ The kits are provided in advance of need, in case a woman needs a backup method after a condom breaks or a diaphragm becomes dislodged, or in case she is unable to use an ongoing method correctly. Kits contain condoms and a dose of oral contraceptives appropriate for emergency use. They also contain written instructions describing emergency use of the pills, expected side effects (including danger signals for which they should contact a doctor), expected menstrual disruption, and instructions for future contraceptive use and protection against sexually transmitted diseases. Alternatively, such kits could contain a prescription for an emergency hormonal method rather than the pills themselves.¹¹

Communication Strategies

The communications component of an introduction strategy for emergency contraception will be a key determinant of its success or failure, because communication can directly influence the achievement of three of the four objectives defined—strengthening providers' knowledge of emergency contraception, increasing women's awareness of its availability and where to obtain it, and overcoming political obstacles. It can also indirectly influence achievement of the last objective—improved availability of emergency contraceptive services—by promoting policy change. Poor attention to the sequence of communication activities or the content of informational messages, or failure to include key "stakeholders" in planning and evaluation, however, can torpedo introduction efforts and jeopardize programs.

The nature of the political and service delivery obstacles to expansion of access, coupled with the fact that a woman must have advance knowledge of emergency

options, presents a communications challenge. For these reasons, the communications component of any emergency contraception introduction strategy should pay special attention to the following factors: the needs of the intended audiences; anticipated problems; the basics of good communication; limitations on the information, education and communication capacity of the service delivery system; and the content of key messages.

A method as potentially controversial as emergency contraception requires a communications process that fosters dialogue on all levels. Defining who controls and participates in communication efforts will require collaboration from the beginning among various sectors.¹² Depending on the country or program, groups working on a communications strategy may first want to limit their focus to assessing attitudes and improving knowledge of selected providers in a few settings. These settings could include family planning clinics, pharmacies, and women's centers that provide reproductive health services.

Audiences

For the reasons discussed above, most introduction strategies will include communications efforts that target three primary audiences: policymakers, health providers and consumer groups that support women's right to a broad range of fertility regulation options. What emphasis will be given to reaching these groups may vary considerably by country, depending on local obstacles, opportunities and goals.

Anticipated Problems

As family planning communications expert Everett Rogers once noted, "How a fertility control innovation is perceived by an intended audience is the main determinant of its rate of adoption."¹³ A major issue that may need to be addressed directly in communications strategies is opposition to the use of emergency contraception by people who mistakenly believe that emergency methods act as abortifacients. This potential for misunderstanding is one of the most important reasons for wide dissemination of factual information for providers and potential users. An initial objective of most

*Pharmacies may be able to distribute pamphlets on the risks, side effects, treatment of side effects, and correct use of emergency contraception. Any written materials on emergency methods should include information on prevention of sexually transmitted diseases and future use of ongoing methods. Such instructions should be written at the literacy level of the potential clients. In some settings, pictorial instructions might be useful.

Table 1. Communications activities to inform and build consensus on emergency contraception, by audience

Audience	Strategy or vehicle for dissemination		
	Publications	Meetings	News media
Potential users	Brochures Patient information sheets Wall charts Laminated cards	Mother's clubs, barazas, town meetings	Coverage in mainstream and alternative media, women's magazines and radio programs
Youth	Posters for youth centers and at concerts Brochures	Participatory meetings on adolescent reproductive health	
International policymakers	Brief, attractive publications Executive summaries	Donor coordination meetings Task forces Audiovisual presentations Briefing packets	Major media coverage through news releases, experts
National policymakers	Brief publications by national experts Bellagio consensus statement	In-country policy seminars to outline research needs and build consensus Audiovisual presentations	Coverage of local data and experts
Health providers	Scientific journal articles Factsheets for conferences Brochures Bellagio consensus statement Updated service delivery guidelines Professional association publications Case studies Training materials	Meetings to update guidelines Consensus-building seminars Contraceptive technology seminars to disseminate scientific information Panels at existing meetings Training workshops	Coverage via health newsletters and in-service medical broadcast programs
Pharmacists	Product information brochures Factsheets	Professional meetings	Coverage in membership publications
Nongovernmental organizations	Collaboratively produced brochures Research summaries Bellagio consensus statement	Consensus-building seminars	Coverage in membership publications Announcements over electronic media
Women's groups	Brochures Journal articles Bellagio consensus statement	Conferences on women, health In-country policy seminars	Women's publications Broadcast programs NGO newsletters
Media	Media packets	Panel discussion by scientific experts for editors of women's publications International development communications meetings Science journalism conferences	Coverage through news releases and expert panels Column by local women's advocate or physician Electronic news bulletins

communications strategies should be to communicate what emergency contraception is—and what it isn't—to the audiences one wants to reach.

Communications Basics

Experience shows that, in general, successful communications strategies “ensure widespread exposure of the campaign’s message; use mass media to raise awareness; stimulate interpersonal communication; create interpersonal communication through peer networks; establish source credibility; conduct market research of the audience in order to determine which messages will produce the desired effect; avoid appeals that are socially distant from the audience; stress immediate

positive consequences; break up audiences into subgroups and target them specifically; and deliver the message at the most propitious time through the most effective channels.”¹⁴ Some of these standard steps, such as use of mass media, however, may be completely inappropriate for legal, strategic or cultural reasons, especially in the early stages of introduction.

For emergency contraception, communications strategies should emphasize attending to the basics and focusing on practical needs for information. In Table 1, we outline a wide range of possible communications activities. In some countries, various activities could be conducted simultaneously with training of service delivery providers and consensus-building among key groups. In

deciding which activities to include in a particular strategy, planners would do well to consider the following key points:

- **Credibility.** The audience’s perception of what sources of information are credible is crucial. Senior scientists, for example, tend to think of journals and expert meetings as credible. Developing country leaders are “more interested in, trust more, and are more likely to use materials about and written by experts from their own country,”¹⁵ so use of locally produced materials should be encouraged. In many settings, women are more likely to accept messages from local sources, especially other women.¹⁶ Selective use of community-based dissemination efforts (for example, use of peer networks, or communication through grassroots publications controlled by women)¹⁷ should be considered in settings where the empowerment of women is taken seriously.

- **Impact.** The most effective way to reach a mass audience of providers (physicians, nurses, pharmacists and auxiliary health personnel) is through publications and other print materials.¹⁸ Programs should determine whether scientifically accurate, up-to-date and easily readable publications on emergency contraception can be produced in the major local languages and distributed. Another effective forum is professional meetings, such as contraceptive technology update seminars.

- **Timing.** Experience with introduction of other contraceptive methods shows that creating consumer demand through interpersonal or other communication before commodities and trained providers are in place can create problems.¹⁹ A staged approach reaching providers or members of women’s health organizations first may be most effective.

- **Process.** A recent evaluation of population information dissemination efforts shows that effective communication involves the targets of the information in the “design of the process, the identification of the audiences, the selection of messages, the recruitment of the most appropriate in-country sources to transmit the messages, and the most effective channels of transmission.”²⁰ In general, supporting the efforts of able in-country groups to communicate information to their own audiences is more effective than undifferentiated dissemination of materials by outside sources,²¹ and skillful use of existing channels of communication is the wisest use of resources.

International guidelines for improving client care, a potentially good source of current scientific information on emergency contraception, should be adapted for na-

tional policies according to cultural norms and available resources. National policies and procedures must then be disseminated effectively throughout the country.²²

Communications Capacity

Without an adequate service delivery system and a communications infrastructure to sustain and repeat health and product introduction messages, any introduction strategy is likely to fail. Limited political will, the fact that many information, education and communication campaigns do not fit well into health educators' routines, and a scarcity of skilled health educators are major obstacles to institutionalization of new services²³ such as emergency contraception.

The main goal of the diffusion of health innovations is to reach "the point where the innovation diffuses in a self-sustaining manner."²⁴ To achieve this point in dissemination of information about emergency contraception, workers in service delivery and communications might best begin by concentrating on high-quality pilot projects, which will reveal useful information on how to handle problems. Once this is accomplished, further training and diffusion of services can be planned.

Content of Key Messages

The content of key messages for particular introduction efforts should follow the needs identified above. One overriding point must be kept in mind: For reasons of safety and efficacy, providers and users must have a clear understanding of the particular drugs (or devices), doses and regimens that can be used for emergency contraception. As communications activities are developed, extra caution should be taken to ensure that providers and users are adequately informed about the differences between the regular use of a method and the use of that method as emergency contraception. Informational messages should emphasize that not all oral contraceptives can be used for emergency contraception.²⁵

Building Consensus

A key obstacle to provision and use of emergency contraception is ambivalence among providers, pharmaceutical companies and governments.²⁶ In developed countries, it is the collective impetus of individual women who have sought emergency contraception and the health providers who have responded creatively to their needs that has resulted in the addition of emergency services to existing health programs. The few institutions that

have undertaken large-scale efforts to provide emergency contraceptive services to women (such as the National Health Service in England in the 1980s) have done so in response to needs expressed by women for such services.²⁷ More recently, women's health advocacy groups have organized efforts encouraging greater availability of emergency contraception. In the United States, a coalition of women's health advocates and professional associations in allied health has organized a campaign to encourage governmental regulatory changes promoting greater access to emergency contraceptive services.²⁸

The participation of women's organizations and health advocacy groups in planning and implementing an introduction strategy, including evaluative research, is essential. In some settings, potential users may consider women's health advocates more credible than the medical research establishment. They can also help guide the introduction process in other important stages, such as determination of priorities, design of communications programs, and deliberations on whether use of emergency methods should be expanded from one stage to the next.²⁹

Likewise, providers working at family planning clinics may have important insights about women who experience contraceptive mishaps, such as condom breaks. Ideally, groups interested in expanding access to contraceptive services, including emergency contraception, should be given an opportunity to contribute to planning efforts. In order to maintain quality, policymakers may want to introduce the method in phases (beginning, for example, in urban settings) or restrict the focus of program efforts to certain women (for example, those who have been sexually assaulted).

Conclusion

Emergency contraception is an important option for women exposed to unprotected sex who wish to avoid pregnancy. Because of the many obstacles to knowledge about and access to emergency contraceptive services, groups interested in making these services more widely available to women will need to plan thoughtful introduction and communication strategies. These strategies will be more successful if they take into account local conditions, the capacity of the health service delivery system to provide emergency contraception, opportunities for key "stakeholders" from various sectors to collaborate in introduction efforts, and the communications challenges specific to this method.

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