Consumer Perspectives on a Pericoital Pill

Emergency contraception is not currently labeled for routine use, nor for use prior to sexual intercourse. The appropriate or recommended coital frequency for pericoital contraceptive users will depend on the efficacy and side effects of the active ingredient; a current World Health Organization clinical trial of a pericoital pill using 1.5 mg of levonorgestrel defines the appropriate coital frequency for study participants as six or fewer times a month.

To understand better the appeal and potential market for a pericoital contraceptive pill, PATH conducted a qualitative study of the perceptions of potential consumers in Lucknow, Uttar Pradesh, India, and Kampala, Uganda. PATH assessed the general appeal of the method, explored anticipated patterns of use and developed potential client profiles through focus group discussions and in-depth interviews with potential consumers (241 women and 40 men).

**METHODS**

**Country Contexts**

To capture regional variation, we wanted to have study sites in both South or Southeast Asia and Sub-Saharan Africa. India was chosen because of its vibrant commercial market for oral contraceptives and emergency contraception, and because of the potential to form partnerships with local manufacturers for production and distribution. Uganda was selected due to the dominant role of the private sector in providing oral contraceptives and a recently renewed commitment to family planning by government leaders.

The study focused on urban areas under the assumption that a pericoital pill would initially be available for purchase in pharmacies and through social marketing in urban settings. This assumption is based, at least in part, on the critical role the commercial sector has played in making emergency contraception available in a variety of settings. Moreover, data on women who use emergency contraception as a primary method tend to draw on urban populations. We selected Lucknow and Kampala as study sites because they represented urban settings that were accessible to our study teams and that have family planning infrastructure and programs that could facilitate eventual introduction of a new method.

In Lucknow district, according to the India Demographic and Health Survey (DHS), about one in four married women of reproductive age have an unmet need for family planning (Table 1). Sterilization, used by 20% of married women aged 15–49, dominates the contraceptive method mix, as it does for India as a whole; the next most common used methods are condoms (12%) and traditional methods (10%). Indian women wishing to space births tend to rely on methods that require male involvement (condoms, periodic abstinence and withdrawal). DHS reports do not include data on current use of emergency contraception; however, nearly 30% of married women in Lucknow reported knowing about the method and numerous brands of emergency contraception are available in India. The strong commercial market for emergency contraception products and substantial reliance on methods that require male involvement suggest a need and demand for a female-controlled pericoital method.

In Kampala region, injectables (19%), oral contraceptives (10%) and traditional methods (8%) dominate the contraceptive method mix. An estimated 32% of married women in Uganda, and nearly 40% of sexually active unmarried women, know of emergency contraception, and it is available in the private sector under the brand name Postinor 2. Although emergency contraception is intended to be available by prescription only in Uganda, women are able to procure it over the counter.

Uganda’s total fertility rate of about six children per woman is high, even compared with the rates in other Sub-Saharan African countries. Ugandan men desire larger families than Ugandan women do (about six children vs. five). This discord in fertility intentions may translate into challenges for women who desire to use family planning. Moreover, it may create a demand for short-term methods, like the injectable or the pericoital pill, that are female-controlled and can be used surreptitiously.

**Study Design and Analysis**

Our analysis draws on qualitative data collected through focus group discussions and in-depth interviews. We sampled participants purposefully and attempted to maximize diversity in order to gather insights on potential consumers of pericoital contraception and solicit a wide variety of viewpoints on the proposed method. Accordingly, we included married and unmarried women and men aged 18–45 who were upper-middle, middle or working class and who were using modern contraceptives, traditional methods or no method. This sampling strategy draws from previous research showing that diverse characteristics can inform contraceptive use. In addition, we recruited young, unmarried women who either were currently attending college or had recently graduated, as well as a small sample of women who had used emergency contraception in the past, assuming that the use dynamics of another coitus-