To overcome limitations of previous studies and to provide robust estimates of patterns and frequency of emergency contraceptive pill use, this study employed a sampling methodology that allowed for the recruitment of a diverse group of urban women of reproductive age and a critical mass of method users. We conducted the study in Lagos, Nigeria, and Nairobi, Kenya, because in these cities, where women can purchase these pills without a prescription, anecdotal reports suggest that women use the method repeatedly. Efforts to improve the availability of emergency contraceptive pills have also been undertaken in both countries, including registration of a dedicated product, introduction of the method to public-sector and nongovernmental organizations, training and support of pill providers, raising public awareness of the method and scaling up the sustainability of services. Hence, Kenya and Nigeria were suitable countries for the study of repeat pill use. The study was also expected to build on and inform activities in these countries associated with the Urban Reproductive Health Initiative projects, which focus on increasing access to family planning methods and services among the urban poor.

METHODS

Sampling

Women aged 18–49 who had ever used emergency contraceptive pills constituted the target population. We used a multistage sampling approach to select respondents for the study. The first stage was done randomly, while the second stage targeted high-traffic shopping venues, where women of reproductive age were intercepted for screening and interviewing. In the first stage, we constructed a sampling frame of districts in Nairobi and local government areas in Lagos as the primary sampling units (PSUs). Then, since contraceptive use is known to differ by socioeconomic status, we stratified the PSUs into three income strata. We used census data to identify high, middle- and low-income areas within Lagos and Nairobi. Classification was based on two measures: the socioeconomic status of the majority of residents in the geographic area where the main shopping venue was located within each PSU, and the socioeconomic status of the venue’s clientele as determined by market research data. Classification was based on two measures: the socioeconomic status of the majority of residents in the geographic area where the main shopping venue was located within each PSU, and the socioeconomic status of the venue’s clientele as determined by market research data. In each city, we selected 25 PSUs distributed proportionally among the income strata. These PSUs were selected using proportional-to-size sampling; estimates of the number of women of reproductive age were based on census information. For the second sampling stage, we listed all high-volume open and enclosed markets and shopping centers located in each selected PSU. Using the following criteria, we selected one venue in each unit: moderate to high traffic flow, presence of shoppers from more than one income level in mixed-income venues, and a focus on clothing and food purchases or service.

On the basis of social marketing research conducted in Kenya, we assumed that 10% of intercepted women would be emergency contraceptive pill users. Because our desired sample size was 500 ever-users of the method in both Nairobi and Lagos, we planned to intercept approximately 5,000 women (200 per PSU) in each city. This sample size would allow the estimation of user characteristics with adequate precision. For example, a characteristic that would be prevalent at a 50% level would be estimated within 5% with a 95% confidence interval. This calculation assumed a low level of clustering effects (intraclass correlation of 1.5%).

Data Collection

Between August and October 2011, recruitment of participants occurred on predetermined days and at specific times, which coincided with the busiest times at shopping venues in each city. In Nairobi, interviews were conducted from Friday to Tuesday, 9 a.m. to 6 p.m. In Lagos, interviews were conducted at the same time of day, but from Friday to Wednesday, skipping Sunday, which is a slow market day. The Nairobi and Lagos offices of the market research firm Ipsos identified appropriate shopping venues and determined the socioeconomic profile of each site before conducting recruitment and interviews. Questions and the combinations of responses that determined the socioeconomic status classification of respondents were developed by Ipsos, which routinely collects such data for market surveys. In collaboration with FHI 360, this firm trained the interviewers and supervised data collection.

Interviewers used smart phones to administer the questionnaire to women who consented; they collected information on women’s age (18–24, 25–34, 35–44, 45–49), marital status (married; single; separated, divorced or widowed; no response) and highest level of education completed (primary or less, secondary, college or more, no response). To assess the socioeconomic status of participants, women were asked a set of questions specific to each country, and were then classified as either low, middle or high income. In Nairobi, they were asked about the number of cars owned by household members and ownership of satellite dishes. In Lagos, in addition to the number of cars owned, women were asked whether the household had a washing machine, vacuum cleaner or home theater (Table 1).

Women were also asked about their past contraceptive use and awareness of and ever-use of emergency contraceptive pills. If a woman said that she had never used a dedicated emergency contraceptive pill, her interview was...