

BACKGROUND

Pacific-based studies suggest that emergency contraception (EC) is the least known and utilised contraceptive method. In Fiji, emergency contraceptive pills (ECPs) may be purchased over-the-counter at pharmacies, however little is known about their provision. This project, aimed to identify ECP knowledge, attitude and practices of pharmacists currently providing ECP in Fiji.

METHOD

An online survey using Qualtrics was distributed through pharmacy networks to recruit registered pharmacists working in one or more of Fiji's approximately 30 privately-owned community pharmacies. Participants were asked about commodity supply, consumer characteristics, contraception information provided to consumers, and the confidence, knowledge and views of pharmacists about EC.

RESULTS:

Demographics of pharmacists completing surveys

- 22 respondents
- Based in Central (Suva) and Western (Lautoka) Divisions of Fiji
- 68% female
- Average 7.5 years registration
- 100% university trained in Fiji; 95% recalled EC education

Commodity supplies

- Postinor (levonorgestrel) reported as the most prominent brand of ECP, however the generic brand, Emkit, cited as most frequently purchased (64%) - lower cost and most well-known (59%)
- 4% pharmacists supply copper IUD for EC
- 91% 'rarely' or 'never' experience issues obtaining ECP from suppliers
- 73% reported never running out of ECP stock

Consumer profiles

- Most pharmacists reported that ECP is usually purchased by the person seeking to use it
- All 22 respondents reported providing ECP to the person seeking EC; 16 had provided it to the partner and 9 to friends of those seeking EC, 8 couples, and to 3 family members.
- Reasons for requesting ECP:
 - 55% of pharmacists reported that consumers never/rarely share reasons, and only 36% pharmacists always/often ask
 - Pharmacists reported that cited reasons included: concern about pregnancy after recent unprotected intercourse (46%); advance supply in anticipation of future unprotected intercourse (26%), recent sexual assault or unwanted sexual contact (2%)
 - 9% asked about longer-term contraception

EC provision and counselling

77% & 59%

Pharmacists

18% & 36%

Pharmacy Technicians & Assistants

IDENTIFIED AS RESPONSIBLE FOR DISPENSING AND PROVISION ECP INFORMATION.

- Most (75%) ECP information was provided verbally, and provision of written information was reported by less than 20%
- 74% pharmacists were unfamiliar with the EC Methods Wheel; 82% unfamiliar with the WHO Medical Eligibility Criteria (MEC) Wheel for Contraceptive Use. Most (57%) do not use additional resources
- Ongoing contraception:
- Less effective methods (oral and injectable contraception and male condoms) more commonly discussed than long-acting reversible methods (IUDs and implants).
- Female condoms and diaphragms were least often discussed.

Contraceptive information provision

| | n | % |
|--|---|----|
| Information provision on health services and GP clinics for information and access to ongoing contraceptive options (Often/Always) | 6 | 17 |
| Discussion on risks of sexually transmitted infections (STIs) (Often/Always) | 3 | 4 |
| Information provision on health services and GP clinics for STI information and screening (Often/Always) | 3 | 14 |

Pharmacist ECP knowledge

| | |
|--|--|
| 100% IDENTIFIED ECP DOES NOT INDUCE ABORTION | 36% AWARE OF EFFECTIVENESS AFTER MULTIPLE EPISODES OF UNPROTECTED INTERCOURSE |
| 50% AWARE OF NO ABSOLUTE CONTRAINDICATIONS | |
| 73% AWARE OF OVULATION PREVENTION OR DELAYS | 14% AWARE BMI > 26 AND LIVER ENZYME INDUCING MEDICATIONS CAN REDUCE EFFICACY |
| 68% IDENTIFIED NO PRESCRIPTION NEEDED TO DISPENSE ECP FOR THOSE AGED > 18 YEARS | |

While 82% and 100% of pharmacists were very confident or confident in selling and providing information on ECP, all expressed a desire to have more access to EC information and education



Attitude toward ECPs

- 45% identified situations where they might feel uncomfortable providing ECP (e.g. to someone <18 years old)
- No participants felt that ECPs access should be restricted to married women only, or married women after receiving permission from their husband, however 9% and 41% were undecided respectively

Attitude toward emergency contraception among pharmacists

| | n | % |
|---|----|----|
| Agreed that all women and girls should be able to access emergency contraception | 19 | 86 |
| Felt that married women should not have to get permission from their husband to purchase and take ECPs | 13 | 69 |
| Disagreed or strongly disagreed with the statement that only married people should be able to purchase ECPs | 20 | 81 |
| Felt less comfortable providing ECP after sexual assault than to someone who just forgot to use a condom during consensual sexual intercourse | 14 | 64 |

CONCLUSION:

The findings provide valuable insights into knowledge, attitude and dispensing practices of pharmacists in Fiji.

- Pharmacists generally have reliable ECP stock, while a minority offer copper IUD as an EC option.
- Pharmacist technicians and assistants also involved in ECP provision.
- While 86% of pharmacists felt that everyone should be able to access EC, almost half could also identify situations where they might be uncomfortable providing EC.
- Pharmacist misconceptions and knowledge gaps were identified alongside a desire for more information about EC, suggesting the value of targeted education.