Emergency Contraceptive Method and Thai Women: A Psychosocial Perspective

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Summary

An emergency contraceptive method known as the "morning after pill" has been in the market in Thailand since 1988. Since then, the misconceptions of why and how to use it is a critical and important aspect of the use of this medication in the country. The present paper utilized psychosocial ideology at the conceptual level in order to critically review relevant published and unpublished research studies conducted in Thailand and elsewhere. The review article addressed the following issues: (1) the effects of Thai cultural and psychosocial factors as well as sexual life style on the medication use behavior and (2) the role of government, community pharmacists and other providers on the use of this contraceptive method.

Introduction

An emergency contraceptive method known as the "morning after pill" is not a brand new contraceptive technology. However, the lack of dedicated products and publicized information, as well as the negative attitude of health care professionals toward the use of emergency contraceptive pills, make this method the best kept secret reproductive health issue in the US, Thailand, and probably, in the world. The first emergency contraceptive regimen, so called "Yuzpe", was introduced to the world 25 years ago (Ellertson, 1996). This regimen consisted of a high dose of regular estrogen-progestin contraceptive pills. Previous studies have shown that taking this medication within 72 hours of sexual contact and another pill 12 hours afterward reduces the probability of pregnancy by 75% (Ellertson, 1996). The recent multi-center studies conducted on behalf of World Health Organization found better efficacy and fewer side effects when progestin-only regimen was used (Task Force on Postovulatory Methods of fertility regulation, 1998). Their results confirmed an earlier randomized control study which was conducted in Hong Kong (Ho, 1993). The intended use of the pill is to prevent unwanted pregnancy. As we all knew, unwanted pregnancy could cause psychological distress or an abortion. Therefore, several methods have been introduced to prevent the unwanted pregnancy from happening. The previous study showed a positive relationship between using the pill and the outcomes given that the emergency contraceptive pill was used correctly.

However, using this method by general public is not a problem-free situation. Many countries have shared the same problems while another has unique problematic issues to work on. Several factors including clinical, logistic, accessible, and moral or legal factors have contributed to these differences. For example, In the US, there was only 1% of US women reported using or ever used the emergency contraceptive pills (Delbanco *et al.*, 1997). The accessibility is quite limited because the pills are prescription medication and

many people perceive them as a way to abort a fetus. As of today, only a few states allow pharmacists to prescribe the medication. In contrast, for some countries, like Thailand, the accessibility might not be an issue but the misconceptions of why and how to use it is a critical and important aspect of the use of this medication.

In Thailand, progestin-only (levonorgestrel) pills (Postinor® and Madonna®) are easily obtained from drug stores. A study indicated that over 70% of all women who bought this medication from drug stores used this method as their only contraceptive method, while only 16.5% used it along with condom and 6.9% with regular oral contraceptive pills (Amrumpai, 1995). Thirty nine percent took more than 4 tablets a week and only 3% correctly used it for an emergency purpose (Lerkiatbundit and Reanmongkol, 2000). It is also striking that more than 70% of these women had been using other contraceptive methods such as oral contraceptive and condom prior to using emergency contraceptive (Amrumpai, 1995; Lerkiatbundit and Reanmongkol, 2000). Several factors would contribute to the misuse and the practice of method switching.

The goals of this present paper are not to systemically review or evaluate the clinical information of the emergency contraceptive pill but rather to utilize psychosocial ideology at the conceptual level in order to answer the following questions: (1) how did Thai cultural and social factors as well as sexual life style affect the medication use behavior and whether the effects are different among different demographic groups?, and (2) in light of these combination perspectives, what would be the role of government, community pharmacists, and other providers on the use of this method? To answer these questions, cultural, social, and individual factors should be taken into account. Another goal of this paper is to propose potential research questions regarding the topic.

Since there were only few Thai studies in this area published in peer reviewed journals, many studies cited in this review article were collected directly from authors or organization working in this field.

Cultural perspectives and beliefs

In 1995, a Thai pharmacist conducted her study examining specifically side-effects which occurred during the use of progestin-only (levonorgestrel) pills (Postinor® and Madonna®) (Amrumpai, 1995). Three hundred women who currently used the pills were interviewed. The majority of the respondents were married women with the average age of 25.5 years old. The researcher also found young males getting the pills for their partners. The similar characteristics were found in another recent study. In another study, 67% of women who currently use Levonorgestrel (LNG) were 20-29 years old, 47% were married or cohabit, and 19% were still in school (Lerkiatbundit and Reanmongkol, 2000). These studies have brought out the interesting findings on medical and clinical aspects which also somewhat reflect medication use behaviors.

One of the interesting findings was that as many as 44-50% of the samples experienced some kind of side effects, including nausea, vomiting, bleeding breakthrough, headache, and temporary menopause (Amrumpai, 1995; Lerkiatbundit and Reanmongkol, 2000). With this information, it is very

surprising to learn that some of these women had been using this medication consistently for longer than 2-5 years. One possibility for the women's regular use behavior even though side effects were present might be that the side effects were perceived to be very minor. It seems that these women were able to tolerate these physical conditions and took these strong side effects as a sign indicating that the medication is working. This perception, in turn, might help the women psychologically manage and deal with the side effects. For example, Thai people define a strong medication by how it reacts to their bodies (Reeler, 1996). A Thai proverb "Wind is sweet, medication is bitter", is very common in Thai communities. The intended message is that a good or effective medication has to taste bad. Similarly, studies have found that Thai people reported that medication which made them sweat or caused an irritated stomach was an effective medicine. If this is the case, women, who truly believed that taking medication after intercourse was one way to prevent unwanted pregnancy and only a strong medication would be able to do the work successfully, would still use the medication even though side-effects were sufferable. In addition, these women probably carry an expectation about side effects prior to the events, resulting in a decrease in perceived severity of the symptoms.

Another cultural belief related to Thai perception of medication is a speed of its action. Thai people believe that any disease or unwanted condition can be cured or eliminated if they act fast enough (Reeler, 1996). This belief is consistent with how emergency contraceptive medication works. Clinically, the sooner a woman takes this medication, the greater chance a pregnancy can be prevented (Piaggio, 1999). Knowing that Thai people believe that speed contributes to effectiveness, a pharmaceutical company who distributes this medication takes advantage of this fact to market its product. While a number of studies sponsored by WHO showed that two doses of this medication taking 12 hours apart can be administered 72 hours after intercourse, to ensure protection, this pharmaceutical company strongly recommended its users to take only one dose within one hour after intercourse (Amrumpai, 1995). To comply with this direction, women have to have this medication handy ahead of time. It would be very strange if one had to rush to a pharmacy within one hour of an intercourse.

Sexual lifestyles

Prior to 1997, a material came with the medication package stated that infrequent sexual acts were the only indication for the medication use. This statement was removed after the product had been on the market for almost ten years. Emergency contraception is used to prevent pregnancy after unprotected midcycle sexual intercourse. The unprotected sexual intercourse could be due to an unplanned sexual act or a failure of regular methods. This is not always a black and white situation. When it comes to a gray area, such as women who have infrequent sex, or adolescents who are actually sexually active but never admit to being so, how can we deal with these circumstances? Currently, there is no research being done to confirm the causal relationship between infrequent sexual acts and the use of this medication. However, the two studies found that one of

the most common reasons why women in these studies used this medication as a regular method was because they had infrequent intercourse (Amrumpai, 1995; Lerkiatbundit and Reanmongkol, 2000).

For a married couple, a household in which a husband comes home during weekends and makes business trips or lives at different places during weekdays has become more common in Thailand. Another social reason for infrequent sexual activity was home crowding (Edward, 1992). Parents living in the same room as their children might have less sexual activity than those whose children stay in a separate bedroom. A woman reported that her son usually slept in the middle of the bed which made it impossible to engage in any sexual activity.

For adolescents, cohabitation is not a common practice in Thailand (Soonthorndhado, 1992). Adolescents live in a same sex dormitory or with their parents even when they attend college or have a job. Pre-marital sexual activity is still socially unacceptable especially for older generations. Therefore, hotels or household with no adult usually provide an alternative setting for sexually active adolescents. However, these individuals cannot conduct this lifestyle on a regular basis, especially if they come from a low socio-economic background. Nuchnard confirmed this in her 199l study when she found that students who received only a small amount of monthly allowance also have less sexual activity (Nuchanard, 1988). Considering adolescents and this medication, Amrumpai found that 34% of those who came to get this medication were young men. Similarly, a pharmacist who gave an interview to the Bangkok Post earlier this year stated that his potential customers were young men who usually came seeking the medic ation on Friday night and during the weekend (Sukrung, 1999). As of yet, we do not have a study about these incidents. It is possible that adolescents today have used this medication as a substitute for a condom. If it is true, this situation is critical because the adolescents can get pregnant; moreover, the method by itself does not protect them from getting sexually transmitted diseases.

In Thailand, it should be noted here that there is no emergency contraceptive related study being done in remote areas. Studies that are cited in this paper were all conducted in urban areas or in different countries. All we know so far is the fact that in general, contraceptive behavior found in women living in the remote areas is somewhat different from those who live in urban areas (Mutgo, 1997). These differences could be due to consequences of sexual lifestyle as well as women's age, educational level, contraceptive knowledge, economic status, number of children in a family, and family planning services available in the areas (Mutgo, 1997). Whether behavior concerning emergency contraceptive use is the same as that of other contraceptive methods still remains unanswered.

As stated above, sexual lifestyle of people with different demographic background might have an impact on their decision making process. It seems that perceived infrequent sexual intercourse would prompt women to abandon other methods that required more time and efforts and choose to use the emergency contraceptive method which was perceived to be more practical and economical.

Psychosocial factors

Fear and social factors might contribute to the lack of dyadic decision making between partners regarding how this method is obtained. I would like to take this opportunity to present one of my in depth interviews with a married woman, 26 year old, which was conducted in 1999. I learned from the woman that her husband knew nothing about this medication or the fact that she used it. All he knew was that his wife always forgot to take regular pills. To prevent pregnancy at the time, they agreed to use other methods such as condoms and withdrawal. It is important to note here that when oral contraceptive pills were invented over 100 years ago, it became common in most societies for women to be the only ones responsible for preventing pregnancy. Therefore, it was not surprising that this woman was constantly blamed by her husband for her IRRESPONSIBILTY. When it happened much more often, she stopped telling him and managed to prevent pregnancy by herself. Using condoms and withdrawal method require collaboration from both sides. Therefore, the secret method left to her was to take another pill on her own after an intercourse.

Moreover, the woman did not want to be on regular contraceptive pills. She stated that taking it on daily basis required too much effort. She simply forgot to take it: "When I forgot to take it everyday, I have to double doses and that made me terribly sick." "Sometimes, my forgetfulness occupied me for too many days. Then I started using Postinor® to make sure that I won't get pregnant". This woman used to be on a regular contraceptive method while she used emergency contraceptive as a back up. This use pattern seemed to be appropriate according to the purpose of emergency contraception. However, this woman had learned from her long experiences that she was able to prevent pregnancy even though she forgot to take many regular pills. She then gradually switched from using emergency contraceptive pills as a back up method to completely relying on it. This dynamic psychological process has never before been seriously investigated in Thailand and elsewhere.

We know almost absolutely nothing on how decisions have been made to use this medication among a group of adolescents. Young men usually expect their young partners to be permissive about sex, and to give up their decision-making autonomy, with regard to contraception. Social stigmas also prevent them from obtaining contraceptive methods such as oral contraceptive pills or condoms from public places. These seem to be consistent with what has been reported earlier about young men and emergency contraceptive pills as well as the low rate of condom use (25%) in Thai youths (Sukrung, 1999).

Information and public education

Even though this medication has been approved by the Thai Food and Drug Administration since 1985, none of the governmental health facilities recognize and dispense this medication as a contraceptive method. However, only a few piece of information about this medication was provided to the public by the government. Material that comes with a package was the only source of information for providers and users in general. In other words, the pharmaceutical company is in charge of public education.

Two major reasons might contribute to this governmental negligence. First, a progestin-only pill is the only dedicated emergency contraceptive product available in the market. Unfortunately, in the past few years, this product has been perceived by both the Thai academic community and health care professionals as having low efficacy and severe side effects. More positive views have been given to the 25 years old Yuzpe regimen. However, this regimen has been used narrowly by physicians and some pharmacists because of the difficult management which results from the lack of a dedicated product (Camp, 1998). Secondly, in the united Kingdom, a study showed that giving out the emergency contraceptive pill and its information in advance for women who might need it did not encourage people to misuse it (Glasier, 1998). However, the Thai government assumes that if the public discover the existence of a high dose levonorgestral pill and its relatively easy management, the public will overuse it. Therefore, as a practical solution, the government seeks to prevent the spread of product and knowledge about the medication.

Considering information from health care providers, a study conducted by a pharmacist in northern part of Thailand indicated that most drug sellers seldom gave useful information regarding instruction, efficacy, and safety to those who bought the medication. When the knowledge and awareness of drug sellers regarding this medication were assessed, researcher found that 78% did not know what the active ingredient of this medication was and only 59% knew about the appropriate uses of this medication (Mutanapun, 1997). The same findings were found in another study conducted in the southern part of the country (Ratanajamit and Chongsuvivatwong, 2001). I am not aware of any study done in Thailand regarding other health care professional. Besides the lack of knowledge, another barrier that might reduce the dissemination of the information is the lack of the understanding about the psychosocial aspects as well as the lack of communication skills in a pharmacist's part especially when it comes to sensitive topics such as sexual behaviors. In order to solve this problem, the attempt was made to substitute the verbal or oral consultation with the written material. A group of graduate students, Naresuan University, did an experiment by giving out the written information (a pamphlet) about the emergency contraceptive pill to seventy-four women in the experimental group (Pruksunan *et al*., 2003). The finding indicated that the pamphlet would be able to increase the women's knowledge about the medication, but not their motivation to use the pills appropriately. This somewhat indicated that an attempt to completely by pass the pharmacists by giving out the information to the users directly might prove ineffective. Pharmacists need to find a way to communicate the issues with the women. To do that, perhaps, they first need a deeper understanding of the women's psychosocial and cultural factors that determine their behaviors.

Conclusion

We now reach the point where *information* and other psychosocial factors prevent those who are in need of this medication from receiving its benefits. For the exact same reasons, those who should not have used it as regular method completely rely on it.

One of the goals of this paper is to propose what research needs to be done. First of all, the magnitude of the misuse problems needs to be clearly indicated. The important patterns in the medication use behavior and its factors have to be established by taking into account the differences among groups of users, such as married couple versus adolescents, and rural versus urban areas. These information would help decision making process of many different levels of users from individual patients to pharmaceutical manufacturers and especially to community pharmacists and relevant government sectors, who should be in charge of educating general public about the medication.

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