



Ibis Reproductive Health

January, February, March 2009 Newsletter

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About Ibis:

Ibis Reproductive Health aims to improve women's reproductive choices, autonomy, and health worldwide. We accomplish our mission by conducting original clinical and social science research, leveraging existing research, producing educational resources, and promoting policies and practices that support sexual and reproductive rights and health.

New Publications:

- Dennis A, Henshaw SK, Joyce TJ, Finer LB, Blanchard K. The Impact of Laws Requiring Parental Involvement for Abortion: A Literature Review, New York: Guttmacher Institute, March 2009.
- Simmonds K, Foster AM, Zurek M. From the Outside In: A Unique Model for Stimulating Curricula Reform in Nursing Education. *Journal of Nursing Education*. March 2009.

Emergency Contraception in the MENA Region

Emergency contraception (EC) is a relatively new reproductive health technology in the Middle East and North Africa (MENA) region. In 2001, Tunisia became the first country in the Arab world to register a dedicated emergency contraceptive pill (ECP) and ECPs have subsequently been registered in Algeria, Egypt, Lebanon, Libya, Morocco, and Yemen. However, product registration does not guarantee availability, accessibility, or affordability, and it appears that outside of Tunisia and Lebanon, access to ECPs is extremely limited. In a region where 15-25% of maternal mortality is due to unsafe abortion, expanding options for women to prevent pregnancy and ensuring that women have access to a range of contraceptive methods are especially critical.

Expanding information about and access to EC has long been a cornerstone of Ibis's work in the MENA region. In 2002-2003, Ibis collaborated with the Office of Population Research

at Princeton University to develop and launch the first Arabic-language website dedicated to EC. When we initiated the project no consensus existed on the Arabic phrase for "emergency contraception." After conducting interviews and focus group discussions with



Arabic-language emergency contraception website developed by Ibis and Princeton University

providers, researchers, and young adults in several countries in the region, we developed a term (the emergency prevention of pregnancy or منع الحمل الطارئ) that was comprehensible across dialects that is now in standard use. Today, the Arabic-language EC website, an adaptation of not-2-late.com, receives over 6,000 visits per month. The success of this website underscored the need for additional Arabic-language resources dedicated to sexual and reproductive health topics and has informed a broader effort that we have undertaken to develop medically accurate, linguistically accessible, young adult-friendly online resources in Arabic. Further, in order to expand information about EC among health service providers, Ibis is currently developing a bilingual EC guidebook that will be distributed throughout the region later this year.

Even with improved informational resources, access to dedicated ECPs remains limited in the region as a whole. However, oral contraceptive pills are widely available over the counter throughout the region and thus many women have de facto access to medications that can be used post-coitally to prevent pregnancy. (Continued on next page)



Ibis Senior Associate Dr. Angel Foster with colleagues in Tunisia

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Emergency Contraception in the MENA Region

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Over the last few years, Ibis has undertaken a series of studies to better understand knowledge of EC in the region and identify avenues for expanding both awareness and access. For example, EC plays a prominent role in our multi-country study dedicated to the sexual and reproductive health knowledge, attitudes, and behaviors of unmarried female university students. Indeed, results from our study with 275 university students in Jordan and the West Bank revealed that knowledge of EC was virtually nonexistent but interest in and demand for post-coital contraception was considerable. These findings are consistent with an emerging body of research that has shown that knowledge of EC in the region is extremely limited among both women and health service providers.

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That health service providers are often unfamiliar with EC constitutes a significant barrier to access. Given that pharmacies in the MENA region often play a critical role in the health systems, Ibis is engaged in case-building research to demonstrate that pharmacists can become an important partner and resource in improving knowledge of and access to EC. In collaboration with local partners, we recently completed a study with retail pharmacists in

the West Bank. Our study team conducted nearly 100 in-depth interviews with pharmacists in five West Bank cities and East Jerusalem that focused on general EC knowledge, EC availability and provision patterns, opinions about community and clinician awareness of EC, and perceptions of need. The results indicated that only one in four pharmacists had ever heard of EC and only half of these pharmacists were able to accurately describe when a woman could use EC. These results point to the need for incorporating EC into health service provider education and training and we are now working with local partners to develop strategies for increasing EC knowledge among retail pharmacists in the West Bank.

However, to improve access to EC in the region it is also important to better understand those efforts that have been successful. In 2005, Tunisia became the first country in the Arab world to make ECPs available directly from pharmacists. We are now in the initial phase of a new study dedicated to systematically examining the service delivery and use patterns of ECPs in Tunisia. We believe that this project has the potential to inform broader regional efforts to introduce ECPs and incorporate EC into reproductive health and family planning services.

Building the case for expanding access, increasing knowledge among providers and women, and identifying models of service delivery are key components of our work dedicated to EC in the Arab world. We have also taken a leading role in facilitating intra- and inter-regional exchange about EC through our coordination of the Arab World Regional Network of the International Consortium for Emergency Contraception and our involvement with the Inter-agency Working Group on Reproductive Health in Crises. We look forward to leveraging our research from the MENA region to better meet the reproductive health needs of women in emergency, crisis, conflict, and refugee settings.

For more information about our EC work, or about our MENA program overall, please contact Senior Associate Dr. Angel Foster (afoster@ibisreproductivehealth.org), or visit the resources and links listed below.

Resources:

Ibis's Work in the MENA Region (<http://ibisreproductivehealth.org/where/mena.cfm>)

Palestine Pharmacy Study (http://ibisreproductivehealth.org/work/contraception/ec_KAP.cfm)

EC Information in Arabic (http://ibisreproductivehealth.org/work/contraception/ec_info_arabic.cfm)

International Consortium for Emergency Contraception Arab World Regional Network (http://ibisreproductivehealth.org/work/contraception/arab_network.cfm)

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Ibis in the News

A January 5 *New York Times* article, "For Privacy's Sake, Taking Risks to End Pregnancy," explored the topic of self-induced abortion in New York Latin American immigrant communities and discussed ongoing research by Ibis Reproductive Health and Gynuity Health Projects. The *Times* piece generated coverage and critiques in many blogs and online magazines, including Forbes.com, RH Reality Check, The Angry Black Woman, and SF Weekly. Ibis Senior Associate Dan Grossman, the principal investigator on the study, was also interviewed on KCBS radio in San Francisco, CA.



In Latin America, some women obtain misoprostol in pharmacies, like this one in Mexico City, to induce their own abortions. Ibis's research seeks to learn more about self-induced abortion in the US

While we at Ibis were thrilled for our work to be highlighted in the *New York Times*, we were sorry that the article emphasized the risks of misoprostol, even though a great deal of research has demonstrated that this drug is very safe and effective at inducing abortion (although it is more effective when used in combination with mifepristone, the FDA-approved regimen for medication abortion). In some developing country settings where abortion is heavily restricted, use of misoprostol alone has helped to avert deaths from unsafe abortion, and a modeling exercise undertaken by Ibis and UCSF showed that increased use of misoprostol alone could reduce abortion-related mortality by half. A letter to the editor from Ibis and Gynuity published in *Medical News Today* and *Hispanic Trending* expressed our concerns about how the *Times* and these outlets mischaracterized our research and the issue of self-induced abortion in US immigrant communities. Letters to the editor published in the *Times* also raise important issues about abortion access and affordability for low-income and immigrant women in the United States. For links to the articles mentioned here, please visit the announcements section of the Ibis website (<http://ibisreproductivehealth.org/news/index.cfm>).



Ibis's New Office in San Francisco Bay Area

Ibis's Bay Area office has moved! In December, our Bay Area staff moved into a new office space in Oakland, California. Ibis shares the space with the Advancing New Standards in Reproductive Health Program of the University of California, San Francisco and the Association of Reproductive Health Professionals. We are very excited about the new office and the opportunity to be surrounded by such great colleague organizations. We hope that this new office space will help us to expand our work and build connections in the Bay Area. For the new contact information, please see the back of this newsletter.

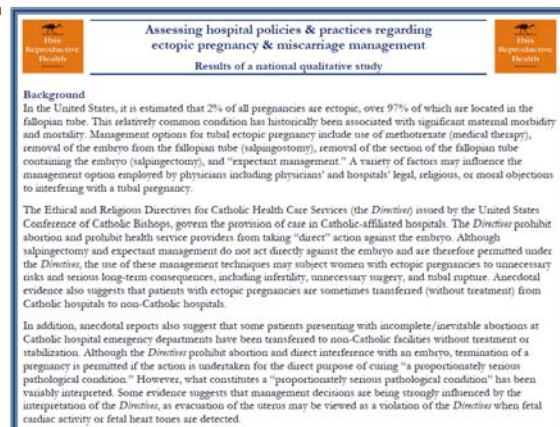
Ibis staff Dan Grossman and Diana Lara at the new office in Oakland, CA



Ibis Reproductive Health

Ibis Releases Results of Study on Ectopic Pregnancy and Miscarriage Management

Ibis recently completed a study, commissioned by the National Women’s Law Center, assessing hospital policies and practices regarding ectopic pregnancy and miscarriage management. This qualitative study focused on the influence of the Ethical and Religious Directives for Catholic Health Care Services (the *Directives*) on policies and practices and included interviews with clinicians and hospital administrators at Catholic, non-Catholic, and recently merged hospitals in ten US states. The results suggest that institutional norms and the interpretation of the *Directives* do influence clinical decision making. For a copy of the full report, please contact Dr. Angel Foster at afoster@ibisreproductivehealth.org.



New Ibis staff members, Ulla Larsen and Alicia Flanagan

Staff Updates

We at Ibis are thrilled to welcome two new members of our staff who will work on the Charlotte Ellertson Social Science Postdoctoral Fellowship in Abortion and Reproductive Health. Our new Fellowship Director, **Ulla Larsen**, joined Ibis in November 2008. She received her PhD in Sociology and Demography from Princeton University and she did her postdoctoral training at the University of California, Berkeley. Reproductive health is her main area of interest and her research has focused on infertility in developing countries. **Alicia Flanagan** started as the new Fellowship Assistant in February 2009. Prior to joining Ibis, Alicia graduated from Tufts University and worked as a project specialist at Planned Parenthood Federation of America.

We also want to send warm wishes to **Christina Nikolokopolous**, an intern who worked with us for the last year. Christina graduated from the Boston University School of Public Health in January. We thank Christina for her contributions to many projects in her time with us and wish her well in her new adventures.

Cambridge Office:
17 Dunster Street
Suite 201
Cambridge, MA 02138
USA
1-617-349-0040
info@ibisreproductivehealth.org

San Francisco Bay Area Office:
1330 Broadway Street
Suite 1100
Oakland, CA 94612
USA
1-510-986-8941
sanfran@ibisreproductivehealth.org

Johannesburg Office:
First Floor, Block B, Regent Place
Cradock Ave, Rosebank 2196
Johannesburg
Republic of South Africa
27-11-447-1346
joburg@ibisreproductivehealth.org