

Emergency Contraception in Haiti: Can improved education and supply to meet the demand?

Background: Haiti is the poorest country in the Western Hemisphere, with a maternal mortality ratio of 680/100,000. Household survey data from Haiti shows 25% of sexually active women using contraception, and 60% not using contraception express a desire to do so.

The earthquake that struck Haiti has weakened the already fragile family planning supply chain, and it is likely that unintended pregnancies will continue to rise. The provision of emergency contraception (EC) may help Haitian women avoid unintended pregnancies in a setting in which continuous access to contraceptive methods is often limited. There is currently no designated EC product available in Haiti.

Objectives: This study aimed to evaluate the knowledge of, experience with and desire for EC in women who delivered at a large public hospital in Haiti, and to determine the level of knowledge and practices patterns of the providers in the realm of EC.

Methods: As part of a larger post partum family planning study, we conducted 6 focus groups with postpartum women ($n=33$), 3 focus groups with service providers ($n=22$), and administered a questionnaire to postpartum women ($n=250$).

Results: 58% of women surveyed were aware of EC. Of these, 85% had knowledge of traditional methods only. 11.2% of women had used some form of EC in the past, but only 12.5% reported using a modern method. The traditional methods most commonly cited included drinking salt water, rubbing lemon on the abdomen, and swallowing castor beans.

Providers uniformly reported that EC was offered to women in cases of sexual assault and not as a routine part of family planning care. The impression among providers was that there was no demand for EC among women in the community.

Conclusion: Unmet need for family planning remains high in Haiti and awareness and use of effective EC remains low. Efforts to increase awareness of modern methods of EC, expand provider perception of patient eligibility for EC, and improve access to EC through the introduction of a designated EC product, could help women reach their reproductive goals and providers deliver comprehensive family planning care.