

Repositioning Emergency Contraception: ARTH introduces Turant Goli in Rajasthan

World Contraception Day, 26 September 2020

Context and Need

Emergency contraception (EC) in the form of levonorgestrel 1.5 mg tablets was licensed in India in 2005, and is currently available as a non-prescription schedule K drug. The product is meant to be used as a post-coital pill after what is implied to be a sporadic, “emergency” episode of sexual contact, whether consensual or otherwise. The use of the term “emergency” to refer to this method can be analyzed further, both in terms of scientific indication and social implications. *After all, what is the emergency that this pill addresses?* An episode of sexual contact that could lead to unwanted pregnancy is considered to be an emergency from the standpoint of the woman concerned (and likely, her partner too), hence by inference, there is a potential role for an “emergency” method to help prevent it. Secondly, an emergency is meant to occur suddenly, once in a while. If it however keeps recurring, its unanticipated “emergency” nature could be challenged. This is especially so for recurring sexual encounters. By implication, an “emergency” contraceptive method is not meant to be used repeatedly or regularly – side effects of repeated use of the LNG pill have over time been exaggerated by health care providers to make this point. Till date, most messages on EC warn women not to use it repeatedly within the same cycle, despite evidence that confirms its safety.

EC pills have been under-utilized in India after a chequered past that included widespread advertising of EC pills as being a liberating option, backlash from influential persons and professionals about the portrayal of women as being licentious or irresponsible, court restrictions on advertisement through mass media, and non-availability in a few locations. By virtue of its use after an act of unplanned, unanticipated or unprotected sex, young women do experience stigma in accessing the pill for their own use. If they have to use it repeatedly, the stigma is greater because they might be seen as anticipating, possibly tolerating or even welcoming the emergency.

While modern contraceptive use by married couples has increased steadily to 48% in India and 53.5% in the state of Rajasthan (NFHS-4, 2015-16), use by young persons and couples remains abysmally low. Millions of couples remain non-users of contraception through most of their marital relationship – most women adopting sterilization have not used any other method till that point. Apart from poor access, an important reason for such non use is lack familiarity and hesitation to commence using a regular or cyclical contraceptive method. Hence while sexual debut occurs early, even in late adolescence, contraceptive debut begins much later if at all, often after one or more mistimed or unwanted pregnancies. As with other personal behaviours, contraceptive use is more likely to be internalized by couples if they commence it early in life, preferably soon after sexual debut. Early and satisfying initiation of contraception is more likely to be followed by consistent use, even if methods are switched along the way. Hence the key is early initiation of contraception by any method, including EC.

The Intervention

In response to poor awareness of this option and the stigma surrounding contraceptive use for an emergency, ARTH’s Taruni intervention for young women and men in rural-tribal Rajasthan attempts to reposition emergency contraception in a positive manner as a quick response option, to be used after unanticipated or sudden sex. The approach recognizes that consensual but sudden sex is very possible in the context of youth sexuality – it can happen in a variety of circumstances, as when relationships are new and unsure, when people are traveling, when migrant husbands return home, when people do not use contraceptives consistently, or even otherwise. The operative slogan chosen for this approach is, *“Achanak Milan? Turant Goli!”*. The message is that if there is a sudden sexual encounter, the *Turant* pill may be used immediately. The pill is positioned in three ways:

1. *Preventing pregnancy & need for abortion*: This is the traditional position, that the pill helps to avert unwanted pregnancy and hence abortion after an act of unplanned or unanticipated sexual intercourse

2. *Initiation of contraception among those with no prior experience of using a method:* We have additionally positioned the pill as a first attempt to prevent pregnancy on part of someone who otherwise has not used a contraceptive till date – this is because non-use of contraception is common among women living in union, in rural-tribal India. A woman’s use of a single pill to prevent pregnancy once, represents agency on her part to begin controlling her fertility. If this were to be backed up by access to alternatives, it might prove to be the first step towards future adoption of regular contraception by the woman or her partner
3. *Male responsibility:* The third aspect targeted at men is that if sexual contact is likely to occur repeatedly, the man’s sense of responsibility and self respect should compel him to start using a condom instead of requiring his partner to repeatedly use such a pill. This approach too, has the potential of transitioning young persons towards regular use of condoms or other contraceptives

At this stage we recognize that communicating use of the EC pill after non-consensual sex – after rape or violence, in the same breath as use after consensual sex, could confuse matters and give out conflicting signals. In case a woman has been violated or raped, much more than mere EC pills would have to be provided to help her cope with the trauma, its health and psychological consequences. Hence use of EC pills after coerced sex can best be addressed within a larger intervention for supporting survivors of rape or sexual violence. Here we have chosen to focus on contraception after consensual sex.

Resources

To improve understanding and uptake of the LNG pill in an appropriate manner, we have developed the following items for ARTH’s field based intervention in southern Rajasthan:

- A pamphlet (see below) that encourages use of the Turant Goli in case the (migrant) husband has come home and they have not used any contraceptive
- A brochure that answers key questions regarding effects and side effects of Turant Goli and how to transition to regular methods as indicated (see <https://www.arth.in/brochure>)
- A 30 minute tele-training module on Turant Goli developed for Community Health Workers so that they can provide correct information to guide women on use of the pill. The entire training session which includes pre-recorded audio role plays (see box), is delivered over a telephone connection
- Messages and materials specifically for young men, are being developed
- A call is being taken to scale up access and communication in partnership with another organization

For more information, contact arth@arth.in

Tele-training module on Turant Goli

Greetings and introduction, general inquiry about health and COVID situation

Background – need for immediate contraception

Pre-recorded audio role play (1): A young woman whose migrant husband returns abruptly after the lock down (followed by trigger questions and discussion)

How Turant Goli acts, how it should be taken by the woman, effects and side effects, moving to regular contraception, etc

Pre-recorded audio role play (2): A young woman whose husband usually uses condoms, but did not use one the last time (followed by trigger questions and discussion)

How to respond to women’s questions on Turant Goli

Summary of key messages

Seven quiz questions for post training evaluation, assigning of score, review and clarification of correct responses with trainee

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