In Ghana and Senegal, fewer than 5% of providers mentioned advance provision as a way to manage non-menstruating pill clients.

Conclusion. *Training programmes and service delivery guidelines in developing countries should provide for advance provision of pills to appropriate clients*

Introduction

In Africa and other regions, many family planning programmes cannot afford pregnancy tests, so a substantial proportion of new family planning clients are sent home without their desired method and told to return for services at the onset of menses.[1] This policy is often enforced for oral contraceptive (OC) clients who could easily carry pill packets home to initiate later. This 'advance provision' of pills, common in much of the world, is safe[2] and can reduce unwanted pregnancies while saving clients' time and money. In sub-Saharan Africa, however, where the health risks associated with pregnancy are the greatest, we have noticed that family planning providers seem particularly resistant to advance provision of pills.

Methods and results

We used provider surveys and qualitative methods to collect data in Kenya, Ghana and Senegal on provider resistance to advance pill provision.

In our 2000 survey in 72 family planning clinics in Kenya, only 16% of providers (n = 177) agreed with the statement: 'non-menstruating clients can safely be given a cycle of pills to carry home to start when they get their period'. In a 2000 survey in Ghana, only 4% of providers (n = 124) stated that they managed non-menstruating clients by allowing them to carry pills home for later use at the onset of menses (together with a barrier method). In a similar study in 313 clinics in Ghana in 1997, the proportion was only 5% (n = 570).[3] In Senegal, the proportion of providers who volunteered that they would allow a non-menstruating client to carry home their chosen method (pills were not specified, but are the only available non-barrier method that could be 'carried') together with a barrier method was only 2% (n = 269) in 194 clinics in 1997[4] and 4% (n = 720) in 335 clinics in 1998.[5] In the Senegal and Ghana studies, the most common strategies for managing non-menstruating clients cited by providers were to use pregnancy tests, which often are not available, and to send clients home to await menses.

In Ghana, we also used a three-round simulated client study (1996, 1998, 1999) to assess provider attitudes towards advance provision in 20 urban and peri-urban clinics. Each simulated client played the role of an unmarried woman in her late teens with no children. When faced with the clients' request to carry pills home for later use, most providers reacted negatively, telling clients to return home because initial provision could only happen during menstruation.

Conclusions

Why such resistance to advance provision of pills in these three African countries? These data are quite limited and more research is needed, but our findings may corroborate earlier research in Africa showing that providers have an exaggerated sense of the dangers of hormonal contraception.[6] Providers may also object to advance provision on the grounds that it is wasteful or that clients may give away or sell their pill packets. Finally, the international family planning community – donors, agencies, and non-governmental organisations (NGOs) – may also be responsible in part. We know of no explicit mention of advance provision of pills in any of the national or international family planning guidance documents, nor have we seen the practice mentioned in any training curricula or materials.

Allowing clients to carry pills home for later use makes practical sense because it economises on the time and resources of both clients and providers. Nor is there any reason to believe that well-counselled clients who wait to initiate pill use – a common practice throughout the world – are at any greater risk than clients who begin immediately. Ironically, provider resistance to advance pill provision exists side by side in the countries studied and many others with social marketing programs that allow 'over the counter' sales of pills in pharmacies, shops, and open-air markets.

In developing countries, where the risks of incorrect pill use are dwarfed by the risks inherent in unwanted pregnancies, advance provision of pills to intermenstrual and postpartum clients makes good sense, and should be included in national and international service delivery guidelines.

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References

1 Stanback J, Thompson A, Hardee K, et al. Menstruation requirements: a significant barrier to contraceptive access in developing countries. *Stud Fam Plann* 1997; **28**: 245–250.

2 Stewart FH, Harper CC, Ellertson CE, et al. Clinical breast and pelvic examination requirements for hormonal contraception: current practice vs evidence. *JAMA* 2001; **285**: 2232–2239.

3 Twum-Baah K, Ameka E, Okrah E, et al. *Second round situation analysis study of family planning service delivery points in Ghana.* Accra: Ghana Statistical Service, 1997.

4 Sanogo D, Diop N, Ndiaye A, et al. Monitoring et evaluation des programmes de sante de la reproduction (unpublished survey data). Dakar: The Population Council, 1997.

5 Sanogo D, Diop N, Ndiaye A, et al. Analyse situationnelle des programmes de sante de la reproduction (unpublished survey data). Dakar: The Population Council, 1998.

6 Stanback J, Twum-Baah KA. Why do family planning providers restrict access to services? An examination in Ghana. *Int Fam Plann Perspect* 2001; **27**: 37–41.

ERRATUM

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We wish to apologise to Michael Cox for his name inadvertently being omitted under Service Advisors within the Editorial Advisory Board listings, which appeared on the inside front cover of the October 2002 issue of the Journal.