

# Special Population: CONTRACEPTION FOR WOMEN- VICTIMS OF VIOLENCE

Through the years, violence has been increasingly found to have negative health outcomes. Sexual assault and violence against women have been estimated to account for 20% of the health burden among women aged 15 to 44 years. The general impact of violence on the health of women has been attributed to various reproductive health risks and problems that are consequences of gender-based victimization. These health risks and problems include emotional and psychological disturbances, physical injuries, unwanted pregnancies, sexually transmitted infections (STIs) such as human immunodeficiency virus (HIV), decreased sexual desire, pain during sex, and chronic pelvic pain.



Health providers should discuss and assess the possibility of pregnancy in all women who have been sexually assaulted. The possibility of pregnancy is the usual concern of most women victims (particularly if sex was unprotected). The chance of pregnancy after an assault is reported to be at 2% to 5% among victims not protected by some form of contraception at the time of the attack. Moreover, the risk for acquiring complications such as sepsis, spontaneous abortion, and premature birth is high when the pregnancy is complicated with STI.

The management of victims should be therefore comprehensive to appropriately address violence-related problems. Healthcare providers are expected to provide counseling and social support to promote quick recovery.

Follow-up consultations should also be offered to adequately cover current and long-term consequences of the victimization. All clients should have access to follow-up services, including a medical review at two weeks, three months, and six months post-assault, with referrals for counseling and other support services.(119)

## RECOMMENDED METHODS

### LEVONORGESTREL (LNG) AND YUZPE METHODS

These can prevent pregnancy in instances of unprotected sex. Yuzpe method consists of higher doses of regular COC pills containing levonorgestrel and ethinyl estradiol.

What are the criteria for administering the LNG and Yuzpe methods among women who have been victims of sexual assault?

- Presence of risk for pregnancy
- Consult for treatment sought within five days from the time of the assault with the expressed desire to prevent pregnancy
- Pregnancy tests or other definitive tests have established that the client is not currently pregnant

If pregnancy cannot be ruled out, can the aforementioned methods still be prescribed?

Yes, as long as the following will be fulfilled:

- Full disclosure to the client that the pills will not be effective if she is already pregnant but will not affect the pregnancy nor harm the fetus
- Advise the client coming to the health facility more than five days after the assault to return for pregnancy testing if she misses her next menstrual period.

What is the mechanism of action of the LNG and Yuzpe methods?

- The LNG and Yuzpe methods work primarily by preventing or delaying the release of eggs from the ovaries but does not prevent implantation.(137)
- They do not work if a woman is already pregnant, near to ovulation, or has ovulated.(137)

Who are eligible to use the LNG and Yuzpe methods?

Any woman can use this method because they are only used in the short term. (29,123)

What are the precautions and contraindications for the use of LNG and Yuzpe methods?

- Known or suspected pregnancy. Note that accidental intake of these drugs elicits no known harm to a pregnant woman, the course of her pregnancy, or the fetus.
- They do not protect against STIs and HIV.

When to use the LNG and Yuzpe methods?

- These methods must be taken within 72 hours or up to 5 days by any woman in the reproductive age group who has had unprotected sexual intercourse.

How effective are the LNG and Yuzpe methods?

- LNG and Yuzpe must be taken as soon as possible after unprotected sex.  
Doing so can prevent pregnancy when taken any time up to five days of unprotected sex.
- Yuzpe method:
  - Only 2 in 100 women become pregnant, corresponding to a risk reduction of 75% when no emergency contraception method is taken (114)
  - Less effective than LNG
- Levonorgestrel regimen
  - Effective for at least four days after sexual intercourse and extends up to five days.
  - Expected pregnancy rate decreases by 85%.(115)
  - Only 1 in 100 women who have had unprotected sex become pregnant.
  - LNG is not effective for women with a body mass index of 30 kg/m<sup>2</sup>.(102,104)

Table 23. Estimated number of pregnancies out of 100 women with unprotected sex during the second or third week of the menstrual cycle according to the type of contraceptive used:	
No ECP	8
LNG pills	1
Yuzpe method	2

How are LNG pills used?

LNG can be taken in one of the following doses:

- Single dose: 1.5 mg LNG
- Split dose: 0.75 mg LNG followed by a second dose of 0.75 mg LNG 12 hours later

**Note:** In other countries, LNG pills (e.g., Norlevo, Levonelle, and Lonel) are available in 1.5 mg or 0.75 mg doses.

How is the Yuzpe method used?

Within five days after unprotected sex, the Yuzpe method can be administered using any one of the following regimens as soon as possible if available for two doses with a 12-hour interval:

- 0.1 mg ethinyl estradiol + 0.5 mg LNG
- 0.1 mg ethinyl estradiol + 1 mg norgestrel
- 0.1 mg ethinyl estradiol + 2 mg norethisterone

COCs contain different amounts of estrogen and progestins. Thus, the number of pills to be given depends on the preparation of the brand chosen. Not all brands of COCs can be utilized for emergency contraception. However, the acceptable brands available for the Yuzpe Method (Table 24) offer equivalent efficacy.

Table 24. Recommended dose of acceptable brands used for the Yuzpe Method.				
Brand	First Dose	Second Dose (12 hours after first dose)	LNG (per dose)	Ethinyl estradiol (per dose)
Azul	4 beige pills	4 beige pills	0.6 mg	0.15 mg
Blush	4 beige-yellow pills	4 beige-yellow pills	0.5 mg	0.125 mg
Charlize	4 beige pills	4 beige pills	0.6 mg	0.12 mg
Femenal	2 active pills	2 active pills	0.5 mg	0.10 mg
Femme	4 yellow pills	4 yellow pills	0.6 mg	0.12 mg
Lady	4 beige pills	4 beige pills	0.6 mg	0.12 mg
Minipil	5 active pills	5 active pills	0.5 mg	0.10 mg
Nordette	4 active pills	4 active pills	0.6 mg	0.12 mg
Nordiol 21	2 active pills	2 active pills	0.5 mg	0.10 mg
Norfem	4 active pills	4 active pills	0.6 mg	0.12 mg
Protec	4 white pills	4 white pills	0.6 mg	0.12 mg
Safe Pill (150/30)	4 active pills	4 active pills	0.6 mg	0.12 mg
Safe Pill (250/50)	2 active pills	2 active pills	0.5 mg	0.10 mg
Seif	4 beige pills	4 beige pills	0.6 mg	0.12 mg
Trust Pill	4 beige-yellow pills	4 beige-yellow pills	0.5 mg	0.12 mg

\*\*\*The following oral contraceptive brands are NOT recommended for use as Yuzpe method: Althea, Cerazette, Daphne, Diane-35, Gracial, Minulet, Yasmin, and Yaz. These brands contain a different progesterone component and do not contain LNG.

Which among the LNG and Yuzpe methods is more preferred for emergency contraception?

If both LNG and combined (Yuzpe) COC products are readily available, the LNG regimen is more preferred because it is more effective and has lesser adverse effects than the Yuzpe regimen. However, if only one of these products is available, the client should consider using that product immediately rather than delaying the treatment.

If the client does not have a menstrual period within three weeks after taking the pills, the possibility of pregnancy must be considered, and she should be encouraged to seek appropriate evaluation and care.

What are the side effects of LNG and Yuzpe methods?

Because of the relatively high dosage of LNG and Yuzpe, the following side effects may be experienced:

- Nausea/vomiting
- Tolerable abdominal pain
- Breast pain
- Vaginal bleeding
- Change in menstrual schedule



How are the side effects of LNG and Yuzpe method use addressed?

- Explain to the patient that side effects are not signs of illness.
- Routine use of anti-nausea medications is not recommended. However, if nausea is experienced with the first of the two doses, an anti-nausea medication (e.g., 50 mg meclizine) may be taken one-half to one hour before the second dose.
- If the client vomits within two hours after taking any of the two doses, she should take another dose after taking the anti-nausea medication one-half to one hour before. If vomiting continues, she can repeat the dose by inserting the previously required number of oral pills high into her vagina. If vomiting occurs more than two hours from taking a dose, she need not repeat the intake.

What advice will be appropriate for a client who has not had her menses within three weeks after taking the pills?

The client should be informed that the possibility of pregnancy must be considered and she should be encouraged to seek appropriate evaluation and care. (116)

### WHAT ARE THE COMMONLY ASKED QUESTIONS ABOUT THE LNG AND YUZPE METHODS?

#### 1. *Can LNG and Yuzpe be used for abortion?*

- No. These methods only delay or prevent ovulation and slow down sperm transport up the woman's reproductive tract by avoiding fertilization from taking place before the sperm from the unprotected sexual intercourse reaches the end of its life span. Once fertilization has occurred, the hormones from the contraceptives cannot disrupt an ongoing pregnancy.

#### 2. *Can LNG and Yuzpe increase a woman's chance of ectopic pregnancy?*

- No. So far, no evidence suggests increased risk for ectopic pregnancies in women who become pregnant on the LNG and Yuzpe methods compared with all pregnancies in general.

#### 3. *Can the LNG and Yuzpe methods cause fetal defects or birth problems to an existing pregnancy?*

- No. The intake of these contraceptives will not cause fetal defects or birth problems compared with all pregnancies in general.

#### 4. *Should the LNG and Yuzpe methods be used as a regular contraceptive method?*

- No, because all other contraceptive methods are more effective in preventing pregnancies and have less of the unwanted side effects. These methods are only best for preventing pregnancies that might result from having unprotected sex during a believed fertile period. These methods only delay ovulation; therefore, pregnancy may still occur if another unprotected sexual intercourse occurs. Hence, contraceptive selection and use is important.
- Other contraceptive methods for regular use should be discussed with the client to prevent any future need for the LNG and Yuzpe methods.

When can the client start using their contraceptive method of choice after the use of LNG and Yuzpe methods?

The risk of STIs and HIV and emotional and physical abuse is apparent after sexual assault. These conditions should be addressed aside from offering further FP methods.

When the client feels comfortable in addressing future FP concerns, she may initiate the use of a regular method after the LNG and Yuzpe methods (Table 25).

Table 25. Timing of initiation and recommendations on the client's desired FP method after the LNG and Yuzpe methods.	
Desired method	When to initiate? What is recommended?
Condoms or other barrier methods	<ul style="list-style-type: none"> <li>Start using immediately at the next sexual intercourse</li> </ul>
Hormonal methods: Oral contraceptives Contraceptive patch Vaginal ring Injectables Implants	<ul style="list-style-type: none"> <li>Start the following day of the last ECP dose. The client should use abstain or use another method for the first seven days.</li> <li>Alternatively, start on the next menstrual period, but abstain from sex or use another method in the interim.</li> <li>Before insertion of implants, a pregnancy test to rule out pre-existing pregnancy may be advisable for practical or cost reasons (not for safety reasons).</li> </ul>
Intrauterine device (IUD)	<ul style="list-style-type: none"> <li>It may be inserted after the start of the next menstrual period.</li> </ul>
Sterilization	<ul style="list-style-type: none"> <li>The procedure may be performed after the start of the menstrual period following ECP use.</li> <li>Use a temporary method until the sterilization is completed.</li> </ul>
Fertility awareness-based methods	<ul style="list-style-type: none"> <li>Initiate after the first normal menstrual period following ECP use. Note that the first bleeding episode after taking ECPs may not be a "normal" menstrual period.</li> <li>Use a barrier method until the first normal period.</li> </ul>

CONVENTIONAL HORMONAL CONTRACEPTIVE USE

The use of hormonal contraceptives has no restrictions among women who are victims of violence, except if they have conditions that contraindicate their use.

(120) These contraindications are discussed in Chapter 3. A woman suspected or known to be currently suffering from domestic or intimate partner violence and expresses her desire to prevent pregnancy can be encouraged to and counseled on these options. The health provider can suggest the use of contraceptives, such as the injectable form, even without the knowledge of the partner.

WHEN SHOULD FOLLOW-UP EVALUATION BE SCHEDULED?

No scheduled follow-up is required after using the methods unless the client identifies a problem or question. However, she should be encouraged to seek follow-up care if she

- Needs management of issues related to rape.
- Desires evaluation for STIs.
- Needs ongoing contraception or wishes to switch methods.
- Has not had a menstrual period by three weeks after taking Yuzpe method, which could be a sign of pregnancy.
- Has irregular bleeding with lower abdominal pain more than a few days after taking the Yuzpe method, which could be symptoms of an ectopic pregnancy.
- Has any other health concerns.

METHODS TO AVOID OR USE WITH PRECAUTION DURING THE IMMEDIATE POST-ASSAULT PERIOD

IUD

In case of rape, IUDs do not protect against STI/HIV/pelvic inflammatory disease (PID). IUD insertion may even potentially increase the risk for PID if the victim acquired a chlamydia or gonorrhea infection.(128) Hence, for these types of infection, IUD

insertion should be avoided. This concern is considered to be low for other STIs. Therefore, the WHO MEC does not recommend the use of IUDs unless other more appropriate methods are not available (Category 3). Meanwhile, the use of IUD may be recommended for victims of rape who are at low risk for STI (WHO MEC Category 1).