

PHARMACY RECRUITMENT OF MISOPROSTOL USERS IN MEXICO: A FEASIBILITY STUDY

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In both legally restricted and less restricted settings in Mexico, women purchase misoprostol at community pharmacies without a prescription for induced abortion. Because these abortions occur outside the health care system, little is known about how women learn about misoprostol, why they choose to obtain it at the community level, and what they understand about dosage, eligibility, and complications. To fill this gap, our project sought to determine whether, by asking pharmacy workers to distribute fliers to clients purchasing misoprostol, women obtaining misoprostol outside the health system in Mexico could be contacted, interviewed, and followed to abortion outcome.

The feasibility questions we designed our project to answer were these: are pharmacy vendors willing to distribute a flier about a study to women who are purchasing misoprostol without a prescription for medical abortion? Will women who choose misoprostol-induced abortion at the community level contact a study team for information on misoprostol and will they agree to participate in a confidential interview? Can women who participate in the initial interview be followed through phone contact or text messaging at 1–2 weeks and 1–2 months after their abortion?

There were several steps to recruiting women into our study. First, we recruited pharmacies in low- and middle-income communities in the Federal District—where first-trimester induced abortion is legal—and in Celaya, Guanajuato—where abortion is legal only in cases of rape—to distribute project fliers to clients purchasing misoprostol. The fliers asked women to call the local project number for additional information on misoprostol. When they did, they were asked if they would be willing to participate in an initial interview right then and again 1–2 weeks later and 1–2 months later. Only six of the seventeen pharmacies we recruited, five in the Federal District and one in Celaya, reported distributing fliers to clients purchasing or asking about misoprostol. The project received four calls, but we were able to recruit only one woman to participate in the initial interview.

We faced several barriers during the process of recruiting both pharmacies and women into the study. We encountered opposition to the use of misoprostol for abortion at both chain and independent pharmacies in both settings. In addition, we were not able to distribute fliers at pharmacies with the highest volume of misoprostol sales because company policy forbade the distribution of any kind of flier. In a setting like Celaya, where abortion is a crime, it may be impossible to recruit women through a flier they receive from the pharmacy worker who sold them their misoprostol.

Although some women who are unwilling or unable to seek induced abortion within the health-care system are able to obtain appropriate information about misoprostol dosage and eligibility through their friends, lay health advisors, or the internet, not all women have access to these sources of information. Our results indicate that contacting women through fliers distributed at community pharmacies is not an effective method of identifying, informing, and following the hidden population of women who buy misoprostol in their communities in search of a safe abortion. Other methods, such as hotlines, which do not involve pharmacy workers, may be the most efficient and effective way to reach women with timely and accurate information about medical abortion.