

EMERGENCY CONTRACEPTION: KNOWLEDGE AND ATTITUDE AMONG FEMALES

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ABSTRACT

Objective To assess women's knowledge of emergency contraception.

Study design Descriptive study.

Place & Duration of study Gynaecology Unit IV, Lyari General Hospital Karachi, In January 2009.

Patients and Methods Women aged between 18 to 45 years visiting Gynaecology OPD at Lyari General Hospital Karachi were interviewed and responses entered in a specially designed questionnaire of knowledge and attitude about emergency contraception.

Results Of the 300 respondents, 129(43%) had practiced contraception while 9(3%) admitted to having an induced abortion. Only 144(48%) had heard of emergency contraception (EC). 123(41%) knew only about hormonal method of EC. Only 6(2%) knew the correct timing of EC. Six requested for EC previously.

Conclusions Many women were uninformed about the action and timing of EC. Health facilitator should educate masses about EC, emphasizing available methods and correct timing of use.

Key words Emergency contraception, Abortion, Family planning.

INTRODUCTION:

Unintended pregnancy poses a major challenge to the reproductive health of young adults in developing countries. Some young women with unintended pregnancies obtained abortion, many of which are performed in unsafe conditions and others carry their pregnancies to term, incurring risks of morbidity and mortality higher than those for adult women.¹ Pakistan is the 7th most populous country in the world with over 40% of its citizens under the age of 15 years. According to UN projection, it will become the 4th most populous

by the year 2050. It has a total fertility rate in excess of five births per woman.²

The economic implication of this rapid growth is enormous and translates into poor quality of life and health for an average Pakistani.³ Family planning can improve women's health in child bearing years. Regulating fertility is as important as controlling morbidity and mortality. It is an essential component of personal, social and economic development.⁴ The international conference of population and development (ICPD) estimated that 350 million couples worldwide lack access to the full range of modern family planning methods.⁵

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Pakistan was a pioneer in developing countries in supporting family planning activities,^{6,7} but Pakistani families have been slower to adopt family planning

practices than their South Asian neighbours.^{8,9} More than one third of Pakistani women wish to space next birth or limit family to its current size, but are not using any contraceptive method.¹⁰

Total fertility rate in Pakistan has declined slowly, from about 6.0 lifetime births per woman in 1984-85 to 5.4 in 1990-91.¹¹ Funded by United States Agency for International Development, PDH provides the first update in fourteen years on the national maternal mortality ratio for Pakistan. The survey found that current maternal mortality rate (MMR) is 276 maternal deaths per 100,000 births nationwide with a higher ratio in rural area. Pakistan's millennium development MMR goal is to reach less than 140 by the year 2015.¹² Only 20% of women are assisted by a trained providers during delivery.⁹ About 200,000 maternal deaths per year can be attributed to the lack or failure of contraceptive services.¹³

Among the various forms of the contraception, emergency contraceptives are the only one that can be used after sexual intercourse offering a second chance to prevent unwanted pregnancies.¹⁴ The aim of this study was to determine the knowledge and perception of emergency contraception among the females.

PATIENTS AND METHODS:

This descriptive study was conducted over a period of two weeks in January 2009 at Gynaecology OPD at Lyari General Hospital, Karachi. Randomly selected women of age 18-45 years in OPD were interviewed face to face and a questionnaire was filled about their demographic information, sexual history and knowledge of emergency contraception. Women were asked, when emergency contraceptive must be used to be effective, which drug can be used as emergency contraception and the source from where they can obtain the information on emergency contraceptives.

RESULTS:

Three hundred women were interviewed. Forty two (14%) were < 20 years of age, 156 (52%) were between 21 to 30 years and 72(24%) > 31 years of age. Among these 261(87%) had less than 10th grade education, 27(9%) had obtained such level of education and only 6(2%) had graduate qualification. Emergency contraception was heard of by 144(48%) women. Among these respondents 123(41%) knew only about hormonal method of EC. None of them were aware of intra uterine contraceptive device and mifepristone as an emergency contraceptive. Only 6(2%) respondents gave the correct (72 hours) time during which post coital contraception could be used safely. Six women had requested for EC previously.

Respondents using no contraception were significantly

less likely than all other respondents to have heard of post coital contraception while barrier methods users were most likely to know about emergency contraception. A total of 90(30%) respondents got their information about emergency contraception from doctors, 102(34%) from lady health visitors (LHVs) and 30(10%) from friends (table I).

DISCUSSION:

The findings of this study reflect lack of correct information on emergency contraception available in Pakistan. A pattern of misinformation or partial knowledge ran through out the responses to the questionnaire. Many women believed that EC can be taken until one missed period. Many women did not know that EC can be used as a back up when the other methods are known to have failed or after unexpected sex.

It was hoped that women using barrier methods of contraception would be better informed than those using other methods, but it was not so. This suggests that health professionals are not telling women about the use of EC. Same was found in an other study from England. In our study 41% knew only about EC and out of them only 2% had the knowledge of correct timing which differs from another study conducted in the London East Family Health Services Authority Area where the rate was 53%.¹⁵

This study showed that less than half of the women knew about the availability of EC but were poorly informed regarding its use. Women in our Gynaecology OPD differed from women interviewed in an abortion clinic who were more likely to heard of emergency contraception (65%¹⁶ compared to 41% in the present study). In an other study of 178 women only 38% knew the action of EC. Some women believed that antibiotics and antimalarial medicines can also be used as emergency contraceptive. Same was found in another Nigerian study but to a lesser extent (11.4%¹⁷ as compared to our study - 20%). Another drug mistakenly thought to be an emergency contraceptive was gynaecoid, which is recommended for the treatment of amenorrhoea, not related to pregnancy. The use of these drugs as emergency contraceptive agent is dangerous.

In order to strengthen and promote EC services, health care providers should spend more time to educate couples instead of educating women only. It should be stressed that the use of EC is not against religion. Awareness should be created among women to have their rights and opinions about the extent of family size. There should be an introduction of opportunistic counselling among health professionals at community level. This education should not be limited to obstetrics departments.

Table: 1 Characteristics and Responses of Participants

AGE:	Percentage	Numbers
< 20 Years	14%	42
20 – 25 Years	19%	57
26 – 30 Years	33%	99
> 36 Years	24%	72
PARITY:		
1	12%	36
2 ⁺	23%	69
5 ⁺	65%	195
EDUCATION:		
< 10 Grade	87%	261
10 Grade	09%	27
Intermediate	02%	06
Graduate	02%	06
METHOD OF CONTRACEPTION:		
Progesterone only / Combined Oral Contraceptive pills	41%	123
Safe period or withdrawal	02%	06
Condom	12%	36
Intra uterine contraceptive device	02%	06
Norplant	01%	03
Not having sexual intercourse	01%	03
Diaphragm	00%	00
Trying to get pregnant	08%	24
PREVIOUS REQUEST FOR POST COITAL CONTRACEPTION:		
Yes	02%	06
No	98%	294

Unless we concentrate on this issue as a team it will be difficult to control growth rate to a desired limit and the dream of economic stabilization and raising living standards will be difficult to achieve in developing countries.

CONCLUSIONS:

There is an urgent need to educate women about emergency contraceptives with emphasis on available methods and correct timing of use. Our findings suggest that correct knowledge of this methods is lacking among women. Advanced provision and promotion of

emergency contraceptives would very likely enhance its use as in developed countries

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