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Research Article

KNOWLEDGE & FACTORS AFFECTING USE OF EMERGENCY CONTRACEPTION

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Background: Unplanned / unwanted pregnancies are one of the common causes of unsafe abortion which may lead to maternal morbidity and mortality. Induced abortion is commonest in Pakistani population and around one out of seven pregnant women terminated to induced abortions. Lack of knowledge, backup support and uses of emergency contraception in the case of failure of method, or the unprotected sexual intercourse, are the relevant factors that lead to unplanned pregnancies. Uses of Emergency contraceptive pills may serve to reduce the number of abortions of unwanted pregnancies.

Objective: The objective of this study was to assess the women awareness, myths regarding emergency contraception and factors influencing the use of emergency contraception.

Place & Duration of Study: This descriptive study was conducted in gynecology outpatient department of Isra university hospital Sindh from March 2015 to Oct 2015.

Material & Methods: Total 268 women who attended Gynae outpatient department were interviewed about emergency contraception. Out of these, only 68 had heard about emergency contraception and rest of them were unaware. Those 68 women were included in the study. Sampling technique was simple convenient. Complete history regarding sociodemographic factors and uses of emergency contraception was done. All the data was entered in the proforma.

Results: Mean age of the women was $33.1 \pm SD5.794$ years (range 21-41 year). Among 68 women, 18 women used emergency contraception while 50 women had not used emergency contraception. When women were asked regarding their knowledge of emergency contraception, only 26(38.2%) women stated correctly about the timings when emergency contraception can be taken while 42(61.8%) women answered incorrectly. According to the effecting factors of emergency contraception, results shows that patient education and socioeconomic condition affect the use of emergency contraception and result are significant. $P=0.003$ and $P=0.045$ respectively.

Conclusion: This study shows low level of awareness regarding emergency contraception. Women education and socioeconomic condition affect the use of emergency contraception.

Key Words: Emergency contraception, awareness, factors.

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INTRODUCTION:

Emergency contraception is safe and fairly effective way of combating primary contraceptive absence/failure and should have ensured its success¹. However widespread use of emergency contraception is still low and unintended pregnancies still constitute about half of all pregnancies in US and possibly in other parts of the world as well^{2,3}. This unplanned / unwanted pregnancy is one of the most common causes of unsafe abortion which may lead to maternal morbidity and mortality. In the past, emergency contraception was believed to be applicable just up to 72 hours, yet ongoing reports have stated that it is successful for up to 120 hours^{4,5} being dependent on the technique utilization, emergency contraception can lessen women's risk of getting pregnant from a single act of intercourse by somewhere in the range of 75 and 99%⁶. Several methods of emergency contraception are presented, additionally combined uses of estrogen and progestin or progestin only and post coital insertions of the intrauterine device⁷. Prevalent methods of emergency contraception include administering 2 doses of progestin pill and combination estrogen (Yuzpe technique) or 2 doses of progestin only ingested at the interval of 12 hours after unprotected sexual contact, with approximated effectiveness of 75% and 85%, respectively⁸. Presently, levonorgestrel's two doses of 0.75 mg are approved for use in the course of 72 hours of unprotected intercourse. Recent findings from WHO multicenter trial as well established high efficacy with levonorgestrel's single dose commenced within 120 hours following sexual contact⁹. An Intrauterine Device (IUD) can be placed in within 5 days following the 1st unprotected intercourse. Progestin only pills lower the likelihood of pregnancy by 85%, combined hormone emergency birth control pills by 57% if used up to 72 hours of unprotected intercourse. Inserting of Copper T IUD lowers the likelihood of pregnancy up to 99%¹⁰.

This study has been conducted to assess the women's awareness, myths regarding emergency contraception and factors influencing the use of emergency contraception.

MATERIAL & METHODS:

This descriptive cross sectional study was conducted in gynae department of IUH Hyderabad Sindh from March 2015 to October 2015. Total 268 women who attended gynae outpatient department were interviewed and asked about the objective of this study. They were assessed about the women's awareness and myths regarding

emergency contraception as well as factors effecting the use of emergency contraception. Out of 268 women, only 68 had heard about emergency contraception and rest of them were unaware. All married women who knew about emergency contraception were included in the study while those women who were unmarried and were not aware of emergency contraception were excluded from study. Unmarried girls were excluded due to cultural reasons and their shyness to answer questions related to sex. All the information regarding emergency contraception was gathered on predesigned proforma after taking verbal informed consent which included sociodemographic data of respondent, questions related to awareness and myths regarding emergency contraception. All the data was entered in proforma. All the data was analyzed by SPSS version 16 and frequency and percentages were calculated. Chi square was applied and p-value <0.05 was taken as significant.

RESULTS:

Total 68 women were studied and their mean age was $33.1 \pm SD5.794$ year (range 21-41 year). Out of 68 women, 31 (45.6%) were multiparous and 28 (41.2%) were grand multiparous. Majority of women i.e. 25(36.8%) belong to poor socioeconomic condition while 22(32.4%) belong to upper class. Regarding women education, 16(23.3%) were illiterate while 13(19.1%) had received secondary education and 15(22.1%) husbands were illiterate while 29(29.4%) were graduate. (**Table 1**).

Among 68 women, 18 women used emergency contraception while 50 women had not used emergency contraception. When women were asked regarding their knowledge of emergency contraception only 26(38.2%) women stated correctly about the timings when emergency contraception can be taken while 42(61.8%) women answered incorrectly. Only 26(38.2%) women knew that intra uterine contraceptive device can be used as emergency contraception while 42(61.8%) women answered incorrectly. 53(77.9%) women stated that emergency contraception is an abortifacient (**Table 2**). **Table 3** shows factors affecting the use of emergency contraception. Results shows that patient education and sex affect the use of emergency contraception and result are significant. $P=0.003$ and $P=0.045$ respectively.

TABLE 1: SOCIODEMOGRAPHIC DATA
(n= 68)

VARIABLES	FREQUENCY	PERCENTAGE
AGE		
<30	31	45.6
30-40	22	32.4
>40	15	22.1
PARITY	9	13.2
NULLIPARA		
MULTIPARA	31	45.6
GRAND MULTIPARA	28	41.2
SEC	25	36.8
POOR		
MIDDLE	21	30.9
UPPER	22	32.4
WOMEN EDUCATION	16	23.3
ILLITERATE		
PRIMARY	30	44.1
SECONDARY	13	19.1
GRADUATE	9	13.2
HUSBAND EDUCATION	15	22.1
ILLITERATE		
PRIMARY	14	20.6
SECONDARY	19	27.9
GRADUATE	20	29.4

Table 2: AWARENESS AND MYTHS REGARDING EMERGENCY CONTRACEPTION (n= 68)

QUESTIONS ASKED	CORRECT ANSWER. N (%)	INCORRECT ANSWER N(%)
Has ec used regularly for regular contraception	15 (22.1)	53 (77.9)
Timing of taking emergency contraception (ec)	26 (38.2)	42 (61.8)
IUCD can be used as ec	26 (38.2)	42 (61.8)
OCP can be used as ec	28 (41.2)	40 (58.8)
Side effects of ec are present	41 (60.3)	27 (39.7)
Not allowed in Islam	40 (58.8)	28 (41.2)
Ec is an abortifacient	53 (77.9)	15 (22.1)

TABLE 3: FACTORS AFFECTING SE OF EMERGENCY CONTRACEPTION (n= 68)

VARIABLES	EC USED (n=18)	EC NOT USED (n=50)	P- VALUE
WOMEN EDUCATION			
ILLITERATE	1(5.6%)	15(30%)	0.003
PRIMARY	5(27.8%)	25(50%)	
SECONDARY	7(38.9%)	6(12%)	
GRADUATE	5(27.8%)	4(8%)	
HUSBAND EDUCATION			
ILLITERATE	4(22.2%)	11(22%)	0.820
PRIMARY	5(27.8%)	9(18%)	
SECONDARY	4(22.2%)	15(30%)	
GRADUATE	5(27.8%)	15(30%)	
PARITY			
NULLIPARA	3(33.3%)	6(12%)	0.475
MULTIPAROUS	6(33.3%)	25(50%)	
GRANDMULTIPAROUS	9(50%)	19(38%)	
SOCIOECONOMIC STATUS			
POOR	5(27.8%)	20(40%)	0.045
MIDDLE	3(16.7%)	18(36%)	
UPPER	10(55.6%)	12(24%)	

DISCUSSION:

Demographic approximations for the period from the 1960s to 1980s exhibit that females averagely had ≥ 6 births all though their reproductive career (as denoted via Total fertility rate). Though, the drop in fertility had not been along with an associated decline in unintended pregnancies. 1 in 3 presently married females in Pakistan remain at risk for an unwanted/ mistimed or unwanted pregnancy¹¹.

Mistimed/unplanned pregnancies usually occur due to ineffective practice of contraceptives and lead to induced abortions¹². In current study, consciousness of women regarding emergency birth control was low; same is seen in other studies^{13,14}. Another study conducted by Irfan F in Karachi, also indicate low level of awareness among females¹⁵. Results of current study exhibit that most females are not aware of correct time frame for use of emergency contraception. Same is seen in other studies¹⁶. Birth control is in general accepted in Islam¹⁷ and it is frequently believed to be essential within Pakistan for gap in child birth. Results of our study shows low level of awareness about the emergency contraception which is alike what has been documented by further underdeveloped nations including South Africa, India and Mexico.^{18,19} Result of our study showed that among women who used emergency contraception 13(19.1%) had received education up to secondary.

Literacy plays an important role in use of contraception hence reduction in fertility and unwanted pregnancies. Study conducted by Choudhry MA et al²⁰ also shows that educated females have lesser children and are further likely to practice contraception.

Majority of women got information regarding emergency contraception from doctors/ health care providers. Same is seen in study conducted by Rebecca and Eleanor²¹. In our study, majority of women have myths that emergency contraception is not allowed in Islam and is an abortifacient. Even women have heard about emergency contraception, but they do not have sufficient knowledge about the emergency contraception. Induced abortions are far further frequent in Pakistan and approximately 1 of 7 pregnancies end in induced abortions²². So there is an urgent need to focus on awareness of emergency birth control to lower the unplanned pregnancies and thereby abortion rate²³.

CONCLUSION:

This study shows low level of awareness regarding emergency contraception. Females' education and socioeconomic condition affect the use of emergency contraception.

REFERENCES:

1. World Health Organization (home page on the internet). Geneva;c 2006 (cited 2006 April 18).

- Emergency contraception; (about 2 screens). Available from: <http://www.who.int/mediacentre/factsheets/fs244/en/>
2. Trussel J, Ellertson C, Stewart F, Raymond EG, Shochet. Role of emergency contraception. *Am J Obstet Gynecol* 2004;190:S30-8.
 3. Herndon E, Ziemann M. New contraceptive options. *Am Fam Physician* 2004;69:853-60.
 4. International Consortium for emergency contraception: Emergency contraceptive pills, Washington DC 2ND edition. 2004.
 5. Schwarz E, Gerbert R, Gonzales R: Need for emergency contraception in urgent care settings. *Contraception* 2007;75:285-288.
 6. Consortium for emergency contraception: Expanding global access to emergency contraception: A collaborative approach to meeting women need Seattle, Consortium for emergency contraception; 2000.
 7. David G, Weismiller A. Emergency Contraception. *Am Fam Physician* 2004;70:707-14.
 8. La Valleur J. Emergency contraception. *Obstet Gynecol Clin North Am* 2000;27: 817-39.
 9. Von Hertzen H, Piaggio G, Ding J, Chen J, Song S, Bartfai G, et al. Low-dose mifepristone and two regimens of levonorgestrel for emergency contraception: a WHO multicentre randomized trial. *Lancet* 2002;360:1803-10.
 10. Foster DG, Harper CC, Bley JJ, Mikanda JJ, Induni M, Saviano EC et al. Knowledge of emergency contraception among women aged 18-44 in California. *Am J Obstet Gynecol* 2004; 191:150-6.
 11. Unwanted pregnancy and post abortion complications in Pakistan: findings from a national study. October 2004, pop council. (Online) Cited 2008 April. Available from URL: http://www.popcouncil.org/projects/RH_PakResearchUnwantedPreg.html
 12. Saleem S, Fikhrree FF. The quest for small family size among Pakistani women is voluntary termination of pregnancy a matter of choice or necessity. *J Pak Med Asso* 2005; 55:288-91.
 13. Goulda H, Ellertson C, Corona G. Knowledge and attitudes about the differences between EC and medical abortion among middle-class women and men of reproductive age in Mexico City. *Contraception* 2002;66:417-26.
 14. Baiden F, Awini E, Clerk C. Perception of university students in Ghana about EC. *Contraception* 2002;66:23-26.
 15. Irfan F, Karim SI, Hashmi S, Ali S, Ali SA. Knowledge of emergency contraception among women of childbearing age at a teaching hospital of Karachi. *J Pak Med Assoc* 2009;59:236-40.
 16. Uzuner A, Ek'i M^a, Erbölükba^o R. Knowledge level of the reproductive age women about EC. 4th International Congress of Reproductive Health & Family Planning Book. Bayt Ltd.^{at}. Ankara, 2005.
 17. Sheikh S. Family Planning, Contraception and Abortion in Islam. The religious consultation on population, reproductive health & ethics. (Online) Cited 2008 May. Available from URL: http://religiousconsultation.org/family_planning_in_Islam_by_Shaikh_p2.htm.
 18. Langer A, Harper C, Garcia-Barrios C, Schiavon R, Heimburger A, Elul B, et al. Emergency contraception in Mexico city: what do health care providers and potential users know and think about it? *Contraception* 1999; 60:233-41.
 19. Smit J, McFadyen L, Beksinska M, de Pinho H, Morroni C, Mqhayi M, et al. Emergency contraception in South Africa: knowledge, attitudes, and use among public sector primary healthcare clients. *Contraception* 2001;64:333-7.
 20. Chaudhry MA, Irshad S. Effects of female literacy on family size. *Pak J Med Res* 2009;48:
 21. Jackson R, Schwarz EB, Freedman L, Darney P. Knowledge and willingness to use emergency contraception among low-income post-partum women. *Contraception* 2000; 61:351-7.
 22. Bongaarts J, Haq M, Sathar Z. Social Science/Fertility and reproductive behavior/Unintended Fertility, Population Council. (Online) 2005. Available from URL: http://www.popcouncil.org/socsci/tertrans_unintendedfertility.html.
 23. Duncan G, Harper C, Ashwell E, Mant D, Buchan H, Jones L. Termination of pregnancy: lessons for prevention. *Br J Fam Plann* 1990; 15:112-7.