

## Awareness Regarding Emergency Contraception

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### Abstract

**Objective:** To know the awareness of emergency contraception (EC) among our population.

**Patients and Methods:** Women were asked about their age, education, socioeconomic condition and parity.

**Results:** Total 400 women were interviewed in the cross – sectional survey. Out of these, only 193 had heard about EC and they were further asked about knowledge relating to EC utilization. 132 (68.39%) answered incorrectly about emergency contraception. While only 31 (16%) women had knowledge of its correct utilization. Only 19 (9.84%) women knew that OCPS can be used as EC while 151 (78.23%) answered incorrectly that it can be used on regular basis. Out of 193 women, 53 (27.46%) women practiced EC while 140 (72.53%) had never used EC.

**Conclusion:** Our study showed limited knowledge of women concerning EC. Media should be used to disseminate the awareness of women about safety, use

and effectiveness of EC. Also it is responsibility of health care providers that they should give information of EC to every sexually active woman visiting their clinics.

**Key Words:** Awareness, emergency contraception, IUCD, oral contraceptive pills.

### Introduction

Emergency contraception “(EC)” is valuable contraceptive technique used to avoid unwanted pregnancies. Decreases in fertility have not been accompanied by reducing in undesired pregnancies<sup>4</sup>. EC are available for last 30 years, but in most of the countries, it is not widely known by the people. Poor awareness of EC pills and unprotected intercourse is most important factors which lead to unplanned pregnancies and illegal abortions. In several nations government is getting steps for wide availability of emergency contraceptives, so that women could benefit from it. EC is a secure and effective technique of contraception. Despite of its safety it is underutilized due to lack of awareness. There are several procedures of EC at present i.e. united estrogen and the progesterone, progesterone only pills and postcoital ICD insertion.<sup>5</sup> Currently two doses of levonorgestrel are licensed for use within seventy two hours after unprotected intercourse. Result from recent multicentre WHO trial stated better outcome by single dose of levonorgestrel during 120 hrs of intercourse.<sup>6</sup> It is our duty as health care providers, to understand the need to disseminate the knowledge as to use, safety and effectiveness of emergency contraception. This will not only help the women on national level, but also it would be major step to empower the women of Pakistan. EC is safe and effective method but it is still not widely used and people have little knowledge about its use. This study was performed to see the awareness of EC among our population.

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Date of Submission 22-11-2015

Date of Revision Received 20-01-2016

Date of Acceptance for Publication 21-06-2016

Conflict of Interest: None

Funding Source: None

### Contribution

All Authors have contributed in Study Design, Data Collection, Data Analysis, Data Interpretation, Manuscript Writing and Approval.

## Patients and Methods

This study was descriptive and conducted in department of gynecology from 10 February 2012 to 20 August 2014. Out of 400 women only 193 (48.25%) had knowledge of contraception and they were given predesigned proforma relating to awareness of emergency contraception. The data were collected by the post graduate residents of gynecology ward and the responses were filled on predesigned proforma. Women were asked about their age, education, socio-economic condition and parity. They were asked questions to assess their awareness of EC including emergency contraception, their side effects and source of information. Data were entered and analyzed on SPSS version 16.

## Results

Out of 400 women, only 193 had heard about EC. Mean age of cases were  $29 \pm 1.06$ . Majority of the women i.e. 162 (83.93%) were housewife while 31 (16%) were working women. Majority of the women i.e. 69(35.75%) were illiterate (Table 1).

**Table 1:** Demographic Data of the Patients.

| Variables                     | Numbers | Percentages |
|-------------------------------|---------|-------------|
| Age < 20 years                | 66      | 34.2%       |
| 20-29 years                   | 44      | 22.8%       |
| 30-39 years                   | 38      | 19.7%       |
| >39 years                     | 45      | 23.3%       |
| Educational status illiterate | 69      | 35.75%      |
| Primary                       | 64      | 33.16%      |
| Middle                        | 41      | 21.24%      |
| Graduate                      | 19      | 09.84%      |
| S.E.C. poor                   | 104     | 53.88%      |
| Middle                        | 68      | 35.23%      |
| Upper                         | 21      | 10.88%      |
| Parity primipara              | 21      | 10.88%      |
| Multipara                     | 104     | 53.88%      |
| Grandmultipara                | 68      | 35.23%      |

About 132 (68.39%) answered incorrectly about emergency contraception. While only 31 (16%) cases showed knowledge of its uses. Only 19 (9.84%) women knew that OCPS can be used as EC while 151 (78.23%) answered incorrectly that it can be used on regular basis (Table 2).

**Table 2:** Awareness of participants regarding emergency contraception

| Variables                                                                 | Correct No. of Patients (%) | Incorrect No. of Patients (%) |
|---------------------------------------------------------------------------|-----------------------------|-------------------------------|
| Emergency contraception                                                   | 61 (31.6)                   | 132 (68.39%)                  |
| Intake within 72 hours                                                    | 31 (16)                     | 162 (83.93%)                  |
| Oral contraceptive pills can be used as emergency contraception           | 19 (9.84)                   | 174 (90.15%)                  |
| Intrauterine contraceptive devices can be used as emergency contraception | 16 (8.29)                   | 177 (91.70%)                  |
| Emergency contraception regular use                                       | 42 (21.76)                  | 151 (78.23%)                  |
| side effects of emergency contraception                                   | 29 (15)                     | 164 (84.97%)                  |

**Table 3:** Source of Information.

| Variables               | No. of Patients | %      |
|-------------------------|-----------------|--------|
| Magazines               | 39              | 20.20% |
| Friends/ family members | 41              | 21.24% |
| Media                   | 24              | 12.43% |
| Doctors                 | 89              | 46.11% |

Out of 193 women, 53 (27.46%) women practiced EC while 140 (72.53%) had never used EC. Concerning source of information, majority of the women i.e. 89 (46.11%) got information from doctors and 41 (21.24%) from friends and family members (Table 3).

# Discussion

It is very important that, illegal abortions and unwanted pregnancies should be prevented.<sup>7</sup> Two hundred and ten million women conceive the pregnancy each year around worldwide.<sup>8</sup> Unplanned pregnancies are one of the important causes of maternal morbidity.

Results of our study showed that only 31.60% were having knowledge of emergency contraception. Similar findings demonstrated by Irfan F et al.<sup>9</sup>

Awareness regarding EC in Pakistani and Indian women were almost similar, as documented in various.<sup>10-12</sup> In developed nations, most of the women in reproductive age had knowledge of EC i.e. 82% in Boston,<sup>13</sup> and a University of America is 95%.<sup>4</sup>

Pills of emergency contraceptive can be used in 72 hrs while women can have intrauterine contraceptive device insertion up to 5 days. These intrauterine contraceptive devices can help the women as long term procedure of contraception. Only 16% women in our study found with knowledge of accurate time frame for use of EC. Some other studies also reported similar findings.<sup>15,16</sup>

Awareness and timely access to different types of contraception can give a chance to women to improve their present condition in developing world. Very few patients in our study knew that oral contraceptive pills and intrauterine contraceptive devices can be used as emergency contraception. Same is seen in study conducted by Baser M.<sup>17</sup>

Majority of the respondents stated that they got information from doctors/ family planning providers. Magazines and media were cited less frequently as a information source. Irfan F et al,<sup>9</sup> also demonstrated similar results.

# Conclusion

Our study showed partial information about EC. However, future studies should be designed Media should be used to disseminate the awareness concerning awareness of women about safety, use and effectiveness of EC. Also health care providers should give information about EC to every sexually active woman visiting their clinics.

# References

1. Hacettepe University Institute of Population Studies. Turkey Demographic and Health Survey 2003. Ankara, Turkey, 2004.

2. Editorial. Mechanism of action of EC pills. *Contraception*, 2006; 74: 87-89.
3. Tokuç B, Eskiocak M, Saltık A. Emergency Contraception. *Sted*. 2002; 11 (3): 94-7.
4. Population policy of Pakistan. A document of ministry of population Welfare, Govt. of Pakistan. (Online), 2002. Cited 2008 May. Available from URL: <http://www.mopw.gov.pk/poppolicy/poppolicy.html>
5. David G, Weismiller A. Emergency Contraception. *Am Fam Physician*, 2004; 70: 707-14.
6. Hamza M., Syed I. Karim, Irfan F. Emergency Contraception: Knowledge and Attitudes of Family Physicians of a Teaching Hospital, Karachi, Pakistan. *J Health Popul Nutr*. 2009; 27 (3): 339-344.
7. Khowaja SS, Pasha A, Begum SH, Mustafa M. Ray of hope: Opportunities for reducing unsafe abortions. *J Pak Med Assoc*. 2013; 63 (1): 100-102.
8. World Health Organization (WHO): Unsafe abortion-Global and regional estimates of the incidence of unsafe abortion and associated mortality in 2004. 4th edition. Geneva: Word Health Organization; 2004.
9. Irfan F, Karim SI. Knowledge of EC among women of childbearing age at a teaching hospital of Karachi. *J Pak Med Assoc*. 2009; 59: 235.
10. Puri S, Bhatia V, Swami HM, Singh A, Sehgal A, Kaur AP. Awareness of EC among female college students in Chandigarh, India *Indian J Med Sci*. 2007; 61: 338-46.
11. Takkar N, Goel P, Saha PK, Dua D. Contraceptive practices and awareness of EC in educated working women. *Indian J Med Sci*. 2005; 59: 143-9.
12. Sheikh S. Family Planning, Contraception and Abortion in Islam. The religious consultation on population, reproductive health and ethics. (Online) Cited 2008 May. Available from URL: [http://religiousconsultation.org/family\\_planning\\_in\\_Islam\\_by\\_Shaikh\\_p2.htm](http://religiousconsultation.org/family_planning_in_Islam_by_Shaikh_p2.htm).
13. Chuang CH, Freund KM. EC knowledge among women in a Boston community. *Contraception*, 2005; 71: 157-60.
14. Harper CC, Ellertson CE. The EC pill: A survey of knowledge and attitudes among students at Princeton University. *Am J Obstet Gynecol*. 1995; 173: 1438-45.
15. Foster DG, Harper CC, Bley JJ. Knowledge of EC among women aged 18 to 44 in California. *Am J Obstet Gynecol*. 2004; 191: 150-6.
16. Uzuner A, Ekici M, Erbölükbaşı R. Knowledge level of the reproductive age women about EC. 4th International Congress of Reproductive Health and Family Planning Book. Bayt Ltd. Ankara, 2005.
17. Baser M, Mucuk S, Bayraktar E, Ozkan T, Zincir H. What Turkish women know about emergency contraception? *Pak J Med Sci*. 2009; 25 (4): 674-677.