Emergency Contraceptive Knowledge, Attitudes and Practices in Women Presenting to Family Planning Outpatient Clinic in Central India

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ABSTRACT

Objective: The aim of this study is to determine the degree of knowledge, attitude practices, and perceived needs about emergency contraception in women attending family planning clinic in Central India and to investigate the factors that militates against its use.

Methods: This cross-sectional questionnaire-based study was carried out among women attending family planning clinic in Central India from April 2009 to March 2010. One thousand and forty-two women (aged 18-35 years) participated in this study and answered the questions presented in the self-administered questionnaire. The questionnaire consisted of demographic information and the awareness, knowledge and use of emergency contraception. Completed questionnaires were collected before the women left the clinic and the data analyzed.

Results: Overall, 149 (14.3%) women were aware of Emergency Contraceptive pills and among those, 125 (83.9%) women correctly identified 72 hours as the time limit for the methods to be used. More than half (61.8%) did not know correct dosage and 68.7% were unaware about the side effects of the available post-coital pill. Only 80 (7.7%) women had previously used emergency contraceptive pills. None of them was aware about use of intrauterine contraceptive device as emergency contraception. Emergency contraception awareness was positively associated with age, education and level of monthly income.

Conclusion: Awareness about emergency contraception was very low, especially regarding correct timing of its use and its side effects. Public information strategy needs to be devised and widely publicized so that awareness about Emergency contraception increases in India.

Keywords: Indian women, Emergency contraception, Awareness.

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parity and number of spontaneous as well as induced abortions. Participants did not disclose their names. Informed consent was taken. The consent form explained the purpose of the study. The questionnaire containing both open as well as closed ended questions and was pilot tested and subsequently modified. A total of 18 questions were asked which took approximate 10 minutes. The questionnaires were distributed on the spot and collected. After completing the questionnaire women were given information about emergency contraception. Knowledge is assessed by information like how late women can be taking an emergency contraceptive pill and still be protected against unplanned pregnancy; sources and methods of emergency contraception with special focus on the time frame, i.e. after how much time of an unprotected sexual encounter are they effective.

Basic awareness among women about emergency contraceptive methods (emergency contraceptive pills and IUD) was evaluated. Questions were also asked about the effect of emergency contraceptive pills on fertility, usage in rape victims and about contraceptive methods in general. Study was approved by the departmental ethics committee. On the basis of information collected, data were analyzed. Statistical analysis was done using SPSS 10 software.

RESULTS

Altogether, 1,042 questionnaires were returned out of the 1100 distributed. The respondents were between 18 and 35 years. Mean age of the study group and mean age at marriage was 27.2 ± 6.7 and 22.6 ± 5.8 years respectively. Fifty-nine percent of the women in the study population were literate. Most (98%) of them were married. Majority of the women 78.2% were of urban background. Around 96.4% had been pregnant at least once and 16.2% of women had induced abortion in her past and over half (59.7%) had a history of a prior unplanned pregnancy. Thirty-four women who underwent induced abortions had one induced abortion while, underwent abortion twice 70% of the sexually active respondents (N = 196) reported inconsistent use of birth control. Knowledge about emergency contraception was quite low (Table 1). Only 14.3% women reported knowledge about emergency contraception. Among those who were aware, 125 (83.9%) women correctly identified 72 hours as the time limit for the pill method to be used. Table 2 describes the reasons for not using emergency contraceptives. More than half (61.8%) did not know correct dosage. None of them was aware about use of intrauterine contraceptive device (IUCD) as emergency contraception. Emergency contraception awareness was positively associated with age, education and level of monthly income.

Overall, 7.7% reported previous use of emergency contraception. All these women used hormonal pills. No one was aware of IUCD to be used as an emergency contraception and reported about contemporary methods like eating different food, blowing nose, etc. Only 10% reported having discussed emergency contraception with a care provider. Very few (15%) reported a moral or religious objection to emergency contraception.

The most common source of information on emergency contraception was media (55.5%), both printed and electronic. This study also observed that with increase in level of education, awareness also increased. Although most of the women who were aware about the methods, they were ignorant about the details like failure rate, menstrual irregularity and follow-up after its use.

Once aware of emergency contraception 81% were willing to use it in future when indicated (Table 3). Of the women who knew about emergency contraceptive Pill (ECP), 6 (11.1%) did not know about the side effects. Majority (97.9%) thought that taking ECP might cause hormonal changes in their bodies.

Minimal knowledge was there regarding the use of emergency contraception in case of rape. However, the majority (62.4%) also thought that if a woman is already pregnant, that emergency contraception will cause an abortion and almost half (49.0%) thought taking emergency contraception may cause problems getting pregnant later.

DISCUSSION

The number of unsafe abortions has been increasing despite legalization of abortion in India through MTP Act in 1972. The rate of induced abortions is a good indicator of the
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Current state of medical care and family planning in any country.

In India, rates of unplanned pregnancies and illegal abortions are high, it is estimated that 78% pregnancies are unplanned and 25% are definitely unwanted.

Morbidity associated with abortion is preventable to a great extent through use of suitable contraception. Introduction of emergency contraception has a potential to significantly change the scenario by decreasing the rate of unwanted pregnancy and abortion rate.

Knowledge and awareness are important predictors of EC use. A study of Swedish women found that a knowledge and awareness campaign was related to increased awareness and knowledge of EC, higher usage of EC and lower abortion rates.

Sexually active women attending family planning clinic have high rates of unintended pregnancy and abortion, therefore, they were selected as study group in this study.

Emergency contraception is also known as postcoital pill ‘the morning after pill’. It is the provision of preventing the establishment of a pregnancy following either an unprotected sexual intercourse or a potential contraceptive failure.

Two methods are available hormonal pills and IUCD. The hormonal emergency contraception pills reduce the risk of pregnancy by up to 95%, and IUCD insertion reduces such risk by 99.9%.

In India levonorgestrel hormone pills are licensed to be prescribed within 72 hours of unprotected sexual intercourse, and has been incorporated into National Family Welfare Program. Side effects are rare that includes nausea, vomiting, irregularity of cycle, cramps, headaches, dizziness and breast tenderness.

A wide knowledge practice gap was evident in this study, which was similar to the findings of studies done in other developing countries. The awareness level reported in our study is low as compared to the situation in developed countries. In Western countries, an awareness level of 9 to 29% about usage of emergency contraception pills has been reported by various authors.

Our study highlights that even among the women who were aware of ECP, knowledge regarding correct time for using ECP was inadequate. Only 9% knew that emergency contraception pills could be used up to 72 hours after unprotected sex. Religion, age group and socioeconomic status were directly related to their knowledge on emergency contraceptive methods, and multiple pregnancies brought more awareness for this.

The reason for the lack of detailed knowledge on this subject may be linked to the sources of information majority of the women got to know about emergency contraception from their friends/peers who may not have a good grasp of the subject or from media which do not give adequate information. Information gap and poor compliance attitudes constitute major constraints in emergency contraception thereby leading to high rate of unwanted pregnancies. There is a dearth of information and counseling services. In India, Emergency contraception pills are now available over the counter in the private sector as well as through government supply. Access to contraceptives through government health institutions is limited to few service points and during morning working hours accounting for why many do not use them. Also lack of knowledge defers them to use them and approach private sector or buy it from chemist.

In absence of this requisite information regarding proven emergency contraception, some respondents believed that traditional methods, such as quinine, herbs, etc. could be used as emergency contraception. Thus, this study result indicates, that there is a strong and urgent need to educate women about correct use of emergency contraception.

The regression models demonstrated that moral/religious objections to emergency contraception use to prevent pregnancy after unprotected sex and women’s perception of partner’s approval of emergency contraception use were significant predictors of emergency contraception use. The association with moral or religious objection to taking emergency contraception to prevent pregnancy has been identified in other studies.

It is also well-known that a partner’s approval plays an important role in family planning for contraception and induced abortion. Similar findings were seen in this present study.

Previous research has indicated that fear of side effects and economic reasons are common barriers to emergency contraception use. While we found that not many number of women reported these concerns. No evidence was found that these were significant factors in women’s future intentions to use emergency contraception.

It is evident from the present study that the participants’ awareness pertaining to various methods of contraception was more as compared to their knowledge regarding emergency contraception which was rather insufficient (7.3%). Emergency contraceptive pills are a safe, effective, and low-cost primary preventive and emergency care intervention, and information about their use should be made available to sexually active population. They should be advised not to abandon their use of barrier or other traditional contraceptives.

Emergency contraception is undoubtedly useful in sexual assault cases. In our study, one-third of the participants answered that it is useful in victims of sexual assault. However, one-tenth of them felt that EC had adverse effect on fertility.

It may be argued that promotion of awareness about EC may encourage sexual risky behavior and less use of regular contraception. However here is no scientific evidence, to substantiate any of these arguments. A wealth of research
clearly demonstrates that improving the availability of EC does not increase any form of ‘sexual risk-taking behavior’. Rather, it was found that use of EC might be the stimulus that brings women into contact with healthcare providers, thus providing opportunities for counseling in matters of responsible sexual behavior, contraception and prevention of sexually transmitted diseases, including HIV/AIDS.

Limitations of the study is that it is a cross-sectional survey with a sample of women of low socioeconomic status attending clinic of Government Hospital, so generalizability is limited. However, we did successfully recruit a diverse sample of women from all races that provides increased understanding related to awareness, knowledge, perceptions, and EC use among Indian women.

There is broad acceptance of emergency contraceptive pills to prevent pregnancy, but knowledge of availability, timing and proper use is limited. Despite of free availability, knowledge and awareness of emergency contraceptive methods observed in this study is still relatively low. Improved female education strategies and better access to services are needed to solve these problems. The use of media suitable for the audience and adequate message is important in conducting effective emergency contraceptive awareness activities. Efforts should be made to educate the public about the safety and convenience of emergency contraceptive methods among both healthcare professionals and the public. Considerable opportunity exists to expand patient education about emergency contraceptive methods among women in central India. More targeted and well-organized educational campaigns are needed to improve this trend.

REFERENCES