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EMERGENCY CONTRACEPTION: IT'S KNOWLEDGE AMONG WOMEN OF LARKANA

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ABSTRACT

OBJECTIVES: *This study was conducted to evaluate the knowledge of emergency contraception in women population at Larkana.*

STUDY DESIGN/METHODOLOGY: *Cross sectional study conducted between June 2009 to January 2010 at out patient department of Shaikh Zayed Hospital for Women Chandka Medical College Shaheed Muhtarma Benazeer Bhutto Medical University at Larkana. 800 women, who came to hospital in gynaecology department and postnatal clinics were interviewed using a standardized questionnaire.*

RESULTS: *During the study period, a total of 800 women were interviewed. Age range of women varied from 18 to 45 years. 72 (9%) of these women were literate (up to matriculate).Only 208(26%) were knowing about some method related to contraception. 120 (15%) of them had just heard about emergency contraception (EC). Among them 24(3%) women admitted that they had used EC one or other time in their life. While From 3% women who used EC, 16(2%) had got tab: Postinar and 6(0.75 %) used oral birth control pills as EC. Only2 (0.25%) went for Copper IUCD insertion. None of them knew the timing and dose of ECPs properly.1% women knew wrongly that EC should be taken within 24 hours of unprotected intercourse and even when periods are missed.0.3% knew incorrectly that EC is 100% effective.85% women thought that every woman should know about emergency contraception.*

CONCLUSION: *Although the Family Planning providers are working hard to reach far flung areas, but still the women's knowledge is very poor about emergency contraception in our population. Publicity on EC using media and providing short information leaflets to the client in every gynaecological clinic may improve the situation.*

KEY WORDS: Emergency contraception, family planning, unintended pregnancy, abortion

INTRODUCTION

Emergency contraception (EC), sometimes referred to is a form of "backup" birth control method, that can be taken up to a few days after intercourse and still prevents a pregnancy A woman may use EC when she has used no contraception, contraception has failed, or in cases of sexual assault. EC has had a number of names, the 'morning after' pill; emergency contraception and postcoital contraception or intervention.[2]

Emergency contraception, which prevents pregnancy after unprotected sexual intercourse, has the potential to significantly reduce the incidence of unintended pregnancy but its not an abortificient.[3]Accidental unprotected sex is not unusual in a life of women of reproductive age which results in an unintended pregnancy. Unwanted pregnancy can also result from rape or accidental sex in adolescent unmarried girls. Many of women try to get rid of that unwanted pregnancy and end in induced abortion, which is usually associated with complication and even maternal death. Pakistan being a highly populous country with poor quality of life is currently facing high maternal death ratio about 276 per 100,000 births, and international organizations are working on it as millennium development goal to reduce maternal deaths rate by less than half even, by 2015.[4] 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.[5] There are two forms of emergency contraception are available in Pakistan.

Emergency oral contraceptive pills intrauterine device.

Hormonal oral contraceptive pills are available in two forms. One is progestin-only method (two tab pack of Levonorgestril 0.75mg each tab) taken as single or as two divided doses. Other is Yuzpe method which uses larger doses of both estrogen and progestin taken as

two doses at twelve hours intervals.[6] Sooner the pills are taken better is the effect. The limit of 72 hours is based on a study report published by WHO[7], but subsequent studies have suggested reasonable effectiveness continues for up to 120 hours (5 days). [8,9,10]

Women of our country can use these emergency contraceptives or request for these from health professionals when necessary provided they know about the existence of emergency methods. Larkana is situated on the right bank of River Indus andethinoliguistically diverse and socioeconomically tribal cum agrarian part of Sindh province ,where women are less literate and have less access to hospital and family planning services due to familial social and economical constraints. The aim of our study is to evaluate the knowledge of our women about emergency contraception when they come to hospital to seek help for any gynaecological problem.

SUBJECTS AND METHODS:

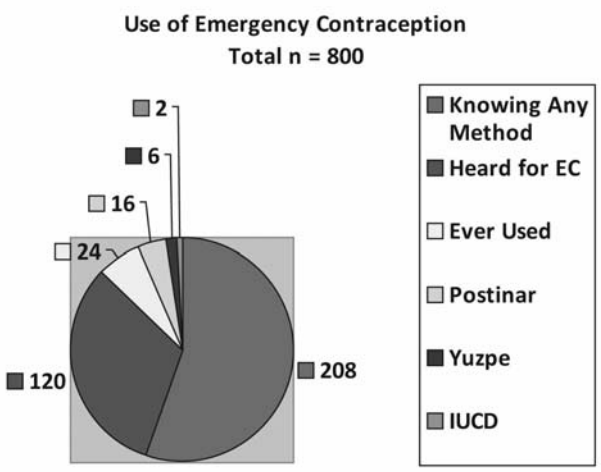
This cross sectional prospective study was conducted from June 2009 to January 2010 at out patient department Shaikh Zyed Hospital for Women Chandka Medical College Shaheed Mohtarma Benazir Bhutto Medical University at Larkana.

Women of age 18-45 years, who attended gynaecology and post natal clinic, were interviewed and a standardized questionnaire was filled about their demographic information, sexual history and the knowledge about emergency contraception was assessed by asking certain question. Single and girls below 18 years were excluded from survey. Informed consent was taken before hand and all participants were ensured confidentiality and anonymity.

RESULTS:

There were eight hundred women interviewed. Majority of women 550(68.75%)were below age of 25 years while 250(31.25%).Women who had done their matriculation were considered as litrate and only 72(9%) women reported having education up to matriculation. Women knowing any method of contraception were just 208(26%) and 120(15%) had heard about Emergency Contraception (EC).Among these women only 24(3%) admitted to use EC on few occasions in their lives.

From these 3% women who used EC, 16(2%) had got tab (levonorgestril 1.5mg) and 6(0.75 %) used oral birth control pills Yuzpe regimen (large doses of both estrogen and progestin) as EC. Only 2 (0.25%) women went for copper intra uterine contraceptive device (IUCD) insertion. None of them knew the timing and dose of ECPs properly and none of them were aware of mifepristone as an emergency contraceptive. See figure 1.



Interestingly 1% women knew wrongly that EC can be taken only up to 24 hours of unprotected intercourse and even can be taken after missing period and they thought it as abortificient. Of these users 0.3% knew incorrectly that EC is 100% effective. About 85% women thought that every woman should know about emergency contraception. Most of women (90%) had difficulty getting EC, even regularly using birth control pills were not knowing exactly about back up method. Many women (>35%) told that the usually use house made remedies to cope with the fear of unintended pregnancy.

DISCUSSION:

In our study we found the poor knowledge of our female population about emergency contraception. Most of our women have even not heard about emergency contraceptives so its use is very rare in our country which is also supported by study conducted at Karachi.[11]

Unintended pregnancies have been the potential problem affecting maternal health not only in developing countries but also the problem has been realized by developed country like United States of America and Canadian physician described formula Yuzpe regimen is widely introduced since 1977,[12] along with other methods and despite their greater probability to prevent unintended pregnancy, knowledge and utilization of EC among women in the US is not widespread.[13]

EC is currently under-utilised in another developed country Australia. In spite of over the counter availability, there are many barriers preventing greater use of emergency contraception including a lack of knowledge of emergency contraception, as well as political, economic and social issues which all contribute to the low uptake of EC use in Australia and elsewhere.[14,15]

It was overestimated that women already using other methods of contraception would be better informed than those who don't use any method, but it was not so. This suggests that health professionals are not properly briefing women about the use of EC. Most often missed but very important barrier is found to be the inability of consultant and client to discuss EC in routine visits. Same was found in another study from England. In our study 15% knew only about EC and out of them only 3% had ever used ECs which differs from study conducted in the London.East Family Health Services Authority Area where the rate was 53%.[16]

In a population based study in Switzerland showed high level of awareness of emergency contraception: 89% of sexually active girls and 75% sexually active boys knew about existence of EC, and 20% of girls aged between 16 and 20 years of age have used EC.[17]Another study showed that use of EC by the women of Switzerland mainly due to contraceptive failure(65%) was high and overall, knowledge of these women about EC was found satisfactory.[18]

In our study 35 % women used homemade remedies in order to avoid fear related to unintended pregnancy which simulates another study where women believed that antibiotics and anti-malarial medicines can also be used as emergency contraceptive.[11]Same was found in another Nigerian study but to a lesser extent 11.4%.[19] In this our female based survey 1% women were having the wrong concept that EC can also be taken after

missing period as it can interfere with pregnancy but ECPs do not interrupt an established pregnancy, defined by medical authorities such as the United States Food and Drug Administration/National Institutes of Health[20] and the American College of Obstetricians and Gynaecologists[, 21] as beginning with implantation, therefore ECPs are not abortifecient. Difficulties have arisen over the terminology used by health practitioners. Many researchers and providers of EC have suggested changing from the more commonly used name the morning after pill to emergency contraception because many women incorrectly assume the hormonal pills can only be used the morning after an episode of unprotected intercourse.[22,23]

It is international agreed that half of unwanted pregnancies could be avoided if emergency contraception were easily accessible and used.[24]

We can draw some practical ways to improve the knowledge of our women regarding EC and thereby to increase its use a National Guideline based on evidences should be made for our population with recommendations regarding the different aspects of use of EC. Women's fear that, it is against religion should be addressed while counselling couple in same sitting. The Family Planning Services and other providers of EC can make publicity on EC through electronic and print media and also women be provided in all gynaecology and obstetric clinics. Short information leaflets information should be provided to all women that EC is neither an abortifecient and even nor appropriate for regular use. Earlier it is taken, better is the efficacy and will not cause any harm to growing foetus if inadvertently given to woman during pregnancy.

The FIGO committee for the Ethical Aspect of Human Reproductive and Women's Health recommended that emergency contraception (EC) should be easily available and accessible at all time to all women and access of emergency contraception should be essential component of immediate care for women who are victims of rape and exposed to pregnancy.[25] The wide scale efforts should therefore involve more and more women at remote areas taking into confidence of family heads, tribal chief tans as well as religious scholars to implement strong policies to ensure better results in the context of maternal health.

CONCLUSION:

Doctors and other health care providers should discuss emergency contraception in their general contraception consultations. Data should be collected by family planning clinics and other places where emergency contraception is requested, so that accurate scientific data can be presented to policy makers. Hormonal emergency contraception should be available to all women to keep at home in case the need for emergency contraception ever rises, because for optimal effectiveness, EC should be commenced within 24 hours. Information leaflets and other easy to understand materials should be packed together with condoms, pills and gel as to make it more user friendly.

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