



Knowledge of emergency contraception in women attending MTP center at rural tertiary care hospital in India

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ABSTRACT

To study the knowledge of emergency contraception among women with respect to certain social factors. S.R.T.R. Medical College, Ambajogai. Dist-Beed. Maharashtra. India. Design: Facility based cross sectional study. Verbal interview method with oral consent by using pretested questionnaire. Study period: six month. Results: Our study reveals that Majorities of women undergoing MTP were literate. Only 10(10.64%) women were having knowledge about emergency contraception. Media and relatives contributed maximum for getting information about emergency contraception. Chemist and general practitioners were considered to be first choice places for getting emergency contraception. Conclusion: Importance of emergency contraception should not be underestimated. It proves to be one of important way to prevent pregnancy due to unprotected infrequent or unplanned coitus.

INTRODUCTION

In the national family welfare program different fertility regulating methods are thought of viz. Spacing methods and terminal methods. Though the propaganda of family planning methods like barrier methods, intrauterine devices, hormonal methods is being done regularly but importance to the emergency contraception (post coital contraception) is not given.

Emergency contraception is recommended within 72 hrs of an unprotected intercourse and two methods of are available like i. mechanical ii. Hormonal [1]. The need for more widespread knowledge and use of emergency contraception is advocated but its use is still not widespread.

Emergency contraception is a method of contraception used before menstruation is missed as an emergency procedure to prevent pregnancy following unprotected intercourse or expected failure of contraception.

About 50 million abortions worldwide are carried out each year. About two third of these abortions are performed in unsafe conditions. Primarily in the developing countries leading to at least 78000 maternal deaths per year and large number of women with permanent disabilities and health problems [2]. The wide spread availability and use of emergency can help to reduce considerably these abortions.

MATERIALS AND METHODS

Present facility based cross-sectional study was planned at S.R.T.R. Medical College and Hospital, Ambajogai Dist- Beed. Maharashtra state, India. Women admitted in hospital for MTP (Medical Termination of Pregnancy) within the period of 6 months with the help of predesigned pretested proforma. All study population, which was enrolled for study had any one of the indication such as medical, eugenic, humanitarian, socio-economic or failure of contraception under which pregnancy can be terminated under MTP Act, 1971.

A total 94 women were enrolled for the study. Their name, identification data, biosocioeconomic variables, obstetric history, knowledge regarding emergency contraception, source of information, knowledge about availability of emergency contraception was recorded. General ethical principles according to Helsinki Declaration (1964) and Geneva Declaration were followed [3].

DISCUSSION

The knowledge about emergency contraception varies from 94% in developed country like UK to 4% in country like Nigeria [4]. In present study the percentage of knowledge about emergency contraception was 10.64%. In South Africa a similar study revealed 17% awareness among young women [5]. A study

RESULTS

Table 1: Educational profile of women undergoing MTP

Sr. No.	Educational status	No. of women undergoing MTP	Percentage (%)
1.	Illiterate	22	23.40
2.	Primary	37	39.36
3.	Middle	14	14.90
4.	High School	11	11.70
5.	Graduate	8	8.51
6.	Post graduate	2	2.13
Total		94	100

Majorities of women undergoing MTP were literate i.e. 72(76.60%). Out of these literate women majority of them were primary school level literate

Table 2: Distribution of study subject according to knowledge regarding emergency contraception.

Sr. No.	Knowledge about emergency contraception	No. of women	Percentage (%)
1.	Yes	10	10.64
2.	No	84	89.36
Total		94	100

Only 10(10.64%) women were having knowledge about emergency contraception.

Table 3: Relation of educational status to knowledge Regarding emergency contraception.

Sr. No.	Educational status	Having knowledge about E.C. (%)	Not having knowledge about E.C. (%)	Total (%)
1.	Illiterate	-	22(100)	22 (100)
2.	Literate			
	a) Primary		37(100)	37(100)
	b) Middle	-	14(100)	14 (100)
	c) High School	2(18.18)	9(81.82)	11 (100)
	d) Graduate	6(75)	2(25)	8 (100)
	e) Post graduate	2(100)	-	2 (100)
	f) Professional		-	
Total		10(10.64)	84(89.36)	94 (100)

All postgraduate women were having knowledge about emergency contraception but surprising 2(25%) out of 8 graduate did not know about emergency contraception.

carried out by Tripathi et al [6], in New Delhi also showed similar results where practically none of the clients were familiar with the concept of emergency contraception. Another study done at Chandigarh by Aruna Nigam, Neha Maheshwari and Anupam Prakash [7] revealed that only six women (2%) were aware of EC pills and two of them had used it, surprisingly, despite 65%

Table 4 : Profile of source of information regarding emergency contraception

Sr. No.	Source of information	No. of women	Percentage (%)
1.	Media	7	70
2.	Health care providers	6	60
3.	Friends	2	26
4.	Relatives	7	70
5.	Family planning clinic/Hospital	5	50

(Multiple response)

Media and relatives contributed maximum for getting information about emergency contraception. Multiple responses were given by respondents.

Table 5: Distribution according to place of getting emergency contraception.

Sr. No.	Place of getting E.C.	No. of women	Percentage (%)
1.	Chemist	9	90
2.	General practitioner	9	90
3.	Govt. Hospital	8	80

(Multiple response)

Chemist and general practitioners were considered to be first choice places for getting emergency contraception

literacy among females, only 2% were aware of EC but in present study we found that better educated women were more informed about emergency contraception.

According to NFHS III, the knowledge about EC is 20% in men and 11% in women. This study reflects much lower knowledge among women (10.64%) and this may be attributed to the study being conducted at rural medical college catering mostly rural & tribal population from nearby villages.

In present study, study subjects were known chemist, general practitioner and Govt. hospital as place for getting emergency contraception.

Media, relatives etc. were important source of information for emergency contraception in present study. One of study conducted in Pakistan [8, 9, 10] had shown that about 50% of women identified general practitioners or family medicine clinics as their main sources of knowledge about EC and increased advertising was considered desirable by 72% while 37% considered over the counter availability of EC pill. Overall, awareness is lower across all age groups in South East Asia and other countries versus recent data from Europe and North America. Similar picture is reflected in our study as this is rural

study, people were not aware of emergency contraception & even though some people aware they don't know the place to get it or method to use it.

SUMMARY AND CONCLUSION

Emergency contraception has a definite place in the prevention of unwanted pregnancies in present day society as an emergency measure in cases of rape, incest, obvious failure of barrier or natural contraception methods and unprotected infrequent or unplanned coitus. It also saves the subject from the agony of waiting for the oncoming period and from unnecessary interference because of suspected pregnancies.

Thus it is important to improve the knowledge about emergency contraception with the help of media, medical and paramedical workers, NGO's working in health.

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REFERENCES

1. S.K. Choudhari and International combaters. Practice of fertility control A comprehensive textbook. 5th edition 2001, pp 159
2. WHO, Taskforce, Lancet 1999; 353-697
3. Amitava Datta. Ethics in Public Health, Health and Human Rights. In: Rajvir Bhalwar, Chief editor. Textbook of public health

and Community Medicine. New Delhi. Department of Community Medicine. AFMC, Pune in collaboration with WHO, India Office. New Delhi; 2009, pp 364-369.

4. Smith B. et al. Emergency contraception: a survey of women's knowledge and attitudes. Br. J. Obstet. Gynec. 1996; 103:1109-16
5. Mqhayi MM, Smit JA, McFadyen ML et al. Missed opportunities: emergency contraception utilization by young South African women. *Afr J Reprod Health* 2004; 8:137-44.
6. Tripathi R, Rathore AM, Sachdev J. Emergency contraception: knowledge, attitude and practice among health care providers in North India. *J Obstet Gynecol Res* 2003; 29:142-6.
7. Aruna Nigam, Neha Maheshwari and Anupam Prakash. Knowledge of Emergency Contraception and Contraceptive Practices: Representative Study from Rural Uttar Pradesh. *Indian J Community Med.* 2010 July; 35(3): 449-450.
8. Farhana Irfan, Syed Irfan Karim, Saman Hashmi, Sajid Ali, Syed Arif Ali. Knowledge of emergency contraception among women of childbearing age at a teaching hospital of Karachi. *J Pak Med Assoc.* April 2009; 59(4): 236-240.
9. Fitter M, Urquhart R. Awareness of emergency contraception: a follow-up report. *J Fam Plann Reprod Health Care* 2008; 34:111-3.
10. Abbott J, Feldhaus KM, Houry D, Lowenstein SR. Emergency contraception: what do our patients know? *Ann Emerg Med* 2004; 43:376-81.