

DOI: <http://dx.doi.org/10.18203/2320-1770.ijrcog20160380>

Research Article

Emergency contraception: knowledge, attitude and practices among women in South Delhi, India

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Received: 06 December 2015

Accepted: 07 January 2016

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ABSTRACT

Background: Objective of the study was to assess the awareness of emergency contraception (EC) amongst women attending the routine antenatal outpatient services.

Methods: It was a hospital based cross sectional study for one year. 550 women were enrolled in the study after written informed consent. Socio demographic characteristics, knowledge, attitude and practice towards EC were analyzed.

Results: Majority of the women were between 20 to 29 years, and had a basic level of education. 60.4% women were housewives, and 70.5% of them had an urban place of residence. 94% women knew about some method of contraception. Only 34.5% women knew EC; amongst them 54.2% knew about EC pills and 12.5% had used it at least once. 40.5% women knew that there are methods of EC but did not know how what these methods were. 67.9% of women did not know how long after unprotected intercourse EC should be taken.

Conclusions: Majority of the women were between 20 to 29 years, and had a basic level of education. 60.4% women were housewives, and 70.5% of them had an urban place of residence. 94% women knew about some method of contraception. Only 34.5% women knew EC; amongst them 54.2% knew about EC pills and 12.5% had used it at least once. 40.5% women knew that there are methods of EC but did not know how what these methods were. 67.9% of women did not know how long after unprotected intercourse EC should be taken.

Keywords: Contraception, Emergency contraception, Family planning

INTRODUCTION

Global statistics estimate that two out of every five pregnancies are unintended.¹ The situation is more poignant in developing countries where as many as one third of all pregnancies are unintended. Among these, 19% undergo induced abortion [57.9% undergo unsafe abortion].² Emergency contraception (EC) gains significance in this regard as it has the potential to reduce unintended pregnancy rate due to unprotected intercourse. EC is described as a device or drug used as an emergency procedure to prevent pregnancy.² Common

reasons for procurement of EC remain condom breakage, failure to use condom and missed oral contraceptive pills.³

The present study seeks to explore the knowledge and awareness of EC in a select population in Delhi.

Aim of the study

To assess the awareness of EC amongst women attending the routine antenatal outpatient services at HAH Centenary Hospital.

METHODS

This is a cross sectional study conducted over a period of one year at HAH Centenary Hospital. Prior approval was taken by the institutional ethical committee. The study was questionnaire based, using a structured pre-validated questionnaire with both open ended and close ended questions. Patient confidentiality was ensured.

Inclusion criteria

All women attending antenatal outpatient services at the hospital and willing to participate in the study and comply with the documentary formalities were included.

Exclusion criteria

Women who were not antenatal or those who declined to be a part of the study were not included.

A total of 550 women gave informed consent and were recruited for the study. Information was collected on demographic characteristics like age, parity, literacy status, and religion and socio economic status. Questions to assess knowledge of contraception and awareness of EC were asked in detail.

RESULTS

The socio demographic characteristics of the study population are depicted in Table 1. Most of the women were in the age bracket of 20 to 29 years [75.1%]. Only a minority of women were illiterate [7.6%] with the others having received at least basic schooling or beyond. 36.7% women had completed tenth standard. 60.4% women were not working and most of them had an urban place of residence [70.5%]. Maximum women belonged to Hindu community [70.5%], followed by Muslims [26.2%], Sikhs [2.9%] and Christians [0.4%]. Most of the subjects were from upper middle or middle class, and had a parity of one or two.

Table 2 depicts the knowledge of contraception in the study population. 94% women were aware about some method of contraception. Male condom, natural methods and oral contraceptive pills were the most common methods known to the women. Awareness regarding injectable contraception was least among all methods. 67.8% of women claimed usage of male condom by partner at least once. 56.4% women had used natural methods. The information regarding contraception had been disseminated mostly by friends, relatives or social media. 45.8% women had also received information from medical personnel.

Knowledge of EC is shown in Table 3. Majority [65.5%] women had no knowledge of EC. 34.5% women knew EC; amongst them 54.2% knew about EC pills and 12.5% had used it at least once. 40.5% women knew that there are methods of EC but did not know how what these

methods were. Some women believed that male condom was a method of EC [4.7%]. Majority of women [67.9%] did not know how long after unprotected intercourse EC should be taken.

Table 1: Demographic profile.

Population characteristic	N=550	%
Age [in years]		
Less than 20	23	4.2
20-29	413	75.1
>30	114	20.7
Literacy status of woman		
Illiterate	42	7.6
Basic schooling	74	13.5
High school	202	36.7
Senior secondary	99	18.0
Graduate	89	16.2
Post graduate	44	8
Occupation		
Non working	332	60.4
Working	218	39.6
Place of Residence		
Rural	162	29.5
Urban	388	70.5
Religion		
Hindu	388	70.5
Muslim	144	26.2
Sikh	16	2.9
Christian	02	0.4
Socio economic class [Kuppuswamy classification]		
Upper	60	10.9
Upper middle	203	36.9
Middle	195	35.5
Lower middle	80	14.5
Lower	12	2.2
Parity		
Para 1	243	44.2
Para 2	186	33.8
Para 3	87	15.8
Para 4	22	04.0
Parity more than 4	12	02.2

DISCUSSION

According to NFHS-III, knowledge about various temporary and permanent methods of contraception ranges from 45% to 97% in India. We found that our study population had good knowledge of contraceptive methods [94%]. Knowledge about EC in India is around 20% in men and 11% in women.⁴ We observed awareness of EC was much higher than the national average [34.5%] although this was also low. A study from the Bengal on 100 women from immunization clinic the knowledge of EC was found to be 59.2%.⁵ This may be a reflection of the majorly urban residence of the subjects. A multi country analysis observed that in India 0.2% women, in France 17% and in United States 11%

women between 15–44 years used EC.⁶ We noted that 12.5% of our study population has used EC which is much above the national average, reason being the urban population and the national capital region.

Table 2: Knowledge of contraception.

Question	Answer	N	%
Do you have any knowledge of contraception	Yes	517	94
	No	33	6
Which type of contraception do you know	Natural	386	70.2
	Male condom	489	88.9
	Oral contraceptive pills	334	60.7
	IUCD	267	48.5
	Injectable	120	21.8
Which method have you used	Ligation	204	37.1
	Natural	310	56.4
	Male condom	373	67.8
	Oral contraceptive pills	58	10.5
	IUCD	86	15.6
	Injectable	67	1.3

We noted that despite majority of women having received at least a basic schooling, knowledge of EC remains poor. An important observation of the study was that although 45.8% women claimed to have received regular contraceptive advice from health personnel, only 13.6% women had received information of EC from their care providers. Singh et al found the awareness of EC high among doctors; however, most of them were unable to write a correct prescription for the same.⁷ Tripathi et al observed that EC knowledge was low in Indian general population and paramedical workers; although doctors are aware of EC, its precise knowledge was lacking. They proposed prescription writing practices for EC amongst doctors as part of their training.⁸ Globally, many studies have revealed that a poor knowledge of doctors is responsible for lack of EC services to women who need them.^{9,10} This lack of knowledge of medical professionals may also reflect upon the type of counselling they offer. Baveja et al observed that majority of women could make an informed choice regarding contraception provided they had access to correct and balanced information.¹¹ Langston et al noted that women appropriately counselled by their doctors were eleven times more likely to use EC in the following year.¹²

Social media is an important method of dissemination of information about EC. In our study, 41.5% women had seen EC information on television and newspapers. However it is increasingly being realised that the advertisements stress on the accessibility of EC pills and use catch phrases such as ‘tension free’. There is lack of emphasis on the fact that these products should be used in emergency situations only.¹³

Table 3: Knowledge of emergency contraception.

Do you know of EC?		
Yes	190	34.5%
No	360	65.5 %
How do you know of EC? [n = 190]		
Doctor	26	13.68 %
Relative/friend	85	44.73 %
Mass media	79	41.57 %
Have you ever used emergency contraception? [n = 190]		
Yes	69	36.3%
No	121	63.6%
Who prescribed EC to you? [n = 69]		
Doctor	7	10.14 %
Self	62	89.85 %
Do you know how long after unprotected sex should emergency contraception be used? [n=190]		
Within 24 hours	30	15.8 %
Within 72 hours	31	16.3 %
Don't know	129	67.9 %
What methods can be used for emergency contraception? [n=190]		
Pills	103	54.2%
Cu T	01	0.5 %
Condom	09	4.7 %
Don't know	77	40.5 %
How many times have you used EC?		
Never	481	
Once	21/69	30.4 %
More than once	48/69	69.5 %
Do you know any side effects of repeated use of EC? [n=190]		
Yes	15	7.8 %
No	175	92.1 %

The knowledge of side effects associated with repeated use of EC was found to be poor in the present study. Amongst women with awareness of EC, only 7.8% were aware of the side effects. It is important that while mass media is credited with spreading awareness of EC, it is not updating the public with side effects. Most of the women reported over the counter usage of EC and majority had used EC more than once. It needs to be emphasised that while EC is a good method in emergencies, there are associated side effects when used repeatedly, thus it should not be used as a regular method of contraception.

Another important observation in the present study was that awareness of IUCD as a method of emergency contraception was extremely low. This needs to be taken up because besides providing EC, it will also serve as a long acting reversible contraceptive [LARC] and serve as an important tool in curbing unplanned pregnancies.

Langston et al observed that advance provision of EC to women was not successful in decreasing rates of unintended pregnancy when compared with routine pharmacy access.¹² In India, despite the over-the-counter availability of EC, there exists rural – urban disparity in its availability. Also there are cost constraints in procurement of EC by lower socio-economic strata.¹⁴

CONCLUSIONS

Knowledge regarding EC is low in Delhi despite good education among women in this area. Despite over the counter availability of EC in India, its correct usage is not well known by majority of women. Mass media has increased public awareness of EC but has yet to increase awareness that EC is not a replacement for a regular method of contraception. Medical personnel are disseminating regular contraceptive advice but provision of EC advice is poor. It is best to promote IUCD as EC as it can continue to act as LARC.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

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Cite this article as: Ahmad A, Nigam A, Elahi AA, Jain R, Batra S. Emergency contraception: knowledge, attitude and practices among women in South Delhi, India. *Int J Reprod Contracept Obstet Gynecol* 2016;5:411-4.