

**KNOWLEDGE OF EMERGENCY CONTRACEPTIVES AMONG WOMEN OF REPRODUCTIVE AGE GROUP**Singh Rimi<sup>1</sup>, Himabindu Nagulapally<sup>2</sup>, Shrivastava Abhijeet<sup>3</sup><sup>1</sup>Assistant Professor, Department of Obstetrics and Gynaecology, Indira Gandhi Medical College and Research Institute, Puducherry.<sup>2</sup>Associate Professor, Department of Obstetrics and Gynaecology, Indira Gandhi Medical College and Research Institute, Puducherry.<sup>3</sup>Senior Resident, Department of Paediatrics, Sri Lakshmi Narayan Institute of Medical Sciences, Puducherry.**ABSTRACT****BACKGROUND**

As per data from WHO, 21.6 million unsafe abortions occurred globally in 2008, out of which 47,000 women died from abortion-related complications, contributing to 13% of global maternal mortality.<sup>(1)</sup> Emergency contraceptive can be used after intercourse to prevent pregnancy in case of unprotected intercourse, contraceptive failure or sexual assault. A considerable proportion of these abortions can be prevented by the timely use of emergency contraception.

**OBJECTIVES**

To study the knowledge of emergency contraceptives among women of reproductive age group.

**METHODS**

This is a government hospital-based prospective study done for a period of 3 months. The study included 500 women of reproductive age group (16 years to 40 years) attending OPD of Obstetrics and Gynaecology Department of IGMC and RI, Pondicherry. A predesigned questionnaire is provided to women asking about awareness regarding emergency contraceptives.

**RESULTS**

Majority of them were between 20 and 30 years of age, 59.6% were from urban background and 86.8% were educated; 66% of them had used regular method of contraception some time in their life, but the awareness level of emergency contraceptives was found to be only 5.4% of which only 2% (n=10) had ever used emergency contraceptives.

**CONCLUSION**

Emergency contraceptives is an effective means of preventing unwanted pregnancies, but unfortunately majority of women lack awareness about the emergency methods. Efforts should be focused on providing health education regarding EC among females through media and health professionals.

**KEYWORDS**

Emergency Contraception.

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**INTRODUCTION**

Unintended pregnancies continue to be a significant public health issue and poses a major challenge to reproductive health of women and particularly among young adults in developing countries. The World Health Organisation (WHO) estimated that one woman dies every 8 minutes due to unsafe abortion in developing countries.<sup>[2]</sup> 78% of pregnancies in India are unplanned and at least 25% are unwanted.

Unprotected sexual intercourse and method failure leads to unwanted pregnancies (EC) promises to be useful in such cases by preventing unwanted pregnancies from unprotected sex. Emergency contraceptives is defined as any method women can use after intercourse to prevent pregnancy.<sup>(3)</sup>

Emergency contraceptives is the only method women can use to prevent pregnancy after they have had unprotected sexual intercourse, have experienced contraceptive failure

have remembered too late that they have forgotten to take birth control pills or victims of sexual assault. Emergency contraceptives is sometimes referred to as "morning after" or "Post coital" contraception.

It consists of high doses of the same hormones used in oral contraceptive pills.<sup>(4)</sup> Emergency contraceptives include use of combination pill (Oestrogen and progesterone) or progestin only pills, mifepristone, centchroman or insertion of IUD. The emergency contraceptive pills are effective only if used within 72-120 h. of unprotected sex.

Although the hormonal emergency contraceptive pills have been technically available since 1960 through off-label use of OC pills, they still remain a relatively unknown and underused method. The hormonal emergency contraception concept was introduced in India in 2000. In 2003, emergency contraceptive pills was introduced in health centres and hospitals by the name of emergency contraceptive pills in India. It has levonorgestrel (0.75). Two pills are to be taken first within 72-120 hours of unprotected sexual intercourse and another after 12 hours of taking the first pill.

Current recommendation states that two pills can be taken together also. The present study was undertaken to ascertain the knowledge and awareness among reproductive aged females attending outpatient department.

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**OBJECTIVES**

To study the knowledge of emergency contraceptives among women of reproductive age group.

**METHODS**

This is a hospital-based prospective study done for a period of 3 months (2015) from March to May; 500 women in reproductive age group (16 years to 40 years) attending the OPD of Obstetrics and Gynaecology Department of IGMC and RI, Pondicherry, were included in the study. Informed consent was taken from all women. Before starting the interview, a brief clarification about the meaning and types of emergency contraceptives methods available was given to each of the study participants to make it clear that we are asking about emergency contraceptives and not regular contraceptives. Each interview lasted between 15 to 20 minutes. The questionnaire covered the demographic characters, use of regular contraceptive and awareness and use of EC.

**RESULTS**

Table 1 shows the demographic characters of the women studied. Overall, 500 female patients in the reproductive age group were enrolled in the study. Majority of them were between 20 and 30 years of age, 59.6% were from urban background and 86.8% were educated; 63% were housewives, 58.4% had 1 living children and were potential target for contraception.

Characteristics	(n = 500)	
	No.	%
<b>Age</b>		
<20	20	4%
20-30	340	68%
>30	140	28%
<b>Residence</b>		
Urban	298	59.6
Rural	202	40.4
<b>Occupation</b>		
Housewife	315	63.0
Earning	185	37.0
<b>Educational Level</b>		
Illiterate	66	13.2
School (Any level)	234	46.8
Graduate	200	40
<b>Marital Status</b>		
Married	476	95.2
Separated Unmarried	24	4.8
<b>Parity</b>		
1	292	58.4
2	186	37.2
3 or more	22	4.4
<b>Religion</b>		
Hindu	336	67.2
Muslims	102	20.4
Christians	62	12.4
Others	0	0

**Table 1: Demographic Characteristics (n=500)**

As mentioned in Table 2 only 29% of the population was using regular method of contraception and 37% had used some form of contraception over some period of time. Condoms were the most commonly used method; 28.8% of the patients had undergone MTP.

1.	<b>Use of a Contraceptive</b>	<b>Number</b>	<b>(%)</b>
	Regular	145	29%
	Irregular	185	37%
	None	170	34%
2.	<b>Contraceptive</b>		
	Condoms	200	40%
	Cu-T	30	6%
	Pills	60	12%
	Natural method	10	3%
	Permanent method	35	7%
	Never used	165	34%
3.	<b>History of MTP</b>		
	Once	120	24%
	Twice	24	4.8%

**Table 2: Contraceptive and MTP Practices (n=500)**

Table 3 shows that most of the study subjects lack the knowledge about emergency contraceptives methods. Only 5.4% of participants were aware of emergency contraceptives and among them only 2% had ever used emergency contraceptives. When asked about the source of their knowledge, they mentioned friends/family members and health workers as the main source. Most of them did not know about how it works. Regarding availability, most of them knew that it is available in the pharmacy.

Knowledge about Emergency Contraceptives	Studied Females (n = 500)	
	No.	%
Ever heard about EC		
Yes	27	5.4
No	473	94.6
Ever used EC		
Yes	10	2
No	17	3.4
EC methods act as abortifacient		
Yes	2	0.4
No	5	1
Don't know	20	4
Source of knowledge about EC methods		
TV	0	
Newspaper/Magazines/Internet	0	
Friends/Family member	15	3
Health facilities	12	2.4
Others	0	0
Legality of EC in Puducherry		
Legal	27	5.4
Illegal	0	0
Not known	0	0
Availability of EC methods in Puducherry		
Available	27	5.4
Unavailable	0	0
Not known	0	0

**Table 3: Knowledge about Emergency Contraceptives among the Study Subjects**

As presented in Table 4 with regards to the usage of emergency contraceptives, only 2% (n=10) of the women had ever used emergency contraceptive pills and they used it to prevent pregnancy. The side effects reported were few.

1.	Method Used	Number	%
	EC Pills	10	100
	IUD	0	0
	Other method	0	0
2.	Awareness about time limit for taking EC after unprotected intercourse		
	Immediately	0	0
	Up to 12 hrs.	7	70%
	Up to 72 hrs.	3	30%
3.	Side effects		
	Vomiting	2	20%
	Headache	0	0
	Nil	8	80%
4.	Perceived usefulness		
	Useful	10	100
	Not useful	0	-

**Table 4: Attitude Towards Emergency Contraception Users (n=10)**

## DISCUSSION

In India where rates of unplanned pregnancies and illegal abortions are high, it is estimated that 78% pregnancies are unplanned and 25% are definitely unwanted, despite a 'National Family Welfare Programme' and widespread efforts by the government.<sup>[5]</sup> Introduction of emergency contraceptives through government supply has a potential to change the scenario. The hormonal emergency contraceptives pills reduce the risk of pregnancy by up to 95% and EC IUD insertion reduces such risk by 99.9%.<sup>[6]</sup>

The present study shows the knowledge of emergency contraceptives among the participants are quite less (5.4%). This is comparable to other Indian studies, which showed similar results. A study carried out by Tripathi et al<sup>(7)</sup> in New Delhi showed that practically none of their patients were aware of emergency contraceptives. Reeti et al<sup>(8)</sup> studied 100 subjects, of which only one woman was aware of emergency contraceptive pills. However, Takkar et al found slightly increased awareness of emergency contraceptives (11.2%) among educated women in India.<sup>(9)</sup>

Glei et al studied a population of 1290 women aged 17-50 years in California of whom 28% had heard of ECP.<sup>(9,10)</sup> A study in USA revealed that only 23% young women knew about ECP. In South Africa, a similar study revealed 17% awareness among young women.<sup>(11),(12)</sup> Amalba et al<sup>(13)</sup> study showed the awareness of EC among reproductive women in Ghana found to be 69%, which is much higher than the previous studies. Such differences in the awareness level in different countries may be due to their culture differences and government policies.

In our study, 5.4% of patients who were aware of emergency contraceptives had heard from their friends or health workers and not from social media. In India, EC pills are now available over the counter in the private sector as well as government supply. Anybody can procure this even without doctor's prescription. But the only thing which is lacking is the awareness and knowledge among the females about emergency contraceptives, how it works, when to take and about safety and potential uses.

The health workers and health professionals can play a larger role in informing women about emergency contraceptives. Though contraceptive awareness among women is high, but emergency contraceptives is an area where much work needs to be done and efforts must be taken through promotional and educational approach to make more and more women aware of emergency contraceptives.

## CONCLUSION

Emergency contraceptives is an effective means of preventing unwanted pregnancies without much side effects, but unfortunately majority of women in reproductive age group lack awareness about the emergency methods. Efforts should be focused on providing health education regarding emergency contraceptives among females with focus on available methods, timing of use and health effects through media and health professionals.

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