

Original Research Article

Emergency contraception: knowledge, attitude and practices among recently married females in a rural area of North India

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ABSTRACT

Background: Emergency contraception (EC) is indicated after unprotected sexual intercourse to prevent unintended pregnancy and its harmful consequences. Its optimum use can avoid unintended child birth or unsafe abortion which can in turn lower maternal mortality. So, the present study aimed to study the knowledge, attitude and practices of recently married females towards EC in a rural area of Jammu.

Methods: The present cross-sectional study was conducted among recently married females visiting the OPD in CHC RS Pura during the course of the three months and were willing to participate. Information was obtained using a questionnaire and results were presented as proportions.

Results: 90% respondents had ever heard of EC with media being the main source of information. 91% knew oral pills being used as EC and 81% had correct knowledge of time regarding its usage. 85% would recommend it to friend/relative if required and 73% were willing to use EC themselves in case of unprotected sex. 70% of the respondents had ever used EC.

Conclusions: High awareness, positive attitude and adequate usage of EC among currently married females is a good sign which is probably due to high literacy among them. But it should not make the authorities complacent, rather interventions intended to combat maternal mortality through use of regular contraceptives besides EC need to be promoted among the target groups.

Keywords: Attitude, Emergency contraception, Knowledge, Practice

INTRODUCTION

Emergency contraception (EC) refers to a group of birth control contraceptive modalities, which is indicated after unprotected sexual intercourse, following sexual abuse, misuse of regular contraception or non-use of contraception.¹ EC can prevent unintended pregnancy resulting in reduction of unintended child birth and unsafe abortion. EC is effective if used within 72 hours of unprotected sexual intercourse.² Two types of EC- oral

pills and intrauterine devices (IUDs) are currently used. In case of IUDs, the protective effect is available if it is inserted within 5 days of unprotected sexual intercourse.³ Regarding mode of action EC, it works by preventing fertilization, implantation and tubal transportation of sperm and ovum.⁴

Globally, there are 250 million pregnancies each year and one third of these are unintended and one fifth of these undergo induced abortion.⁵ In low income countries, two

third of unintended pregnancies are contributed by females who don't use any contraceptives and more than 100 million married females have unmet needs for contraception.⁵ As per estimates, about 68000 women die because of unsafe abortions each year and millions of others end up with complications of unsafe abortion (severe infection and bleeding), all this could have been prevented or reduced by use of EC.⁶

EC, despite being an effective method to prevent unintended pregnancy, largely remains underutilized. Many adolescent females, including the recently married females, are at high risk of unintended pregnancy due to many factors including lack of contraceptives knowledge, limited access to health services, failure of contraceptives etc. In order to increase the public health benefits of EC, it is imperative upon the government as well as the service providers that potential users be well informed about the availability and benefits of EC. In this context, women in child bearing age in rural areas, specifically the recently married females who may account for high rates of teenage and unintended pregnancy, must know that EC does exist, know the time limits within which EC may be effective, and know where EC can be obtained from quickly at the time of the need. Failing this knowledge, women will miss the opportunity to access free EC at public health institutions where Government of India has provided EC free of cost to the potential users. Lack of information and knowledge among women about how to protect themselves from unintended pregnancy can be very risky and disastrous. Further during the review of literature, the authors didn't find any study on KAP (knowledge, attitude and practices) of EC among recently married females in a rural area. So, the present study was planned with the aim to access the K, A and P among recently married females in a rural area of Jammu district.

METHODS

The present cross-sectional study was conducted in the OPD settings of CHC (community health centre) R S Pura. This CHC happens to be the field practice area of post graduate department of community medicine, government medical college Jammu. R S Pura is located 24 kms from government medical Jammu in the Northwest of Jammu district in the state of Jammu and Kashmir, India. The study was conducted from the beginning of the January 2017 till the beginning of the April 2017. Before the data was collected, approval was duly sought from institutional ethical committee, government medical college Jammu.

The source population for this study was all the recently married females visiting OPD section of Gyne-Obstetrics in CHC R S Pura for any of the purposes. For the present study, recently married females were those who had been married since last one year from the date of interview. These recently married females may be visiting for self-checkup and may have accompanied their friends/ relative. All the recently married females visiting

the CHC during the designated time period were informed about the purpose of the study. Only those who were willing to participate were administered the questionnaire. Those who didn't give the written informed consent were excluded from the purview of the study. It was informed to the participants that their confidentiality would be maintained at all times.

Data was collected using self-administered questionnaire which was prepared by the authors to assess the socio-demographic characteristics, knowledge, attitude and practices of the participants towards EC. To enhance the quality of the data, majority of the questions were adapted from previously conducted studies with some changes incorporated considering the local context. The collected data was checked for completeness, accuracy and consistency by the authors and corrective actions, wherever necessary, were taken. For descriptive statistics, the results were expressed in term of proportion or percentages.

RESULTS

Table 1: Socio-demographic variables of the respondents (n=360).

Socio-demographic variable	Frequency (%)
Age	
< 18 years	22 (6.11)
18-25 years	306 (85.00)
>25 years	32 (8.89)
Religion	
Hindu	262 (72.78)
Muslim	43 (11.95)
Sikh	55 (15.27)
Educational status	
Below matric	37 (10.28)
Above matric	323 (89.72)
Age at marriage	
<18 years	23 (6.39)
>18 years	337 (93.61)
Occupation	
Student	72 (20.00)
Service	47 (13.06)
Housewife	241 (66.94)
Family income per month	
<25000	53 (14.72)
25000-50000	230 (63.89)
>50000	77 (21.39)
Mothers educational status	
Illiterate	82 (22.77)
Up to matric	103 (28.61)
Above matric	175 (48.61)

During the course of study, a total of 360 recently married females were interviewed. 85% of the respondents were in 18-25 years age group and 72.7% of them belonged to Hindu religion. The educational status

of the respondents was found to be good with about 90% of them had studied beyond tenth grade. Another socio-demographic variable which was found to be reasonably good was age at marriage. Only 6.39% of the respondents had married below 18 years of age. Two third of the respondents were found to be housewives and 48.6% had mothers who had studied beyond tenth grade (Table 1).

Table 2: Knowledge of respondents regarding emergency contraception (n=360).

Question	Frequency (%)
Ever heard of emergency contraception	
Yes	348 (96.67)
No	12 (3.33)
If yes, time since heard of EC	
Before marriage	332 (95.41)
After marriage	16 (4.59)
Sources of information about EC	
Formal education	33 (9.48)
Media	227 (65.23)
Health facilities	48 (13.79)
Friends/relatives	40 (11.49)
Which of these can be used as EC	
Oral pills	318 (91.37)
IUCD	20 (5.75)
Both	10 (2.87)
Time to take EC	
Within 72 hours	282 (81.03)
After 72 hours	43 (12.36)
Don't know	23 (6.61)
How safe is EC	
Safe	313 (89.94)
Unsafe	17 (4.89)
Don't know	18 (5.17)
Place to procure EC	
Health facilities	48 (13.79)
Chemist shop	278 (79.89)
Don't know	22 (6.32)
Can you procure EC without prescription	
Yes	330 (94.83)
No	18 (5.17)

When knowledge about EC was elicited, 96.6% of the respondents had ever heard of EC. The remaining females who had not heard of the EC were not further interviewed. 95.4% of the respondents had heard of EC before marriage and for two third of them, media was the source of information. 91.3% of the respondents were aware of the oral pills being used as EC while only 5.75% knew about IUD also being a tool for EC. 81% of the respondents had correct knowledge regarding use of EC within 72 hours of unprotected sex and about 90% labelled EC as safe. Although EC is available in governmental health institutions, yet 80% of the respondents said that chemist shop was the place to

procure EC. Further 94.8% of them were aware that EC can be procured without prescription (Table 2).

Table 3: Attitude of respondents regarding emergency contraception (n=348).

Question	Frequency (%)
If you had unprotected sex, would you use EC	
Yes	256 (73.56)
No	92 (26.43)
If yes, you would procure EC from	
Government facilities	51 (19.93)
Private chemist shop	205 (80.07)
In future, would you recommend EC to friends/relatives	
Yes	298 (85.63)
No	50 (14.37)
Do you think use of EC may cause damage to foetus	
Yes	35 (10.06)
No	313 (89.94)
Do you think widespread use of EC may promote HIV/AIDS and STIs	
Yes	38 (10.92)
No	310 (89.08)

Table 4: Practice of respondents regarding emergency contraception (n=348).

Question	Frequency (%)
Have you ever had episode of unprotected sex	
Yes	315 (90.52)
No	33 (9.48)
If yes, unprotected sex occurred due to	
Condom slippage	62 (19.68)
Forgotten usual monthly pills	24 (7.62)
Failure of withdrawal method	70 (22.22)
Wanted to go for pregnancy	159 (50.48)
Have you ever used EC	
Yes	246 (70.69)
No	102 (29.31)
If yes, who recommended them	
Health professional	86 (34.95)
Friends / relatives	44 (17.88)
On my own	116 (47.15)
If no, what were the reasons	
Lack of knowledge about EC	06 (5.88)
Inaccessibility of EC	40 (39.21)
Opposition from partner	56 (54.90)

When attitudes of the respondents were analyzed, it was revealed that 73.5% of the respondents were willing to use EC in case of unprotected sex and 80% would procure EC from a chemist shop. The positive attitude among the respondents was further reinforced when 85.6% reported that they would recommend EC to friends/ relatives if required. About 90% of them thought EC won't cause any damage to foetus if it failed to work

and only 11% were of the opinion that widespread use of EC may promote HIV/AIDS and STIs (Table 3).

Among the practices of the respondents, it was found that 90.5% had episode of unprotected sex. Among the reasons for unprotected sex, about half of them reported that it was willingly done to plan conception while contraception failure or nonuse of contraception was the reason among rest of the respondents. 70% of the respondents had ever used EC and almost half of them used EC on their own while one third respondents reported that health professionals recommended EC to them. For non-users of EC, opposition from partners was found to be the main reason (Table 4).

DISCUSSION

The study assessed the knowledge, attitudes and practices of the recently married females in a rural area of Jammu district. As observed from the results of the actual study, 96.6% of the participants had ever heard of EC. These higher rates of awareness about EC are consistent with the results reported by Tapia- curiel A et al and Vaharian A.^{7,8} In India, Relwani N et al reported awareness of EC among engineering college female graduates to be 92.7%.⁹ On the other hand, lower rates to the tune 49.8% and 51.4% were reported by Hoque ME et al and Addo VN et al in their respective studies.^{10,11} 95% of the participants had knowledge about EC prior to marriage and for 65% of them, media was the main source of information for EC. Other authors like Relwani N et al, Ahmed F A et al and Baiden F et al also reported mass media to be the main source of information among respondents in their respective studies.^{9,12,13} In contrast, Akani CI et al reported main source of information to be friends/peers among the respondents in their study.¹⁴

In the current study, 91% of the respondents knew about oral pills being used on EC and 81% were aware of it being used with 72 hours of unprotected sex. Another 90% rated EC as safe and 95% knew that EC could be procured without prescription. Hoque ME et al reported that two third respondents didn't know that a prescription is not required to obtain EC and 29.7% didn't know the right time limits for effectiveness of EC.¹⁰ The high levels of awareness among the respondents in the present study could be best explained on the basis of their level of education which can have an influence on the awareness level of EC. It is believed that educated people are more concerned about their health and have a tendency to gather information in this regard. Also married females who happen to visit family planning clinics are likely to be counselled about availability and use of EC.

Even maternal literacy among the respondents was good enough which too may have contributed in some way to higher levels of awareness among the respondents.

Attitudes regarding use was found to be positive as 73.5% of them were willing to use EC in case of unprotected sex. Further 85% of the participants were willing to recommend EC to friend or relatives in case of need. The results are in agreement with those reported by Bugssa G et al.¹⁵ However lower rates in this regard were reported by Alemilu W and Tajure N et al in their respective studies.^{16,17} Only 10% of the respondents in the present study opined that EC may damage fetus in case it does not work where as Bugssa G et al reported this rate to be 43%.¹⁵

In line with the good awareness and presence of positive attitude of the respondents towards EC, the actual use was also found to be equally good at about 71%. Kistnasamy EJ et al reported EC usage in 28% respondents while dismal rates to the tune of 7.4% and 5.7% were reported by authors from Cameroon and Nigeria respectively.¹⁸⁻²⁰ Regarding episode of unprotected sex among the respondents, 90% replied in positive and half of them planned it to go ahead with the pregnancy. This seems logical since the recently married females may plan for the first pregnancy according to their needs.

Among the limitations of the present study are its small sample size and its cross-sectional nature Also it is difficult to guarantee that respondents provided honest replies considering some sensitive questions asked to them. Considering these limitations, the findings may lack generalizability.

CONCLUSION

The study has revealed adequate knowledge, good attitude and reasonable utilization of EC. This augurs well for the country which is facing a grim situation on account of population explosion. Efforts need to be continued to strengthen the ongoing national family welfare programme which provides an array of contraceptives to the beneficiaries. Satisfactory KAP among recently married females, more so in a rural area of India, would go a long way in stabilization of population. It would prevent unintended pregnancies and their complications and efforts need to be sustained to empower women as well as raise favorable attitudes among those who are not utilization EC.

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