

Original Research Article

Knowledge about emergency contraception among mothers attending OPD at a private medical college in Puducherry

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ABSTRACT

Background: It is estimated that around 15.6 million abortions take place in India every year. There is significant variance in the estimates for the number of abortions reported and the total number of abortions taking place. Emergency contraception (EC) prevents an accidental pregnancy. It prevents a woman from having to go through the trauma of getting pregnant when she does not want to.

Methods: A cross-sectional study was conducted to assess the knowledge of emergency contraception among women attending the gynecological outpatient department. A total of 280 married women were included in the study. Data was collected using a semi-structured questionnaire, which included questions on demographic variables, religion, education, knowledge and practices about EC.

Results: Majority of the participants were in the age group of 20-25 years (122; 43.6%). Hinduism was the predominant religion followed by eighty five percent (n=238) of the women. Only 2.1% (n=6) of the women were uneducated while the rest had some form of schooling. Most of them belonged to the age group of 20-25 years (122; 43.6%). Majority of the participants (244; 87.1%) reported that they had never heard about EC. And only 4.3% have ever used EC.

Conclusions: Despite EC being available for more than a decade in India, many women still have not heard of it. Although awareness is increasing it is essential to integrate information about EC in family welfare materials and developing new strategies to increase awareness and share information about EC.

Keywords: Emergency contraception, Morning after pill, Abortion

INTRODUCTION

It is estimated that around 15.6 million abortions take place in India every year. The study conducted by population council New Delhi, reported the abortion rate at 47 abortions per 1000 women aged 15-49 years.¹

There is significant variance in the estimates for the number of abortions reported and the total number of estimated abortions taking place. The data, which is dynamic in nature reports that about ten women die due to unsafe abortions every day.^{1,2} This is not unsurprising, because sex is shrouded in secrecy in India. A woman

who is raped, or has had unsafe sex has no choice but to opt for dangerous methods of self-abortion. So, apart from the physical threat to her life and health, a woman's psychological state is also negatively affected.

Emergency contraception (EC) prevents an accidental pregnancy. It prevents a woman from having to go through the trauma of getting pregnant when she does not want to. EC is different from rest of the contraceptive methods, as it is used after the sexual act while the other contraceptive methods are used before sex. Before EC was available in India, women were forced to get pregnant, and then abort the fetus with pills or surgery.

This was harmful for a woman's reproductive health, and repeated abortions led to genital tract infections, severely impacting the chances of a woman's ability to conceive later. Emergency contraception is not a substitute for regular contraception that provides comprehensive protection against an unwanted pregnancy, is still better for a woman's health than an abortion.

EC was approved by the drug controller general of India (DCGI) in 2001. Permission was granted for manufacture or import of levonorgestrel (LNG) and social marketing on prescription and the drug was made available in the country in January 2002.³ This was done after the release of the report and recommendations of the consortium on emergency contraception.⁴

The pill promises 95 per cent success if a woman takes it within 12 hours of having unprotected sex. It is incorrectly known as morning after pills, although a woman can take them even immediately after unprotected sexual intercourse. The efficacy to prevent pregnancy drops to around 58 per cent if taken between 12 hours and 72 hours.^{5,6}

This study was conducted to assess the knowledge about EC among mothers attending OPD in the department of obstetrics and gynecology.

METHODS

A cross-sectional study was conducted to assess the knowledge of EC among women attending the gynecological outpatient department (OPD) of Pondicherry Institute of Medical Sciences, Puducherry from January 2014 till May 2015. The study protocol was approved by the Institute Ethics Committee of PIMS (IEC:RC/13/121).

Sample size and study design

A total 280 women were included in the study. Women who were willing and gave consent were enrolled. Each study participant was given a semi-structured questionnaire, which included questions on demographic variables, religion and education. Women who had ever heard of EC were further questioned for having knowledge and practices about EC.

For educational qualification, participants were categorized as uneducated, or as having completed middle school, high school, graduation or higher. Being uneducated was coded as 0, and the highest education level was coded as 4. Religion was categorized as Hindu, Muslim or Christian. Data entry was done in microsoft excel spread sheet 2007 and analysed in SPSS version 17.

RESULTS

A total of 280 subjects participated in the survey. All the women were married. Majority were in the age group of

20-25 years (122; 43.6%) with a SD of ±0.818. Hinduism was the predominant religion followed by Eighty five percent (n=238) of the study participants. The rest were either Muslims or Christians (8.6%; 6.4%). Only 2.1% (n=6) of the women were uneducated while the rest had some form of schooling with a SD of ±1.287. When asked about their partner educational status, majority had completed high school (152; 54.3%) (Table 1).

Table1: Demographic profile of the study participants (n=280).

Variable	Frequency	Percentage (%)	Standard deviation
Age group (in years)			
<20	1	0.4	0.818
20-25	122	43.6	
26-30	115	41.1	
31-35	30	10.7	
>35	12	4.3	
Religion			
Hindu	238	85.0	0.546
Muslim	24	8.6	
Christian	18	6.4	
Women education			
Uneducated	6	2.1	1.287
Middle school	68	24.3	
High school	132	47.1	
Graduation	56	20.0	
Post-graduation	18	6.4	
Partner education			
Uneducated	4	1.4	1.242
Middle school	54	19.3	
High school	152	54.3	
Graduation	45	16.1	
Post-graduation	25	8.9	

Most of the participants (244; 87.1%) reported that they had never heard about EC. Only those women who had ever heard of EC (36; 12.9%) were further analyzed for having knowledge and practices about EC. When asked whether they had ever used EC a meagre 12 (4.3%) responded with a yes. The main source of information about EC was newspaper (38.9%), followed by radio (27.8%), television (19.4%) and health professionals (13.1%).

Most of the respondents (75.0%) could identify the correct timing for administration of emergency contraceptive pills after unprotected sex. When asked about the safety of EC only 50.0% were confident that EC was safe to use (Table 2).

Table 2: Knowledge of emergency contraception among study participant (n=280).

Variable	Category	Frequency	Percentage
Ever heard of EC	Yes	36	12.9
	No	244	87.1
Ever used EC	Yes	12	4.3
	No	268	95.7
Source of information	Newspaper	14	38.9
	Radio	10	27.8
	Television	7	19.4
	Health professionals	5	13.9
Time limit for taking EC (hours)	Within 12	2	5.6
	Within 24	4	11.1
	Within 48	8	22.2
	Within 72	13	36.1
	Don't know	9	25.0
Is EC safe for women	Yes	18	50.0
	No	7	19.4
	Don't know	11	30.6

DISCUSSION

Although India was among the very first nations to launch a comprehensive family welfare programme as early as 1952, but the attempts to stabilize the population have not been successful. The latest national family health survey (NFHS III) figures reveal the couple protection rate to be 56 percent and unmet need to be 12.8 percent. A significant percentage of women with unplanned and unwanted pregnancy seek abortion and die in the process due to sepsis or other complications associated with unsafe abortions.^{7,8}

EC is an important bridge in the family planning methods. Its unique characteristics makes it particularly valuable to women who are not able to use contraception in advance for various reasons.⁹ Thus a rational use of emergency contraception can play a very important role in reducing maternal mortality and morbidity, and indirectly preventing unwanted births. In India knowledge about EC is only 20 per cent in men and 11 per cent in women.⁸

In a study conducted among women who came for induced abortion, in Ethiopia, out of the total 369 respondents, only 126 (34.1%) heard about emergency contraceptive. The source of information for 71 (56.3%) of the respondents was health care workers. The magnitude of emergency contraceptive utilization among women who came for induced abortion was 12.2%.¹⁰ Similarly in a study conducted among unmarried girls in Ghana, knowledge and practice about EC was comparatively high. Twenty-six of the 32 participants had used ECs at least once. And all 32 participants had heard of EC once.¹¹

CONCLUSION

Despite EC being available for more than a decade in India, many women still have not heard of it, especially women living in the coastal region seem to have the lowest level of knowledge about EC, as compared to women living in other parts of India. It maybe because the sale of EC was restricted in Tamil Nadu for more than a decade. As a result, women had to take abortion pills leading to a surge in no of ill-legal abortions in Tamil Nadu. Although awareness is increasing it is essential to integrate information about EC in family welfare materials and developing new strategies to increase awareness and share information about emergency contraception.

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REFERENCES

1. Singh S, Chander S, Acharya, Rajib. The incidence of abortion and unintended pregnancy in India, 2015. *Lancet Global Health*. 2018;6(1):111-20.
2. New Delhi: Ministry of Health and Family Welfare; 2012. Government of India. Annual Report 2011-2012. Available at http://www.planningcommission.nic.in/Reports/genrep/ar_eng1112. Accessed on 20th November 2013.

3. Mittal S. Emergency contraception - Potential for women's health. *Indian J Med Res*. 2014;140(11):45-52.
4. Consortium for National Consensus on Emergency Contraception in India. Published by WHO-CCR in Human Reproduction, 2001. Available at: www.aiims.ac.in. Accessed on 23 December 2013.
5. WHO. Emergency Contraception - World Health Organization. Available from: <http://www.who.int/mediacentre/factsheets/fs244/e>. Accessed on 10th October 2015.
6. Trussell J, Raymond EG, Cleland K. *Emergency Contraception: A Last Chance to Prevent Unintended Pregnancy*; 2019.
7. Ministry of Home Affairs, Government of India, Census data 2011. Available at http://www.censusindia.gov.in/Census_Data_2011/India_at_glance/popul.aspx. Accessed 24th October 2018.
8. International Institute for Population Sciences (IIPS) and Macro International, National Family Health Survey (NFHS-3), 2005-6, India, Vol. 1, Mumbai: IIPS; 2007.
9. ACOG practice bulletin. Clinical management guidelines for obstetrician-gynecologists. Number 112, Emergency Contraception. *Obstet Gynecol*. 2010;115(5):1100-8.
10. Abraha D, Welu G, Berwo M, Gebretsadik M. Knowledge of and Utilization of Emergency Contraceptive and Its Associated Factors among Women Seeking Induced Abortion in Public Hospitals, Eastern Tigray, Ethiopia, 2017: A Cross-Sectional Study. *Bio Med Res Int*. 2019;7209274:1-7.
11. Rokicki S, Merten S. The context of emergency contraception use among young unmarried women in Accra, Ghana: a qualitative study. *Reproductive Health*. 2018;15(1):212.

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