

Original Research Article

Knowledge of Emergency Contraception among Women of Eastern BiharDr. Meenakshi Kumari¹, Dr. Krishna Murari², Dr. Mamta Kumari³¹Assistant prof., Department of obstetrics and gynecology, MGM Medical College and Lions seva Kendra hospital Kishanganj, Bihar²Assistant prof., Department of surgery, RIMS Ranchi, Jharkhand³Associate prof., Department of Anatomy, MGM Medical College, Kishanganj, Bihar***Corresponding author**

Dr. Krishna Murari

Email: drkmurari@gmail.com

Abstract: The present study was undertaken to evaluate the knowledge and awareness about emergency contraception among women coming for induced abortion in MGM Medical College and LSK Hospital Kishanganj Bihar. All the women included in the study were given predesigned questionnaire regarding awareness of emergency contraception and other methods of contraception. This study was done for a period of one year in 100 women coming for induced abortion in MGM Medical College and LSK Hospital Kishanganj. 80 percent of the women under this study belonged to rural background. Only 14% were using regular contraception. OCP was the most popular contraceptive. 8% were aware of emergency contraception but none of them had ever used it. Electronic mass media like T.V. and radio was the major source of information for 68%. There is total ignorance about Emergency Contraception in our women patients.

Keywords: Emergency contraception, Post coital contraception, Abortion, Awareness

INTRODUCTION

First popularized by the “morning after pill” in the 1970s, emergency contraceptive is now available widely in various trade names. These are used after unprotected sexual intercourse or after sexual assault. According to ACIOG (2015), methods currently available include sex steroid-containing compounds, antiprogestin compounds, and the copper containing IUD. These methods used within 72 hrs of unprotected intercourse are quite effective and thereby preventing the need of unsafe abortion and associated life threatening complications. However frequent use of EC should be discouraged and use of regular methods should be encouraged.

Despite the advancement of abortion care an estimated 22 million abortions continue to be performed unsafely each year resulting in the death of an estimated 47,000 women and disabilities for an additional 5 million women. So the use of regular contraception should be encouraged. But women must be aware about ECP if she misses the regular method. In India family welfare department has approved the use of emergency contraception in the form of LNG (Levonorgestrel 0.75 mg).

Previously Yupze regimen of Levonorgestrel 0.25mg and ethinylestradiol 0.05mg given twice was used [1]. However due to excessive nausea and vomiting it is replaced by Levonorgestrel only regimen of 0.75 mg in two separate doses taken 12 hrs apart. If it is started within 24 hrs of unprotected intercourse, rate of pregnancy is 0.4% and if started within 72 hrs it is 2.7%. [2, 3]. ECP when taken in the beginning of the cycle causes the disruption of follicular maturation thereby prevents ovulation. When taken after ovulation it may prevent fertilization or prevent implantation of fertilized egg due to asynchronous endometrial maturation.

Aim: Aim of present study was to assess the knowledge of ECP among women coming for induced abortion.

METHODS

The present study was carried out in gynecological OPD of MGM Medical College and LSK Hospital, Kishanganj Bihar in women coming for induced abortion. 100 women after proper counselling and taking informed consent were enrolled. Duration of study was from 01.02.15 to 01.10.15. The study was approved by our institutional ethical committee.

A well designed questionnaire was used for data collection. It included age, parity (no of live issues), background, (rural/ urban) (Table 1). Information regarding knowledge and awareness regarding ECP and other means of contraception as well

as the source of knowledge (Table 2). Data was analyzed and is presented in the given tables.

OBSERVATION AND RESULTS

Table 1: sociodemographic characters (n=100)

AGE

	NUMBER	(%)
<20yrs	10	10%
20-30yrs	68	68%
30-40yrs	20	20%
>40yrs	2	2%

EDUCATION

Uneducated	27	27%
Primary	43	43%
Secondary	20	20%
Graduate	10	10%

BACKGROUND

Rural	80	80%
Urban	20	20%

NUMBER OF LIVING CHILDREN

0	2	2%
1	8	8%
2	45	45%
3	35	35%
4 or more	10	10%

Table 2: knowledge of contraceptive methods & their source of information

CONTRACEPTION METHODS	Number	Percentage
Sterilization	98	98%
Oral contraceptive pills	70	70%
Intrauterine contraceptive device	70	70%
Injectable DIMPA	68	68%
Barrier contraceptive	65	65%
Emergency contraceptive pill	8	8%

SOURCE OF INFORMATION

TV/Radio	68(68%)
Neighbors & friends	58(58%)
Doctors & health workers	30(30%)
Newspapers and magazines	20(20%)

ACCEPTENCE OF DIFFERENT CONTRACEPTIVE METHODS

USE OF CONTRACEPTIVE	NUMBER (%)
Irregular	45(45%)
Regular	15(15%)
None	40(40%)
Emergency	0(0%)

METHODS (Used in past)	Number ((%)
OCP	55(55%)
Copper T	26(26%)
Condom	20(20%)
DIMPA	13(13%)
ECP	0(0%)

DISCUSSION

Emergency contraceptive are actually high dose of POP (progesterone only pill) .High dose of OCP and IUCD applied immediately after unprotected intercourse can be emergency contraceptive. ECP is 75 -99% effective in preventing pregnancy.

The present study was carried out at MGM Medical College and LSK Hospital Kishanganj Bihar. Among the 100 women included in the study 80% belonged to rural population and 80% were literate. Only 15% were regularly using some method of contraceptive, 40% were not using any method of contraception and 45% claimed to have used some method of contraception in the past or present. OCP was the most popular contraceptive because of easy availability and free distribution by health workers. Almost everyone was aware of sterilization because of mass scale sterilization done by government regularly. Copper T was used by only 26% as it is also available free but there is much misconception about it.20% had used condoms and 13% had used DIMPA in past. Although 8% knew about ECP but due to the lack of knowledge of the schedule and timing, concern about side effects, risk of disclosure and absence of availability none of them had ever used it. In a similar study by Mehra *et al.*; [4] 50% of subjects used condom 2% CUT, 7% OCP,6% natural method and 65% ever used contraception.

In this study ,the awareness about different contraceptive methods were better than emergency contraception.28% had a previous MTP and would have benefited the most if they were informed about ECP at that time. A similar study by Tripathi *et al.*; [5] none of the patient were aware of EC. Whereas in study by Mehra *et al.*; in Chandigarh only one out of 100 was aware of ECP.

A study by Puri *et al.*; [6] 49.9% knew about different contraceptive method and only 7.3% had knowledge about Emergency contraceptive pills. In another study by Arora *et al.*; [7] 90% were aware of ECP but only 40% knew the correct timing of using it.

Commonest source of information in this study was television (68%) which supports the extent of publicity given through advertisements. Informal source like friend and neighbors were next commonest (58%) whereas the role of health care providers as a source of information was 30% .20% were illiterate and 10% were graduate. In study of Mehra et al 8% was illiterate and 58% were graduate. Glasier *et al.*; [8] in 1988 reported that making ECP easily available would ultimately reduce unwanted pregnancies .A number of studies have found that improving availability of ECPs does not increase any form of sexually risk taking behavior [9,10].

CONCLUSION

In this study it was observed that knowledge and awareness about emergency contraceptive is very poor among general population in our region .To improve it ECP should be easily available and should be given more publicity in electronic mass media. It should be offered by health care providers and medical personnel with proper instructions and counselling. This would help users in making informed decisions to reduce unwanted pregnancies and preventing unsafe abortion resulting in betterment of reproductive health.

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