

# Questionnaire Based Study of Emergency Contraception Practices Among Medical Doctors



## Medical Science

**KEYWORDS :** Emergency contraceptives, LNG (levonorgestrel), unwanted pregnancy, Un-protected sexual intercourse.

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### ABSTRACT

*Background: Emergency contraception (EC) is widely used to prevent unwanted pregnancy and it is largely adopted in many countries as over the counter drug to improve access.*

*Aims: To determine and compare the correct knowledge, attitude and current use of EC among practising medical doctors in jaipur and kota in year 2012.*

*Materials and Methods: This is a descriptive cross-sectional study of medical doctors practising in jaipur and kota. Self administered questionnaires were completed by 100 participants randomly selected in year 2012. Data collation and analysis was carried out with Microsoft Excel XP software and presented as percentages and proportions.*

*Results: The awareness of EC was high among the doctors in Jaipur and kota. However knowledge about its use was poor. Although 98% of them were aware of emergency contraception, LNG (levonorgestrel) was the most recognized form of EC identified by 51% of the doctors. Un-protected sexual intercourse would be the commonest indication for emergency contraception as reported by 77% of the doctors, ahead of rape and missed pills by 63% and 62% of doctors. LNG (levonorgestrel) given within 72 hours and conventional OCPs were the commonest forms of EC*

*Conclusion: Although the awareness of EC is high among the doctors in jaipur and kota, the knowledge and use of EC is low. Therefore there is a need to improve both education and attitude to use of emergency contraception among medical doctors in jaipur and kota.*

**Introduction:** Emergency contraception is defined as the use of drugs or devices to prevent pregnancy within a few days of unprotected intercourse.[1-4]. Emergency contraception provides a safe and effective means of post-coital treatment and has been estimated to prevent at least 75% of pregnancies expected from unprotected sexual intercourse.[5]

Each year, of the 210 million pregnancies that occur annually worldwide, about 80 million (38%) are unplanned, and 46 million (22%) end in abortion.[6] In Nigeria, unintended intercourse is the primary cause of unwanted pregnancies, and majority end in abortion with fatalities.[7-9] Estimates shows that about 610,000 abortions are procured annually at a rate of 25.4 per 1,000 women aged 15-44 years which accounts for 40% of these maternal deaths - approximately 50,000.[6] Studies in Nigeria show that induced abortions from unwanted pregnancy contribute significantly to maternal mortality, with a large proportion of these deaths among teenagers.[9,10] Fortunately, there is growing awareness, acceptance, and promotion of modern forms of emergency contraception as a measure to reduce unwanted pregnancy and the burden of unsafe abortions and their complications. Any woman of reproductive age who is sexually active and wishing to prevent unwanted pregnancy after unprotected intercourse can use emergency contraception.[11] Though emergency contraception has over the years been proven to be an effective means of preventing unwanted pregnancy, knowledge and use of modern methods is disappointingly low, even among health care professionals and service providers.[12] Very few family planning programs provide emergency contraception as part of their routine services.[13] There is a need to ensure that health professionals are adequately and accurately informed about emergency contraception in order to inform and offer women this option when the need arises.

#### Materials and Methods

This is a descriptive cross-sectional study of medical doctors practising in jaipur and kota. Self administered questionnaires were completed by 100 participants randomly selected in year 2012. Both private practitioner and doctors working under gov-

ernment sector were included in our study. The questionnaire was completed by those selected and returned for analysis. Data analysis was by Microsoft Excel XP software and presented as proportions and percentages.

#### Results

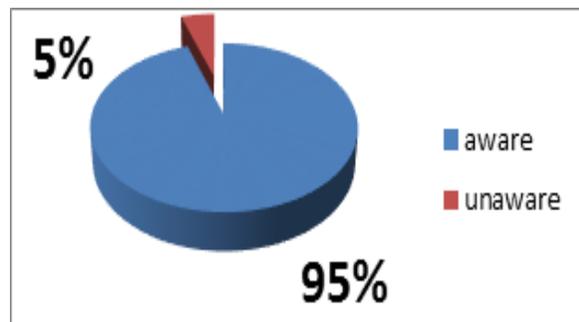
**Response rate** The response rate was 100%. All the sampled doctors responded to the questionnaires.

**Years of practice** 32% of doctors were up to 5 years in practice, 39% between 6 and 10 years and 29% were greater than 10 years in practice.

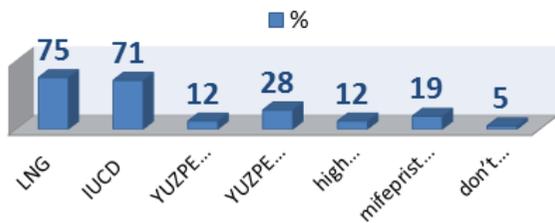
**Specialty of respondents** The distribution of the doctors according to specialty showed that 52% were general practitioners, 23% were surgeons, , 15% were physicians and 10% were gynaecologist.

**Place of work** Majority of the respondents (76%) were from the teaching hospitals. 28% were from general hospitals and private clinics.

#### Knowledge of emergency contraception EC Doctors awareness of EC

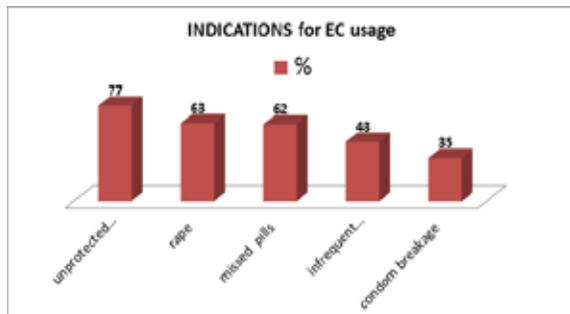


**Identification of types of emergency contraception**



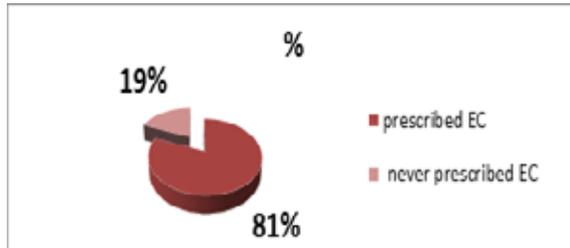
Majority of the respondents (95%) knew of emergency contraception and 5% of the respondents were unaware of emergency contraception. However, 75% identify LNG (levonorgestrel) within 72 hours and 71% identify IUCD inserted within 5 days of unprotected intercourse as methods. Yuzpe regimen (combination of estrogen and progesterone) and mifepristone were also identified by 40% and 19% respectively as methods.

**Indications for emergency contraception**



About 77% of the doctors felt that the EC is indicated in unprotected sexual intercourse, 63% felt it is indicated when there is rape and 62% felt it is required when there is missed contraceptive pills. 48% were using EC when there is infrequent sexual activity and 35% used EC as a method after condom breakage.

**Attitudes toward the prescription of emergency contraception**



Up to 81% of the doctors in this study had given a prescription for EC in the past while 19% had never prescribed any EC in the past. Their responses as to how frequently they prescribe EC are presented.

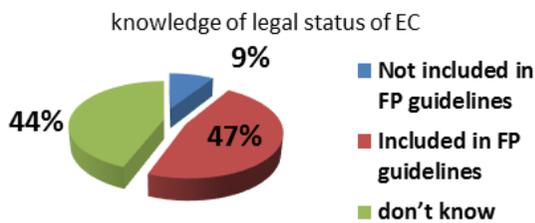
**Reasons for not prescribing emergency contraceptives**

6% of all respondents Never felt the need to prescribe EC and 5% were unaware other reasons given were self prescribe, take on their own, OTC drug, people already know about it. No reasons given by remaining 2 respondents.

**Knowledge of legal status of EC**

only 47% of responders knew that EC is included in family planning guidelines.

44% dont know about the legal status.



**Discussions**

A number of studies have shown that there is poor knowledge of emergency contraception among health care professionals. [14-15] In this study 95% respondents were aware of EC among healthcare professionals. This was quite high compared to 58% of family planning providers in Enugu. However 75% knew of progesterone only pills, 71% knew of IUCD as EC methods, only 40% aware of YUZPE regimen as method of emergency contraception. Attitude and practice of EC in this study were quite varied 81% had prescribed while 19% had never prescribed EC.

However about 34% prescribed EC rarely & only 9% of respondents prescribed EC regularly. This is similar to a USA study which revealed that healthcare providers family practitioners rarely prescribe EC [14], while UK study among GPs revealed that 30% prescribed EC as often as required [15].

In our study 88% respondents felt EC was a form of contraception & 12% regarded it as an abortifacient. A study in USA among family planning coordinators revealed that only 62% felt EC as form of contraception, 20% regarded it as abortifacient [16]. About awareness of various brands of EC available in market, I pill was known to 65% respondents Unwanted 72 was known to 52% respondents. Pill 72 and Mala-N were known to 48% and 54% respondents respectively.

**Conclusion**

Awareness of EC is quite high, estimated to be 95%, however the in-depth knowledge of various methods is low, and percentage of those using it regularly is only 9%. To correct these deficiencies, there is need for retraining for doctors (Through CMEs in seminars Workshops) to improve knowledge & increase the usage of EC. To benefit women, who may require it, we have to ensure the optimal use by the doctors.

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QUESTIONNAIRE

Knowledge & practices of Emergency contraception among medical doctors

✓ Tick the appropriate box :

Years of practice:

<5 years

5-10yrs

>10yrs

Speciality of respondents

General practitioners

surgeons

obstetricians/gynaecologist

physicians.

Place of work

Teaching hospitals.

General hospitals and private clinics.

Knowledge of emergency contraception (EC)

Awareness of emergency contraception . Yes No

Knowledge of various methods of emergency contraception . Yes No

Knowledge of levonorgestrel as EC Yes No

Knowledge of IUCD as EC Yes No

Respondents consider EC :

a form of contraception

regard it as an abortifacient.

Respondents had prescribed emergency contraception. Yes No

had never prescribed emergency contraception. Yes No

Respondents frequency of prescribing emergency contraception

occasionally

once

rarely

regularly.

Reasons for not prescribing emergency contraceptives

Never felt the need of prescribing EC

Unaware of EC

Any other reasons

Indications for emergency contraception

rape

unprotected sexual intercourse

missed contraceptive pills.

others.