Research Paper Medical Sciences

Knowledge About Emergency Contraceptive Pills Versus Conventional Contraceptive Methods Among Married Females Attending Shivaji Nagar Urban Health Centre, Govandi, Mumbai.

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ABSTRACT

The knowledge about Emergency Contraception is very important from the view point of reducing unintended pregnancy. A cross-sectional study was carried out in Urban Health Centre, Mumbai involving total 107 married females who have attended OPD from June to August 2013. Patients were interviewed on the basis of preformed, pretested questionnaire. Results showed that 82% of respondents were in the age group of 21-30 years.29.9% had knowledge about emergency contraception which is very less when compared to 91.81% of conventional methods. 1.87% had practised emergency contraception which is very poor when compared to 35.5% of conventional methods.The source of information about emergency contraception is maximum by television(80%).The study reveals poor knowledge about emergency contraception compared to conventional contraception.

KEYWORDS unintended pregnancy, emergency contraception, conventional contraception.

INTRODUCTION

The ability of couples to plan the number, spacing and timing of births is an important fundamental human reproductive right. An unintended pregnancy is a pregnancy that is mistimed, unplanned or unwanted at the time of conception. Unintended pregnancy is usually associated with an increased risk of problems for both mother and child and mainly results from the lack of, inconsistent, or incorrect use of effective contraceptive methods. . If a pregnancy is not planned before conception, a women may not be in optimal health for childbearing[1].

The incidence of induced abortions in India is 6, 20, 472 and maternal mortality due to unsafe abortions is 8%. Most of these induced abortions are due to unwanted pregnancies.[2] An increase in contraceptive prevalence and the use of effective contraceptive methods reduces the incidence of abortion.[3]

Early sexual activity in young women is fraught with a relatively higher chance of unprotected sexual intercourse. This is because of the nature of their relationship with their partners, which may involve difficulties in negotiating safe sex as well as problems in having a steady relationship. Hence when young women choose to have sexual intercourse, multiple strategies are necessary to encourage them to avoid unintended pregnancies. One such strategy is to increase awareness of EC among them.[4]

Emergency contraception, or post-coital contraception, refers to methods of contraception that can be used to prevent pregnancy in the first few days after intercourse. It is intended for emergency use following unprotected intercourse, contraceptive failure or misuse (such as forgotten pills or torn condoms), rape or coerced sex. Emergency contraception is effective only in the first few days following intercourse before the ovum is released from the ovary and before the sperm fertilizes the ovum. Emergency contraceptive pills cannot interrupt an established pregnancy or harm a developing embryo.

There are two methods of emergency contraception:

- emergency contraception pills (ECPs)
- copper-bearing intrauterine devices (IUDs).[5]

EC is intended for occasional or emergency use only, and not as a regular contraceptive.

This study was conducted to know the knowledge of emergency contraceptive pills and other contraceptive methods and their use in urban slum of Mumbai.

SETTINGS AND DESIGN:

Study Design - Cross-sectional study

Study Duration - Three months from 1st June to 31st August 2013.

Study Area - Shivaji Nagar, Govandi, Mumbai

Study Participants-Total 107 married females of reproductive age group attended OPD in Urban Health Centre, Shivaji Nagar, Mumbai.

Materials & Methods:-Study was conducted among the married females attending OPD in Urban Healh Centre, Shivaji Nagar, Govandi, Mumbai. Study participants were interviewed on the basis of preformed, pretested, semistructured questionnaire about sociodemographic profile and knowledge about various contraceptive methods and their use, source of information about contraception.

Inclusion criteria - only married females of reproductive age group residing in Shivajinagar area and willing to participate in the study.

Unwilling participants, widows and divorcees are excluded from the study.

Statistical analysis is done by using Excel 2007 and SPSS-17 software.

RESULTS:-

Table 1. Sociodemographic Profile of Study Participants.

Sociodemographic characteristics	Number (%) N= 105
a) Age Groups in years	
16-20	2(2.0%)
21-25	50(47%)
26-30	38(35%)
31-35	13(12%)
36-40	4(4%)
b) Level of Education	
Illiterate	1(0.9%)
Primary	3(2.8%)
Secondary	36(33.7%)
Higher secondary	33(30.8%)
Graduate	34(31.8%)
c) Socio-economic status	
CLASS I	23(21.5%)
CLASS II	22(20.5%)
CLASS III	26(24.3%)
CLASS IV	24(22.4%)
CLASS V	12(11.3%)
d) Type Of Family	
Joint	37(34.58%)
Nuclear	39(36.49%
Extended	31(28.97%)

Table 1 shows maximum i.e. 47% of females were in age group of 21-25 years of age followed by 35% in age group of 26-30 years. Maximum (33.7%) participants have passed secondary level of education followed by 31.8% of females who were Graduates and above. Most of females (24.3%) were belonging to Class III followed by class IV according to modified Kuppuswami's classification for socioeconomic status. Majority of females were living in the joint (36.44%) followed by nuclear (34.5%) type of family.

Table 2.Knowledge about Contraception and practice

Contraceptives	**Knowledge N (%)**	**Practice N (%)**
Safe Period	23(21.49%)	1(0.93%)
Condom	83(77.57%)	11(10.28%)
Cu-T	84(78.50%)	11(10.28%)
OCP	80(74.76%)	14(13.08%)
Emergency contraceptive	32(29.90%)	2(1.87%)
Male Sterilization	43(40.18%)	0(0%)
Female Sterilization	46(42.99%)	0(0%)

Table 2 depicts the knowledge about various contraceptive methods and their practice. Majority of the women had knowledge about Condom (77.57%), Cu-T (78.50%), OCP (74.76%) respectively. Only 29.9% of the women had knowledge about Emergency Contraceptive, of which only 2(0.06%) had ever used emergency contraception.40.18% of females knew about male sterilization, but none of their partners had undergone sterilization operation. 42.99% of female had knowledge about Female Sterilization, but none of them had undergone sterilization operation. 38(35.51%) females were currently using any one of the contraceptive methods.

Table 3: Reasons for non usage of any contraceptive

Reasons for non usage	Percentage
a)Husband dislike	33.64%
b)Lack of access	5.60%
c) Lack of awareness	8.41%
d) Failure of method	23.36%
e)Fear of side effects	15.89%

The source of information about emergency contraceptive, majority of females 25(80%) got the information from television followed by 6(21.4%) females, from Paramedics/Doctors.

Table 4: Association of Womens age, Socio-economic status and women's education with knowledge about Emergency Contraceptive Pills.

	Knowledge about Emergency Contraceptive Pills	
1)Womens Age	**Yes**	**No**
16-20	1	1
21-25	17	33
26-30	10	28
31-35	3	10
36-40	1	3
Total	32	75
	Df=2 X=1.114 p=0.573	
2)Socio-economic Status		
Class I	8	15
Class II	13	9
Class III	4	23
Class IV	2	21
Class V	5	7
Total	32	75
	Df=2 X=17.639 p=0.001	
3)Womens Education		
Illiterate	0	1
Primary School	0	3
High School	6	30
Intermediate/Diploma	10	23
Graduate	16	18
Total	32	75
	Df=2 X=9.620 p=0.08	

Table 4 shows that the knowledge about emergency contraception is higher in women of higher socioeconomic status compared to lower socioeconomic status and the difference is statistically significant.

Even the knowledge about emergency contraception is higher in women with higher education compared to lower education and illiterate women and the difference is statistically significant. There was no statistical difference in womens age and knowledge in emergency contraceptive.

DISCUSSION:-

82% of the respondents were in the age group of 21-30yrs compared to 74.6% in a study conducted by Abera H and Tebeje B[6].

29.9% had knowledge about emergency contraceptive compared to 75.5% in a study conducted by Azeem Sultan Mir[7], 50% in a study conducted by Abera H and Tebeje B[6], 48% in a study conducted by Naz S[8], 40.6% in a study conducted by Rahman H[13], 12.6% in a study conducted by Makade KG[9], 2% in a study conducted by Nigam A[10], 1% in a study conducted by Mehra R[11] and none were aware in a study conducted by Tripathi R[12].

39.7% correctly identified the recommended 72hrs as time limit for use of emergency contraception when compared to 48% in a study conducted by Abera H and Tebeje B[6], 6.5% in Obnionu CN et al study[14] and 2% in a study conducted by Naz S[8].

Source of information about emergency contraception was maximum by television (80%) compared to Abera H and Tebeje B[6] study where maximum was from school (38%),

friends and relatives (52.4%) in Obnionu CN et al study[14].

1.87% practiced emergency contraception compared to 2.1% in a study conducted by Abera H

and Tebeje B[6], none practiced in a study conducted by Makade KG[9] and 17% in a study conducted by Azeem Sultan Mir[7], 6.1% in a study conducted by Rahman H[13].

Main reason for not using emergency contraception was dislike by husband (33.64%) compared to fear of side effects (45.5%) in a study conducted by Abera H and Tebeje B[6].

9.97% had practiced contraception compared to 92% in Young et al[15] and 45% in Reena S et al.[16]

CONCLUSION:

Despite the increase in literacy rate and the mass media emphasing on contraceptive methods, the knowledge among Indian women is low, and the use is very low.

To receive any benefit from EC, women must know that it exists, when it must be used, and where to obtain it. It is important that unwanted pregnancy be prevented through effective contraceptive practice rather than abortion. The study reveals good knowledge and favorable attitude towards family planning. The knowledge of family planning is widespread among the respondents and they are aware of atleast one method of contraception but practice of using contraception is poor. Good communication skills and behaviour change is required to bridge this gap. Women must have detailed knowledge of the methods available and be able to find supplies within the short timeframe for emergency contraception to become a true choice.

RECOMMENDATIONS:

Converting knowledge into practice is the real challenge for India as far as family planning is concerned. Good communication skills and behaviour change is required to bridge KAP gap. It is important to inform women that Emergency contraceptive is less effective than other methods of birth control and may be better suited as an occasional back up form of birth control. Awareness about the various family planning centres in the nearby residential area and services provided by them should be created.

LIMITATIONS: Firstly this was a relatively small study conducted in one slum of mumbai city. Secondly the study was conducted among married females attending OPD in Urban Health Centre, Shivaji Nagar, Mumbai who are likely to have higher health related knowledge than women from a general population sample.

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