

Knowledge and Attitude Regarding Emergency Contraceptives among Married Women of Reproductive Age Group in a Tertiary Care Centre

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Abstract: ***Background:** Knowledge regarding Emergency contraceptives is very essential to prevent unwanted pregnancies and unsafe abortion. **Aim:** To assess the knowledge and attitude regarding emergency contraceptives among married women of reproductive age group. **Method:** Non experimental descriptive cross sectional research study, designed among 50 subjects attending Obstetric & Gynae OPD of a tertiary care hospital. **Result:** More than half of the subjects had average knowledge (88%) about emergency contraceptives followed by good (10%) and poor (2%). Maximum number of subjects possessed positive attitude (76%) towards emergency contraceptives. There was no significant association between knowledge and selected socio demographic variables (p value-NA). **Conclusion:** Proper knowledge and positive attitude about the use of emergency contraceptives is important for women's health. Initiatives should be taken by health agencies in India to make people aware about the benefits of emergency contraceptives.*

Keywords: Attitude, emergency contraceptive, knowledge, married women, reproductive age, tertiary care centre

1. Introduction

Uncontrolled population growth is always a constant threat to developing country like India. Unwanted pregnancies followed by unsafe abortion practices leads to increased maternal mortality and morbidity. Emergency contraceptives play a vital role in reducing these rates. WHO considers ECs as a safe, convenient and effective method of modern contraception. The researcher found it very necessary to find out the knowledge and attitude regarding emergency contraceptives among married women in a tertiary care centre.

2. Literature Review

A study was conducted in Maida district by students of IISE (International Institute of Special Education), Lucknow in the year 2014 to assess the knowledge and practice of emergency contraceptive among women staying in rural areas of Uttar Pradesh. Structured questionnaire was administered by interview method to the 554 married women of age group between 21 years to 40 yrs. Results have revealed that only 31% of women are aware about emergency contraceptives, among them 14 % have used them once or twice after marriage whereas rest have just seen the advertisement in the television. 68% of women are unwilling to use just because it is expensive and unavailable in government hospitals. Conclusion of the study has revealed that lack of practice was directly related to knowledge in women.

Giri, Bangal and Phalke in the year 2013 conducted a study on students of Medical university of Maharashtra and assessed the knowledge and attitude about emergency contraception (EC) among the undergraduate, interns and postgraduate students of medical university. The total study samples were 180 students (110 male and 70 female). The knowledge about EC was highest (47.6%) among post

graduates in comparison to interns (43.3%) and undergraduate students (41.6%). Overall positive attitude toward EC was observed among 73.8% of the respondents.

3. Methodology

A Non experimental descriptive cross sectional research design was adopted for the study. The population comprised of married women of reproductive age group 18 to 45 years of age attending Obs&Gynae OPD of the tertiary care centre. The samples were selected by non-probability purposive sampling technique. Pilot study was conducted in Maternity ward and main study in Obs&Gynae OPD of the Tertiary care centre. The sample included 50 women of reproductive age group fulfilling inclusion criteria. Semi structured questionnaire was used and data was collected wef 14.05.18 to 19.05.18 using survey method.

3.1 Tool

The tool developed and used for data collection consisted of semi structured questionnaire to assess the knowledge and Likert scale to assess the attitude regarding emergency contraceptives among married women of reproductive age group in a tertiary care hospital. The data collection was done by semi structured interview schedule. The tool was validated by experts from the field of Obstetrics & Gynecology and the suggested changes were inculcated in the final questionnaire. The same questionnaire was translated to Hindi to make it easier for all. The reliability of the tool is done by test - retest method. By conducting a pilot study, the tool was tested and found to be reliable and appropriate for the study. This research study has been approved by the institutional ethical committee of the tertiary care centre. After explaining the details of the study, the subjects were ensured about the confidentiality of the information and informed consent was taken from them.

3.2 Data analysis

Collected data was organized, tabulated and analysed using descriptive and inferential statistics. Statistical inference procedure applied to analyze the data was frequency distribution and percentage for demographic characteristics. Mean and standard deviation to assess the knowledge and attitude of married women of reproductive age group. The maximum scoring possible was 53 and the minimum was 15. The scoring was categorized as Poor knowledge - 1-17 marks (33%), Average knowledge - 18 – 40 marks (34 – 75%), Good knowledge - 41- 53marks (>76%). Non parametric tests like Chi square test is used for finding association knowledge with selected socio demographic variables. The results are presented in frequencies, percentages and mean ± SD. The Chi-square test was used to compare the categorical variables The p-value<0.05 was considered significant. All the analysis was carried out on SPSS 16.0 version (Chicago, Inc., USA).

4. Results

a) Sample characteristics

Table 1 shows the demographic data and it revealed that out of 50 samples, 31 (62%) were in the age group 24 – 29 years, 23 (46%) were of 1-5 years of duration of marriage, 32 (64%) were educated up to graduation and above, 34 (68%) were home maker by occupation, 29 (58%) were living in joint family, 41 (82%) followed Hindu religion and 17 (34%) had their source knowledge about EC’s through books and magazines.

Table 1: Distribution of married women of reproductive age group according to socio demographic data (n = 50)

S no	Character	Group	Freq (f)	Per (%)
	Age in Years	18-23	8	16
		24 – 29	31	62
		30 – 36	6	12
		37 – 41	5	10
	Duration of marriage	< 1 yrs	5	10
		1 – 5 yrs	23	46
		6– 10 yrs	11	22
		>10 yrs	11	22
	Educational qualification	Illiterate	5	10
		Primary education	6	12
		Secondary education	7	14
		Graduation & above	32	64
	Occupation	Govt.	6	12
		Private	4	8
		Homemaker	34	68
		Part time	6	12
	Type of Family	Nuclear	11	22
		Extended	9	18
		Joint	29	58
		None	1	2
	Religion	Hindu	41	82
		Muslim	6	12
		Christian	1	2
		Sikh	2	4
	Source of knowledge regarding EC	Mass media	15	30
		Books & magazines	17	34
		Health personnel	4	8
		Family & friends	14	28

b) Knowledge regarding emergency contraceptives among women of reproductive age group

Table 4.8: Distribution of women of reproductive age group according to knowledge scores (n=50)

S no	Knowledge questionnaire	No of Correct answer	Percentage %	No of wrong answer	percentage
General awareness					
	What do you understand by EC	31	62	19	38
	Types of EC	30	60	20	40
	Use of ECs instead of regular contraceptives	8	16	42	84
	Source of availability of ECs pills	24	48	26	52
	Frequency of use of EC’s	9	18	41	82
	Time of taking ECS when unsafe intercourse	20	40	30	60
Specific awareness					
	Type of protection EC’s provide	26	52	24	48
	Baseline content of EC	27	54	23	46
	Necessary to use same brand every time	27	54	23	46
	Days of unprotected intercourse Cu-T to be inserted	11	22	39	78
Side effects					
	Most common side effects of ECs	26	52	24	48
	Warning signs after taking ECs	11	22	39	78
Method					
	Method of ECs	14	28	36	72
Contra indication					
	Absolute contraindication for ECs	27	54	23	46
Abortion					
	ECs can be used as abortifacient	11	22	39	78

In this study the knowledge level was grouped into general awareness about emergency contraceptives, specific awareness, its side effects, contra indications and the method of usage. 31 (62%) understands about emergency contraceptives. 30 (60%) of the samples know that drugs & implants are the types of Emergency contraceptives. Only 8 (16%) knows the requirement of Emergency contraceptives instead of regular contraceptives. Regarding availability, only 12 (24%) of the samples knew that it is available in the pharmacy. Very less percentage 9 (18%) understand that Emergency contraceptives should not be used more than twice a month. Majority 30 (60%) of the samples knows that the pills should be taken within 72 hrs. When asked, 26 (52%) knows that the type of protection Emergency contraceptives provide is temporary type. 27 (54%) knows that the baseline content of Emergency contraceptives is hormonal. 27 (54%) of the samples are aware that it is not necessary to use the same brand every time. Very few people 11 (22%) knows that Cu-T should be inserted within 5 days of unprotected intercourse. When asked about the side effects, 26 (52%) knows that nausea and vomiting is the most common side effect of Emergency contraceptives. Only 11 (22%) were aware of the warning signs to be observed after taking Emergency contraceptives. Only (28%) knows

that Cu-T & OCP's are the method of emergency contraception where as others think of it as Mala D or condoms. More than half of the samples 27 (54%) knows that pregnancy is a contraindication for emergency contraceptives. Less people 11 (22%) are aware of the fact that Emergency contraceptives cannot be used as abortifacient.

More than half of women had average knowledge about Emergency contraceptives, 44 (88%) followed by good 5 (10%) and poor 1 (2%).



Figure 1: Distribution of knowledge level of married women of reproductive age group

c) Attitude regarding emergency contraceptives among women of reproductive age group:

Regarding the attitude about emergency contraceptives, out of 50 women of reproductive age group 50% (25) agrees that the time duration within which EC's should be used is within 72 hrs .16% (8) strongly agrees and 28 % (14) agrees to the fact that EC's reduces abortion rate. 30% (15) agrees and 30% (15) disagrees that EC's will cause infertility in women. 56% (28) has the mis-conception that EC's are harmful to health whereas 16% disagrees to it. 44% (22) knows that EC's reduces abortion rate. 36% thinks that EC's have severe side effects and 2% disagrees to it and 22 % are neutral about this. 38% disagreed to the point that EC's are same as abortion pills but 32% agrees about the same. 34 % agrees to the fact that ECs causes reduction in abortion rate whereas 12% (6) strongly disagrees to the point .14% (7) agree to the point ECs are easily available whereas equal amount of respondents feels that it is not readily available in the market.14% of the respondents feels that there is no prescription required for ECs and 10% (5) feels that it should be used after physician's prescription. 20% (10) strongly agrees to the point that can be taken any number of times in a month whereas 2% (4) disagrees to the fact. 28% (14) thinks it causes menstrual irregularities whereas 4% (2) strongly disagrees to the fact.

Among the respondents 74% were having positive attitude and 26 % were having negative attitude towards emergency contraceptives.

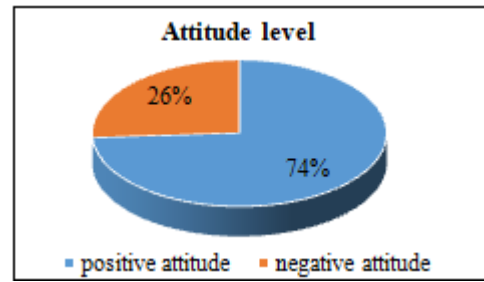


Figure 2: Distribution of women of reproductive age group according to attitude score

d) Association between knowledge and selected socio demographic variables

The association of knowledge with selected socio demographic variables like duration of marriage, education, occupation, type of family, religion and source of knowledge. Based on the assumption that there is some association between the level of knowledge and selected socio demographic variables, statistical analysis was done using non parametric test method chi square. Level of knowledge was analysed with selected variables like duration of marriage, education level, occupation, type of family, religion and the source of knowledge.

Table 2: Association of level of knowledge with education (n=50)

Education	No. of women	Level of knowledge						P-value ¹
		Poor		Average		Good		
		No.	%	No.	%	No.	%	
Illiterate	5	1	20.0	4	80.0	0	0.0	NA
Primary	6	0	0.0	1	16.7	5	83.3	
Secondary	7	0	0.0	2	28.6	5	71.4	
Graduate+	32	0	0.0	20	62.5	12	37.5	

¹Chi-square test, NA (0s in more than 1 row)

There was no association of level of awareness with duration of marriage but good knowledge was seen among samples with duration of marriage less than 1 year.

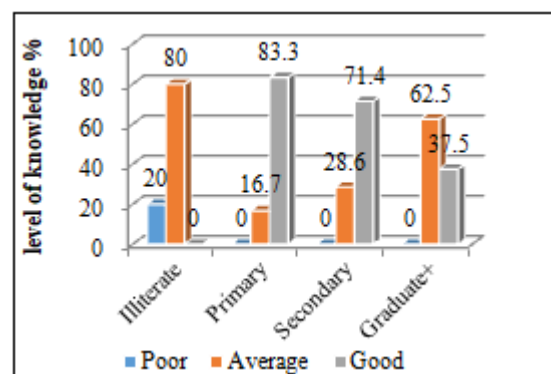


Figure 3: Association of level of knowledge with education

Table 2 and Fig 3 reveals that there was no association of level of knowledge with educational status but good knowledge was seen among samples with primary education.

There was no association of level of knowledge with occupational status but the knowledge was good among people with private jobs. There was no association of level of knowledge with type of family but the knowledge was

good among extended families than nuclear families or joint families. There was no association of level of knowledge with religion. Even though the Hindu community is bigger the knowledge level was seen more among Christian community. There was no association of level of knowledge with source of knowledge. But the source of knowledge was good through books & magazines and the least through mass media.

5. Discussion

By analyzing the data, the following points came out for discussion. The study reveals the depth of knowledge and attitude about emergency contraceptives among women of reproductive age group. A similar study was conducted by Mahawar in the year 2015 to assess the knowledge of married couples about emergency contraception with sample size 432. Study revealed that only 30% of respondents were aware about ECs and 2% have used them in their lifetime whereas in the present study 62% have knowledge about ECs and 76% have positive attitude towards their use. The study reveals a positive attitude regarding emergency contraceptives among women of reproductive age group. There is no significant association between the knowledge and any of the selected socio demographic variables.

6. Recommendations of the Study

On the basis of present research following recommendations are drawn for future research:

- A similar study can be conducted to assess practice of emergency contraceptive among women of reproductive age group.
- The same study can be conducted on a large population for better results.
- A comparative study can be conducted about the knowledge and practice about emergency contraceptives among women of reproductive age group of urban & rural population.
- Study can be conducted to assess the availability of emergency contraceptives to the common people and its consumption by them
- Study can be conducted to assess the rate of abortions and related maternal morbidity

7. Conclusion

There is a need to popularize emergency contraception in India for its better usage among women to avoid unwanted pregnancies and abortion, with the help of media, government health agencies and health care providers. There is an urgent requirement to educate the women about emergency contraception with emphasize on available methods and correct timing of its use.

The following conclusions were extracted from the study:

- The women of reproductive age group belong to an average age group of 24- 29 years
- They possess an average level of knowledge about emergency contraceptives. All are aware about emergency contraceptives but lack awareness about its specificities,

correct usage and the requirement of its use in place of regular contraceptives

- The women have a positive attitude about emergency contraceptives and by imparting more knowledge about its methods, availability and use by the health professionals can improve the practices also.

Nurses play a vital role in providing knowledge about this as they are in constant touch with the target group in some way or other like in wards or OPD's. Community health nurse has a huge role in this matter, where she can also project the existing problems and obstacles, which helps in policy making and health programs planned by the Department of health and family welfare. This will be a stepping stone in reducing maternal mortality, controlling population and thereby advancement of women's health status and prosperity of our country.

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