

Knowledge and Perception of Emergency Contraception of Women in Shahrekord-Iran

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Received May 2008; Revised and accepted August 2008

Abstract

Objective: The aim of this study was to determine knowledge and attitude about emergency contraception among women using condom, coitus interruptus and rhythm methods.

Materials and methods: Between April and September 2006, 400 women referring to the health centers in Shahrekord, were evaluated. They entered the study if they were using condom, coitus interruptus or rhythm methods. A questionnaire including demographic information, contraceptive method in use, and patients' awareness and attitude/practice about emergency contraception was completed for each participant.

Results: Of the 400 responders, 60.5% were using condom, 38.7% were using coitus interruptus and 0.8% were practicing rhythm method. The awareness was inadequate in 22.5% of women, moderate in 55% and adequate in 22% of them. The attitude of users was positive in more than 70% of them and only 20.5% of women had practiced emergency contraception. The relation of age and job with awareness was significant ($P < 0.001$). A significant relation was considered between the level of education and knowledge of women ($P < 0.01$). The women who had adequate knowledge had practiced the emergency contraception better than those with inadequate knowledge ($P < 0.001$). However, only 27.1% of responders who reported knowing about emergency contraception knew the correct time frame in which emergency contraceptives must be used.

Conclusion: There is a critical need to train the women about emergency contraception, emphasizing available methods and correct timing.

Key words: Emergency contraception, Knowledge, Attitude, Female, Shahrekord

Introduction

The reproductive health hazards of unintended pregnancies and unsafe abortions are well documented. The success of contraceptive practice lies in the acceptance of an effective and regular contraception to prevent unintended pregnancies. Unintended pregnancy poses a major challenge to the reproductive

health of young adults in developing countries. Some young women with unintended pregnancies tried abortions—many of which are performed in unsafe conditions—and others carry their pregnancies to term, incurring risks of morbidity and mortality higher than those for adult women (1-2).

Emergency contraception, which prevents pregnancy after unprotected sexual intercourse, has the potential to reduce significantly the incidence of unintended pregnancy and the subsequent need for abortion (3). Emergency contraception is especially important for outreach to the 3.1 million women at risk of preg-

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Table 1: Characteristics of the understudy population

Characteristic	Level	N	%
Age	15-19	6	1.5
	20-24	73	18.3
	25-29	116	29.0
	≥30	205	51.2
Job	Housewife	252	63.0
	Worker	148	37.0
Education	Primary school	25	6.3
	High school	188	47.0
	Graduated	187	46.7
Marital duration	<15	22	5.5
	15-19	110	27.5
	20-24	196	49.0
	25-29	53	13.3
	>30	19	4.8
Number of child	0	32	8.0
	1	171	42.8
	2	155	38.8
	3	32	8.0
	>3	10	2.5
History of unwanted pregnancy	Yes	68	17.0
	No	332	83.0
Method of contraception	Condom	242	60.4
	Withdrawal	155	38.8
	Rhythm	3	0.8

nancy but not using a regular method by providing a bridge to use of an ongoing contraceptive method. Although emergency contraceptives don't protect against sexually transmitted infection, they offer reassurance to the 7.9 million women who rely on condoms for protection against pregnancy in condom breakage cases (4).

Emergency contraception or postcoital contraception provides an additional support whenever there is a breach in the regular contraceptive use. A number of studies are available from the west regarding the use of emergency contraception (5-6). The main reasons for needing emergency or postcoital contraception are the nonuse of condom, condom breakage, coitus interruptus and rhythm methods (7). Awareness of contraception, especially emergency contraception is necessary and important for women in reproductive age (8). Combined oral contraceptives are the most common emergency contraceptive method available in Shahrekord; it can be obtained from pharmacy and health centers. Considering the increasing incidence of unintended pregnancy in Iran (9) and in Shahrekord (10), the aim of this study was to determine knowledge and attitude/practice of emergency contraception among women referring to health care centers of

Shahrekord using condom, coitus interruptus and rhythm methods.

Materials and Methods

Between April and September 2006, 400 women referring to the health care centers in Shahrekord, were evaluated. They entered the study if they were using condom, coitus interruptus and rhythm methods. A self-administered questionnaire including demographic information, contraceptive method, and patients' awareness and attitude/practice of emergency contraception was completed for each participant. The questionnaire was pretested among 20 nonparticipants. Anonymity was regarded during study.

Women were asked about the appropriate time of emergency contraceptives, number of contraceptive pills must be used for emergency contraception, the mechanism and side effects of medications used for emergency contraception, which medications can be used as emergency contraception and the sources of their information about emergency contraceptives. Data were coded and analyzed using the SPSS software package. T-test and chi-square were used for data analysis and $P < 0.05$ was considered statistically significance. The t-test was used to compare knowledge score in different groups, and chi-square test was used for comparison of knowledge level in different groups.

Results

The mean age of participants was 30.12 ± 6.34 years. Sixty three percent (252 women) were housewives and 46.7% (187 women) were educated or literate. All responders were married and the mean of marriage age was 21.37 ± 3.98 years. Eight percent (32 women) had no child, 42.8% (171 women) of them had one, 38.8% (155 women) had two, 8% (32 women) had three and 2.5% (10 women) of them had more than three children. The history of unwanted pregnancy was reported in 68 persons 17% of responders, the majority of them did not try pregnancy termination and others practiced elevating heavy things, vaginal douche, injection of progestins and prostaglandins for inducing abortion. Condom was being used in 242 (60.5%) of women, coitus interruptus in 155 (38.7%) and rhythm methods in 3 (0.8%) of them (Table 1).

Seventy-eight percent (312 participants) of responders had heard about a product that could be used to prevent pregnancy after unprotected intercourse. About seventy percent (278 women) of women

Table 2: knowledge and practice of participants about emergency contraception

Question	Answer	N	%
Practice			
Is there a way to prevent pregnancy after unprotected sex?	Yes	312	78.0
	No	88	22.0
Which methods can be used as emergency contraception?	Combined oral contraceptives	278	69.5
	Depo-medroxy progesterone acetate	22	5.5
	Vaginal douche	60	15.0
	Herbal drugs	28	7.0
	Intrauterine device	12	3.0
When can emergency contraceptives be used to effectively prevent pregnancy?	Within 24 hours after sex	54	17.4
	Within 72 hours after sex	85	27.1
	Until one's period	111	35.5
	Even after a missed period	62	20.0
Knowledge			
How many pills (HD) effectively prevent pregnancy?	Correct answer	90	22.6
	Incorrect answer	310	77.4
How many pills (LD) effectively prevent pregnancy?	Correct answer	74	18.4
	Incorrect answer	326	81.6
What is the mechanism of action of emergency contraceptives?	Correct answer	102	25.5
	Incorrect answer	298	74.5
What is the distance of two dose of contraceptive pills (HD)?	Correct answer	266	66.4
	Incorrect answer	134	33.6
What is the distance of two dose of contraceptive pills (LD)?	Correct answer	60	15.0
	Incorrect answer	340	85.0
Knowledge resource			
From whom do you get your information on emergent contraceptives?	Health care providers	253	63.2
	Books	51	12.7
	Friends	34	8.4
	Radio and television	24	6.0
	Family planning course in university	20	5.0
	Physician	10	2.4
	Consultation classes before marriage	9	2.3

reported the contraceptive pills as an emergency contraception. Of 78% of participants aware of emergency contraception, only 27.1% correctly identified 72 hours as the time limit for the method's use and others thought that emergency contraceptives were effective only when used within 24 hours of unprotected sex. Only 90 (22.6%) of responders reported the correct number of high dose contraceptive pills (HD) and 74 (18.4%) of them knew the correct number of low dose contraceptive pills (LD). Only 102 (25.5%) of women knew how contraceptive pills prevent pregnancy. Nausea and vomiting were reported as the side effects of contraceptive pills in 23.6% of responders (table 2).

The awareness of women was inadequate in 90 (22.5%), moderate in 222(55.5%) and adequate in 88 (22%) of them. The amount of knowledge about emergency methods had a significant positive relation with their quality of practice ($P < 0.001$).

The responders who aged between 31-40 years, all were employed and literate and they were significantly more aware about emergency contraception ($P < 0.001$). Of the women who were aware of emergency contraception, 63.2% had received their information from health care providers, 12.7% from books, 8.4% from friends, 5% from family planning course in university, 2.3% from pre-marriage counseling classes and others from physician, radio and television.

Discussion

In present study awareness about emergency contraception was adequate in 22% of women which is higher than that reported by tripathi et al (10). This difference can be interpreted to be due to the fact that the great majority of responders were educated in present study. A Swedish study by Aneblom et al (6) and a survey in Melbourne Health Clinic (11) showed that awareness about emergency contraception were

83% and 80% in their studies, respectively.

Although 78% of women had heard about emergency contraception; but only 27.1% of them correctly identified 72 hours as the time limit for initiating oral methods.

In the absence of correct information regarding proven emergency contraceptives, some responders believed that folk methods such as vaginal douches or uncertain herbal agents could be perfectly used as emergency contraceptives.

Our findings reflect the dearth of correct information on emergency contraceptives available in Shahrekord in Iran. More than half of responders got their information from health care providers. Only 27.1% of them knew the correct timing for their use. Less than one-fourth of those knew the correct of number of contraceptive pills which be used for emergency contraception. This strongly suggests that many health care providers may not be well informed about emergency contraceptives or that they are not effectively conveying the information to their patients.

Acknowledgement

The author would like to thank deputy of research affairs at the Shahrekord University of Medical Sciences. The study was funded by a grant from the affiliated research center.

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