



CODEN [USA]: IAJ PBB

ISSN: 2349-7750

**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.3252328>Available online at: <http://www.iajps.com>

Research Article

**AWARENESS OF PAKISTANI FEMALES ABOUT THE
METHOD OF EMERGENCY CONTRACEPTION**

Dr Zainab Ahmed, Dr Muhammad Usama, Dr Najam Ul Saqib Malik

House officer, Mayo Hospital Lahore

Article Received: April 2019

Accepted: May 2019

Published: June 2019

Abstract:

Objective: The aim of this research work is to find out the awareness of females about the method of EC (Emergency Contraception) and its utilization.

Methodology: This is an elaborate transverse research work. The females visiting the Family Planning center associated with Mayo Hospital Lahore in the duration of 3 months.

Results: Whereas 9.80% females were present with the awareness about emergency contraception and none of the patient used this method in the past. The juvenile, living married life, multi-parous females & females present with high level of education were available with more knowledge about emergency contraception. Among the females under study, 157 females were available with the knowledge of emergency contraception and eighty-six participants were present with the knowledge that emergency contraception have to be taken in seventy-two hours after unprotected intercourse.

Conclusion: Majority of the females were available with no enough awareness about EC and no female in this research study used this method in their lives.

KEYWORDS: Contraception, Awareness, Unprotected, Intercourse, Planning, Method, Juvenile.

Corresponding author:**Dr. Zainab Ahmed,**

House officer, Mayo Hospital Lahore

QR code



Please cite this article in press Zainab Ahmed et al., *Awareness Of Pakistani Females About The Method Of Emergency Contraception.*, Indo Am. J. P. Sci, 2019; 06(06).

INTRODUCTION:

EC is very secure & effectual method used after undefended intercourse for the prevention of unintentional pregnancies. The utilization of the emergency contraception could support to decrease the amount of the unintentional pregnancies [1-3]. Whereas emergency contraception has verified to be secure & effectual method [4, 5], majority of the females do not use it. Various research works have addressed probable causes for this phenomena which contain improper qualification of public [6], logistical obstacles to emergency contraception access [7], provider attitudinal obstacles [8, 9] & consumer attitudinal obstacles [10, 11]. Some research works provide the comparison of the rate of occurrence of usage of emergency contraception when provided before requirement with the provision on-demand [12-14]. research work displays that level of awareness of females is not much enough about the emergency contraception in our country [3, 15, 16].

Different published research works have promoted the requirement for the increase in the spread of awareness about emergency contraception [15-18]. Regardless of the current reported increase in the awareness about emergency contraception, the use of this method is not well enough [19-21]. It is very vital for nurses & midwives to have more knowledge about the aspects as beliefs of religion & affiliations may have adverse impacts of the decision of patients to get the clinical assistance [22]. This research work aimed to find out the awareness of females of our country about the emergency contraception & utilization of this method.

METHODOLOGY:

This research work was carried out in Mayo Hospital Lahore. The clinic of Family Planning has association with it and it is also providing the guidelines about the planning of family in the area. This was an elaborate transverse research work. Total 1951 females attending this hospital from May 2018 to July 2018 were the part of this research work. Total 200 females refused to participate in the research work and eighty-one females left their questionnaire without completion. We found only sixteen hundred questionnaires suitable for analysis to get consolidate

data. We used the well-organized questionnaire for the collected of the required information. There were total twenty-three questions in the questionnaire for the determination of the demographic aspects & knowledge of the females about the emergency contraception, for example; do you have knowledge about EC? Are the pills for the EC effective?

Our authors formulate the knowledge about emergency contraception with precision [2-5]. Ethical committee of the hospital gave the permission to conduct this research work. After getting permission, we explained the objective of the research work to the participants of the research work. We used the technique of interview for the completion of the questionnaire. We took the written consent of all females after explaining them the aim of the research work. This research work conducted according to the ethical principles of Helsinki Declaration. We analyzed the information about demography and knowledge of the females about the variables of emergency contraception. We used the Chi-square method for the comparison of the average disparities among various groups. P value of less than .050 was the significant value.

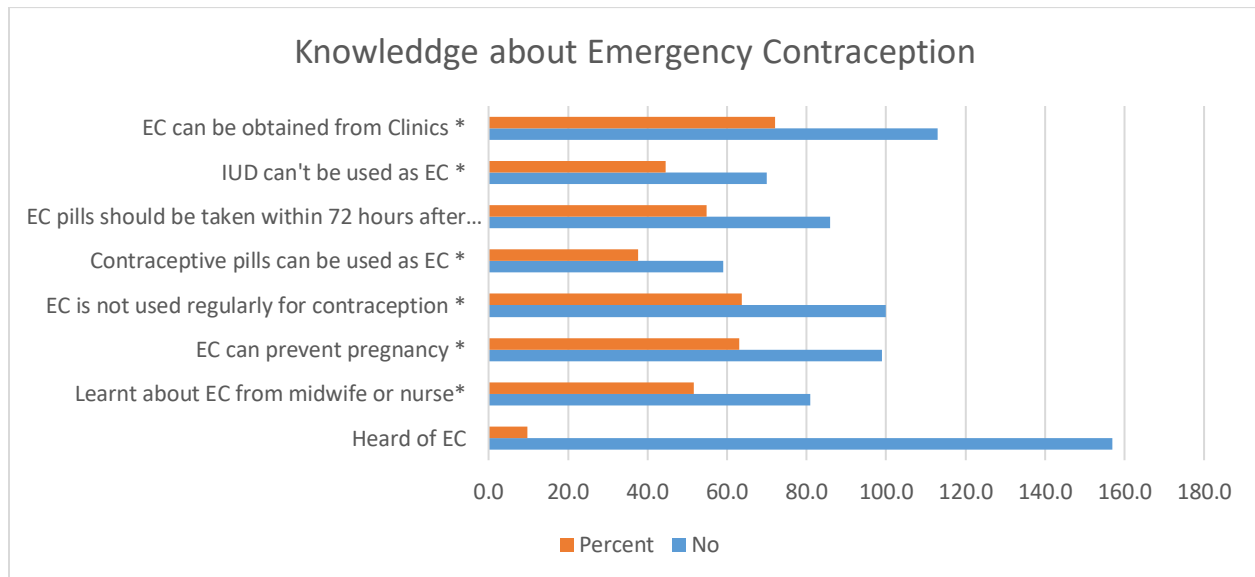
RESULTS:

Average age of the patients was 31.20 ± 9.20 years. Ninety-three percent females were married, 65.60% females were present with the education of primary level and 52.60% females have parity of less than three. About 55.70% stated the use of contraceptives. The very frequent used method of modern contraceptive is IUD (Intra Uterine Device) (25.80%). Whereas 9.80% (n: 157) females stated that they had listened about emergency contraception, 90.20% (n: 1443) females did not hear about EC (Table-1). High knowledge has association with age, 6.30% of those 29 years & younger aged females had listened about emergency contraception. There was also association of high knowledge with multi-parous (8.30%) & single (17%). There was also association of high knowledge with the level of education (33.50%). We also discovered that no female used emergency contraception in past.

Table-I: Knowledge of Emergency Contraception (EC) of Women (n=1600)

Awareness	No	Percent
Heard of EC	157.0	9.80
Not used EC	1600.0	100.00
Learnt about EC from midwife or nurse*	81.0	51.60
EC can prevent pregnancy *	99.0	63.00
EC is not used regularly for contraception *	100.0	63.70
Contraceptive pills can be used as EC *	59.0	37.60
EC pills should be taken within 72 hours after unprotected sex*	86.0	54.80
IUD can't be used as EC *	70.0	44.60
EC can be obtained from Clinics *	113.0	72.00

*Results for 157 Women



Among one hundred and fifty-seven females who had heard about emergency contraception, 63% had knowledge that EC has the ability to prevent the pregnancy. High knowledge has association with the high level of education (74.40%). Total 86 (54.80%) females knew that emergency contraception should be in use in seventy-two hours after intercourse. High knowledge has association with the high level of education (68%) & utilization of the contraceptive (62%) (Table-2). In one hundred and fifty-seven females who heard about EC, fifty-nine (37.60%) females told that blend OC can be in use for emergency contraception & forty-eight females (30.60%) told IUD is best for use. We observed in this research work that hundred females (63.70%) were available with the emergency contraception but they did not use it regularly. High knowledge has association with the married (66.70%) & high level of education (73.10%). Majority of the females (n: 81) learned about emergency contraception from midwife and nurse (51.60%), family & friends (21%), & through usage of media (16.60%).

procedures were condom of female (14.0%) & EC (16.0%). Some other research works gave the frequencies of 26.50% [15] and 31.70% [23]. The students of the university (18.80%) stated that emergency contraception might be in utilization after the unsecure sex [16]. In the fully developed countries, the amount of the females who have awareness about emergency contraception is very high: 82.0% present in Boston [24], 83.0% in Sweden [25] & 95.0% in society of United States of America [18]. Some other research works [26, 27] discovered that awareness of EC and knowledge about the method is relatively low. The usage, awareness & practice of emergency contraception was very less in our country. Though there was much knowledge about the emergency contraception among females of young age, it was very low in comparison with the other countries of the world. We also discovered that single, multi-parous & females with high level of education were available with the more knowledge about EC. This research work proved that knowledge of females on the right time frame for the utilization of the emergency contraception was not adequate. About 50.0% females knew that the utilization of the pills of emergency contraception is necessary within seventy-two hours after sexual intercourse. These results are much similar with the other research works [6, 23]. We also discovered that educated females were present with high knowledge about EC. In current research work, there was much knowledge in single, multi-parous & highly educated females. Although females with high level of education & married were present with more knowledge about emergency contraception but they were regularly using it.

There is not wide spread use of EC after the high increase in the knowledge about the emergency contraception. Most of the research works have concluded that media & friends are the main source of information, but this research work discovered the midwives & the nurses as the main source of the information. So, there immediate requirement to give the more education about the EC to females through the professionals of health care field as nurses and midwives.

There are some limitations of this research work as the sample size was very high with sixteen hundred females but the amount of the females having awareness about the emergency contraception was very low and none of the female use this method. This research work is not able to describe the attitudes of the females for emergency contraception because nobody has used this method in past.

CONCLUSION:

The finding of this research work have displayed that no female had utilized EC & a large quantity of the females were unaware about this method. Furthermore, majority of the females were available with no correct knowledge about the procedure of EC.

REFERENCES:

1. Trussell J, Ellertson C, Stewart F. The role of EC. *Am J Obstet Gynecol* 2004;190(4 Suppl):30-8.
2. Foster DG, Harper CC, Bley JJ. Knowledge of EC among women aged 18 to 44 in California. *Am J Obstet Gynecol* 2004; 191:150-6.
3. Blanchard K, Bungay H, Furedi A. Evaluation of an EC advance provision service. *Contraception* 2003; 67:343-48.
4. Bissell P, Anderson C. Supplying EC via community pharmacies in the UK: reflections on the experiences of users and providers. *Soc Sci Med* 2003; 57:2367-78.
5. Karasz A, Kirchen NT, Gold M. The visit before the morning after: barriers to preprescribing EC. *Ann Fam Med* 2004; 2:345-50.
6. Romo LF, Berenson AB, Wu ZH. The role of misconceptions on Latino women's acceptance of EC pills. *Contraception* 2004; 69:227-35.
7. Fairhurst K, Ziebland S, Wyke S. EC: why can't you give it away? Qualitative findings from an evaluation of advance provision of emergency contraception. *Contraception* 2004; 70:25-9.
8. Raine T, Harper C, Leon K. EC: advance provision in a young, high-risk clinic population. *Obstet Gynecol* 2000; 96:1-7.
9. Jackson RA, Schwarz EB, Freedman L. Advance supply of EC: effect on use and usual contraception – a randomized trial. *Obstet Gynecol* 2003; 102:8-16.
10. Goulda H, Ellertson C, Corona G. Knowledge and attitudes about the differences between EC and medical abortion among middle-class women and men of reproductive age in Mexico City. *Contraception* 2002; 66:417-26.
11. Editorial. Mechanism of action of EC pills. *Contraception* 2006; 74:87-89.
12. Walsh TL, Freziers RG. Patterns of EC use by age and ethnicity from a randomized trial comparing advance provision and information only. *Contraception* 2006;74:110-17.
13. Baiden F, Awini E, Clerk C. Perception of university students in Ghana about EC. *Contraception* 2002; 66:23-26.
14. Hacettepe University Institute of Population Studies. Turkey Demographic and Health Survey 2003. Ankara, Turkey, 2004.

15. Tokuç B, Eskiocak M, Saltyk A. Emergency Contraception. *Sted* 2002;11(3):94-7.
16. Torun SD, Oner C, Arycan B. Knowledge about postcoital contraception in women attending to three primary health care centers. 4th International Congress of Reproductive Health & Family Planning Book. Bayt Ltd.[®], Ankara, 2005.
17. Biri A, Aksakal N, Bozkurt N. Level of knowledge of adolescents on EC. 4th International Congress of Reproductive Health & Family Planning Book. Bayt Ltd.[®], Ankara, 2005.
18. Turkish Health Ministry. National Family Planning Guide. Volume II, Damla Press, Ankara, 2005.
19. Aneblom G, Larsson M, Odland V. Knowledge, use and attitudes towards EC pills among Swedish women presenting for induced abortion. *Brit J Obstet Gyneacol* 2002; 109:155-60.
20. Bromham DR, Cartmill RS. Knowledge and use of secondary contraception among patients requesting termination of pregnancy. *BMJ* 1993; 306:556-57.
21. Harper CC, Ellertson CE. The EC pill: A survey of knowledge and attitudes among students at Princeton University. *Am J Obstet Gynecol* 1995; 173:1438-45.
22. Gordon AF, Owen P. EC: Change in knowledge of women attending for termination of pregnancy from 1984 to 1996. *Br J Family Planning* 1999; 24:121-22.
23. Kosunen E, Sihvo S, Hemminki E. Knowledge and use of hormonal EC in Finland. *Contraception* 1997; 55:153-57.
24. Sorensen MB, Pedersen BL, Nyrnberg LE. Differences between users and non-users of EC after a recognized unprotected intercourse. *Contraception* 2000; 62:1-3.
25. Douglass M. EC in the ED. *J Emergency Nursing* 2007; 33:2:140-42.
26. Uzuner A, Ek[®] M[®], Erbölükba[®] R. Knowledge level of the reproductive age women about EC. 4th International Congress of Reproductive Health & Family Planning Book. Bayt Ltd.[®], Ankara, 2005.
27. Chuang CH, Freund KM. EC knowledge among women in a Boston community. *Contraception* 2005; 71:157-60.