

Research Article

THE UNTAPPED POTENTIAL OF EMERGENCY CONTRACEPTION IN INDIA

***Nirmala Duhan**

*Department of Obstetrics & Gynaecology,
Pt B D Sharma PGIMS, Rohtak, Haryana, India.*

**Author for Correspondence*

ABSTRACT

The present study is a questionnaire based survey conducted on 120 women to evaluate the awareness, knowledge and use of emergency contraception in a tertiary healthcare Institute of North India. Emergency contraception (EC), a method of preventing pregnancy after unprotected sexual intercourse can play a unique role in providing women with a 'second chance' to prevent an unintended pregnancy. The emergency contraceptive pills have been introduced as part of the National Reproductive and Child Health (RCH) program in India (Ministry of Health and Family Welfare 2002).

INTRODUCTION

Unintended pregnancies, if not prevented, can account for high maternal morbidity and mortality in early pregnancy. According to the National Family Health survey (1995), 78% pregnancies in India are unplanned and at least 25% of these are unwanted. Every year 11 million abortions take place and at least half of these are unsafe. About 20,000 women die from abortion-related complications annually. These data suggest a significant failure of pre-coital contraception such as hormonal modulation, diaphragms, condoms, intrauterine devices and abstinence.

Compared to women with intended pregnancies, those with unintended pregnancies have a greater risk of depression, physical abuse, divorce or separation, and failure to achieve educational, financial and career goals. Children born of such pregnancies have a greater risk of low birth weight, death in first year of life and experiencing neglect or abuse. Deeply embedded gender disparities persist across regions, classes and castes in India, limiting women's autonomy in marriage, sex and reproduction, and, particularly in areas where preference for male baby remains strong, also severely restricting women's access to and use of contraception and safe abortion.

Emergency contraception (EC), a method of preventing pregnancy after unprotected sexual intercourse can play a unique role in providing women with a 'second chance' to prevent an unintended pregnancy. The emergency contraceptive pills have been introduced as part of the National Reproductive and Child Health (RCH) program in India (Ministry of Health and Family Welfare 2002). It has dramatically increased women's agency and ability to make informed choices regarding pregnancy and reproduction.

Despite its potential, the use of EC in India remains low, probably due to limited knowledge about the method among both providers and users. Its introduction into the RCH program was the result of concerted efforts by a number of national and international organizations that have helped build consensus on the safety and efficacy of emergency contraception as a post coital contraceptive; as well as the urgent need to introduce dedicated EC products as part of the RCH programme.¹ A number of private manufacturers have been simultaneously granted approval for making dedicated EC products by the Central Drug Standard Control Organization (2002). Currently, EC pills are available through medical officers at the district and sub district level, and guidelines have been published by the Ministry of Health and Family Welfare providing comprehensive information on counseling, eligibility criteria, client assessment, side effects and procedures for initiating regular use of contraception.

This study was carried out to assess profile of clients, knowledge, practice and acceptance of emergency contraceptive methods in women seeking contraceptive advice at a tertiary care centre of North India.

Research Article

MATERIALS AND METHODS

The study comprised a structured questionnaire survey conducted in the family planning clinic of Pt. B. D. Sharma Post Graduate Institute of Medical Sciences (PGIMS), Rohtak, Haryana. A total of 120 women seeking contraceptive advice and/or termination of pregnancy were interviewed. Awareness, knowledge and use of contraceptive methods, emergency contraceptives in particular, were inquired about. The main outcome measures were knowledge and use of different contraceptive methods, specially emergency contraceptives.

RESULTS AND DISCUSSION

The socio demographic profile of the 120 women included in the study is depicted in Table 1. Seventy percent women were between 25-35 years of age and 28% women were housewives or labourers. A total of 69.16% women belonged to paramedical or other professions. Most (60%) of the women hailed from urban areas and 75 percent were literate. All the women were married, the age at marriage being between 20-25 years in 36.66%. Around 92% women were parous and 71% had undergone one or more induced abortions previously.

Table 1: Sociodemographic characteristics of women in the study

Socio Demographic Characteristics of Women	
Parameter	
Age	No (%) (n=120)
<25 yrs	19(15.83)
25-30 yrs	54(45)
31-35 yrs	30(25)
>35 yrs	17(14.17)
Residence	
Rural	48(40)
Urban	72(60)
Education	
Literate	89(74.17)
Illiterate	31(25.83)
Occupation	
Labourer	11(9.17)
Housewife	23(19.17)
Paramedical	15(12.5)
Other Professionals	68(56.66)
Doctors	3(2.5)
Parity	
Nulliparity	9(7.5)
Para 1	22(18.33)
Para2	61(50.83)
Para3 & more	28(23.33)

About 40% of women had never used any contraceptive in the past while 39.72% and 16.44% used barrier and natural methods, respectively (Table 2). Around 80% women did seek medical advice before using any method and for 38.35% women, the source of information was a doctor. Sixty percent were

Research Article

satisfied with the contraceptive method they were using and in more than fifty percent women, the contraceptive method to be used by the couple was decided by the husband. Whereas about 88% of the respondents had been using modern methods of contraception, only 13.33% knew about emergency contraception and only 5.83% were aware of correct timing and dose of the EC pill. More than 50% women in the current study expressed their willingness to use emergency contraception (Table 3), if provided with information and supplies.

Table 2: Prevailing contraceptive practices in women of the study.

Prevailing Contraceptive Practices		
Parameter	No (%)	
Contraceptive Use		
	User	73(60.8)
	Nonuser	47(39.2)
Method Used		
	Barrier	29(39.72)
	IUCD	22(30.14)
	OCP's	10(13.69)
	Natural method	12(16.44)
Medical advice before using any method		
	Advice sought	58(79.45)
	Advice not sought	15(20.5)
Source of knowledge		
	Doctor	28(38.35)
	Media	12(16.4)
	Literature	4(5.48)
	Family	14(19.18)
	Friends	10(13.7)
	Partner	5(6.85)
Satisfied/dissatisfied with the method used		
	Satisfied	44(60.27)
	Dissatisfied	29(39.72)
Deciding member for use of a particular method		
	Husband	38(52.05)
	Wife	12(16.44)
	Both	14(19.18)
	Doctor	9(12.33)

EC provides an additional backup support whenever there is a breach in the regular contraceptive use. The main reasons for needing postcoital contraception are the reluctance to use condoms, condom breakage and missing an oral contraceptive pill.² EC offers an effective and easy method of preventing

Research Article

pregnancy following unprotected intercourse. It can also be a very critical option for preventing unwanted pregnancy in cases of sexual assault.

Table 3: Table showing awareness about emergency contraception

Awareness of Emergency Contraception		
	Yes No (%)	No No (%)
Awareness about existence	16(13.33)	104(86.67)
Awareness about use	7(5.83)	113(94.27)
Willingness to use	65(54.17)	55(45.83)

The success of contraceptive practice lies in the acceptance of a regular contraceptive to prevent future pregnancies. After birth of their first child, 80% of educated couples use spacing methods whereas even after the birth of their third child, more than 50% of the uneducated do not.³ In our study there were 60% urbanites, 75% were literates and around 60% were contraceptive users. All those who had never used any contraceptive method belonged to rural background and most of them were illiterate. A total of 74% of married educated women in the present study practiced contraception, which is quite high in comparison to the contraceptive prevalence rate of 48.25% indicated in the National Family Health Survey 1998-1999. Thus, education and social awareness play a key role in contraceptive use. Emphasis needs to be placed on informing and educating women that every unprotected intercourse implies a risk of pregnancy.

In the present study, 70% women were between 25 to 35 years of age because it is during this period that maximum women plan their families and are sexually more active. Use of EC within 72 hours of unprotected coitus can reduce unwanted pregnancies by 75%. By increasing access to emergency contraception among those in need, health services can provide a point of contact for women facing unintended pregnancy as a result of failure to use other spacing methods. With increased information, supplies and appropriate counseling, a large share of these women would have become regular users of birth spacing methods, again reducing the risk of unintended pregnancy in the first place. It is important to mention here that almost 70% of non-users become regular users after first seeking access to EC. In the present study, around 39.2% women were nonusers of any type of contraceptive and 86.67% had no knowledge about emergency contraception. However, after counseling 67% women showed interest and willingness to use it although intent may not always translate into action.

In a study by Arora and Mittal, 99% of respondents knew about most of the modern methods of contraception whereas only 5.9% knew about emergency contraception and none had ever used it.⁴ According to Tripathi et al (2003), the awareness of EC in general population and paramedical workers is practically nonexistent in India.⁵ A survey of 4000 women between ages of 18-55 years from Delhi revealed negligible (3.2%) awareness about emergency contraception.⁹ Awareness in rural set up was even less than 2 percent. Evaluation of knowledge and views of doctors about emergency contraception has revealed poor knowledge amongst the general practitioners too.⁶ In a study by Mathew et al (2005), 78% women were familiar with the term EC, 60% felt that EC was easy to access and only 37 % had ever used it.⁷ In our study, 80% of the respondents knew about most other contraceptive methods but only 13.33% knew about emergency contraception while only 5.83% were aware about the method of use. A

Research Article

higher awareness level in our study than that reported by Tripathi et al could be due to majority of women in the study population being urbanites and about 75% being literates.⁵ Possible solutions could be provision of easier accessibility, cost reduction and education about the method through appropriate use of mass media.

In our study, it was also observed that spacing methods are more popular in the educated urban population, as was also shown by Kanojia et al.³ More than 50% women were using either barrier or Intra Uterine Devices as contraceptive methods. Around 13.69% women were using steroidal contraceptives which was slightly higher than an Indian Council of Medical Research task force study evaluating contraceptive choice through method mixed approach showing only 6% of women to be opting for oral contraceptive use.⁸

Only 20% of women in India (National Family Health Survey II) ever discuss contraception with their partners. In our study, the source of information about the contraceptive methods was the spouse in only 7% of cases though, ironically, the deciding member for usage of any contraceptive method was the husband/partner in more than 50% cases. EC also enhances women's rights by providing a simple and effective contraceptive method in their control.

There appears to be a vast unmet need for emergency contraception in the country. Dissemination of information about the method to both health practitioners and potential consumers can be a sound foundation for optimum utilization of the benefits of these contraceptive services in the country.

CONCLUSION

The potential of emergency contraception can be better utilized only when women are made aware of the method's existence & its use within the short time frame of its efficacy. Such awareness is practically non-existent in India at present. More efforts are required to generate awareness about the safety, efficacy and availability of EC, benefits of use of regular contraception and the health hazards of unwanted pregnancies.

REFERENCES

- Nayyar A (2000).** Increasing access to Emergency Contraception in India. *Health and Population-Perspectives and Issues* 23(3)123-133.
- Pyett PM (1996).** Post coital contraception: Who uses the morning after pill? *The Australian & New Zealand Journal of Obstetrics & Gynaecology* 36(3) 347-350.
- Kanojia JK, Nirbhavane NC, Toddywala VS, Betrabet SS, Patel SB, Datte S, Gaur L, Saxena BN (1996).** Dynamics of contraceptive practice amongst urban Indian women. *National Medical Journal of India* 9(3) 109-112.
- Arora N, Mittal S (2005).** Emergency Contraception and prevention of induced abortion in India. *Journal of Family Planning and Reproductive Health Care* 31(4)294-296.
- Tripathi R, Rathore AM, Sachdeva J (2003).** Emergency contraception: Knowledge, attitude and practices among health care providers in North India. *Journal of Obstetrics and Gynaecology Research* 29(5) 142-146.
- Singh S, Mittal S, Anandalakshmy PN, Goel V (2002).** Emergency Contraception: Knowledge and views of doctors in Delhi. *Health and Population- Perspectives and Issues* 25(1) 45-54.
- Mathew S, Urquhart R (2005).** Awareness of emergency contraception. *Journal of Family Planning and Reproductive Health Care* 31(2)113-114.
- Baveja R, Buckshee K, Das K, Das SK, Hazra MN, Gopalan S, Goswami A, Kodkany BS, Sujaya Kumari CN, Zaveri K, Roy M, Datey S, Gaur LN, Gupta NK, Gupta RN, Saxena NC, Singh R, Kumar S, Yadav SC, Saxena BN (2000).** Evaluating contraceptive choice through the method-mix approach. An Indian Council of Medical Research (ICMR) task force study. *Contraception* 61(2) 113-119.