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Original Research

Knowledge, awareness and perception of female students of Emergency Contraceptive pills

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Abstract

Background: Young women are at the greatest risk of unintended pregnancy because they are unlikely to see a family planning provider before or immediately after the sexual activity. Therefore, preventing unintended pregnancy among them is the important concern. Introduction of emergency contraception pill in the recent past can help them avoid such unintended pregnancies.

Aims & Objective: To investigate the knowledge, awareness and perception of emergency contraception in female students.

Study Design: Cross-sectional, questionnaire-based study.

Materials and Methods: This study was conducted among college-going female students at Bareilly (UP). Systematic random sampling was used to select the respondents. This study was done on 850 respondents. A pretested questionnaire was administered to respondents. In analyzing the data, we used simple proportions and percentages.

Results: Out of 850 students included in the study, 767 (90.3%) have heard the name of emergency contraception pill. 90.3% knew it is available in tablet form, 52.8 % said it is taken to avoid pregnancy, 72.2% said it should be taken after sex .68.8% told emergency contraception pill should be taken within 72 hours. 58.7% said it is safe. 75.6% told it is easily available without doctors prescription. Source of information regarding emergency contraception pill was TV, magazines 'and internet to most of students .

Conclusions: Awareness about emergency contraception pill was very good among female college students especially regarding correct timing of its use in this study. Emergency contraception pill is still an area where much work needs to be done and strategies to increase awareness and acceptability need to be undertaken. Clearly we need to adopt an aggressive promotional and educative approach to make more and more women of reproductive age group aware of emergency contraception pill to prevent unintended pregnancy.

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INTRODUCTION

Emergency Contraception [EC] plays a vital role in preventing unintended pregnancy [1]. EC is found to be effective if used within 72 hours of unprotected sexual intercourse [2]. There are two types of ECs namely, emergency contraceptive pills [ECP] and intrauterine devices (IUDs). IUDs can be effective if it is inserted within 5 days of unprotected sexual intercourse [3]. Effectiveness of ECP said to be 75%

to 85% [4]. Each year there are about 250 Million pregnancies globally and one third of these are unintended and 20% of these undergo induced abortion [5]. Unsafe abortion has much ill effects in women's health, each year about 68,000 women die because of unsafe abortion [6]. Each year about 500,000 women die due to cases related with child birth, and majority are in sub Saharan Africa [7]. Globally, it's estimated that 11% births are given by

adolescent girls of age 15-19 annually, and 95% of these births are in low income countries [8]. Ethiopia is one of the countries with high maternal mortality rate; the estimated rate in 2005 was 673 per 100,000 live births [9]. In one of the surveys conducted in Ethiopia, among 1075 women who presented with abortion, about 58% were between age group of 20-29; and non use of contraceptive contributed to 78% of these pregnancies and rape accounted for 3% of the abortions [10, 11]. In one of the studies conducted among 417 women of post abortal care clients in Ethiopia, 59(14.1%) had ever heard of EC, and only 15(8.6%) had ever used EC [12, 13]. Although the hormonal emergency contraceptive pills have been technically available since 1960s, they still remain a relatively unknown and underused method [14]. In 2003, emergency contraception pill was introduced in health centers and hospitals by the name of EC pill in India. In India, studies on ECP have been done among adult married women [15]. However, level of awareness among the student population about ECP has not been adequately investigated. The present study was undertaken to ascertain the awareness of ECP among female college students of Bareilly (UP).

MATERIALS AND METHODS

This cross-sectional, questionnaire-based study was conducted among college-going female students in Bareilly (UP) after taking institutional ethical clearance of Rohilkhand Medical College & Hospital Bareilly. Most of the studies on ECP have used a sample size of 300 to 1200 respondents. This study was done on 850 respondents. The sample size was calculated using a single proportion formula. Assuming the proportion of students who are aware of emergency contraception to be 50%, adding non-response rate of 10%, and multiplying by a design effect of 2 due to the multistage nature of the sampling method the required sample was 850. Systematic random sampling was used to select the respondents. For the main survey, first a list of students of each discipline in the selected colleges was made. Systematic random sampling was used to select 100-150 female students from each discipline. No form of identification was required of the respondents. Anonymity and confidentiality of the questionnaire was ensured. A questionnaire was developed and pre-tested in a group of 10 students of a neighboring college. Language and sequence of questions were changed accordingly. The revised questionnaire was pilot tested in a group of 20 students again to test the feasibility of the study. A self-administered questionnaire was used in which demographic information regarding age, religion,

academic interests, marital status was included. Basic awareness among the students about emergency contraceptive pills was evaluated. Information on ECP was taken in detail, like its availability; side effects; method of use, with special focus on the time frame, i.e., after how much time of an unprotected sexual encounter are they effective.. The questionnaires were distributed on the spot to the students. The students were supposed to complete them during the class time. Only female students were present while completing the questionnaires, and no male students were allowed in the class. One hour was given for completion of questionnaire while the female investigator was present there to answer any queries. The questionnaires were collected after one hour of distribution. Before initiating the study in these colleges, principals of the concerned college were informed about the nature and purpose of study. A written informed consent was obtained from the participants by the medical social worker. The consent form explained the purpose of the study. After collection of data from college students, educational sessions were held, in which their doubts were clarified. In analyzing the data, we used simple proportions and percentages.

OBSERVATIONS & RESULT

Socio demographic characteristics of female students are depicted in table 1. 323 (38%) were in age group of 17-20 and 451 (53%) were in age group of 21-25. Only 300 (35.3%) participants were married. Out of 850 participant 39.7% were undergraduate, 31.4% were graduate and 28.9% were postgraduate. Table 2 depicts knowledge, awareness of study participants of ECP. Out of 850 participants 90.3% have heard the name of ECP. 90.3% told it is available in tablet form. 45.8% participants got knowledge of ECP through TV, 14.7 % through Magazines and 28.2% through internet. 52.8 % participant said ECP is taken to avoid pregnancy and 72.2 % participant said ECP should be taken after sex to avoid pregnancy.

Table 3 and 4 depicts perception of female students of ECP. 68.0% participant told ECP should be taken within 72 hours of unprotected sex. 36.1% said ECP is effective more than 75%. 75.6% participant said ECP is available easily (over the counter). 65.3% participant thought it also protects from STD. 56.9% participants told cost of ECP is less than 100 rupees. 58.7% participant told ECP is safe. Most of the participants knew various trade name of ECP.

Table 1. Socio demographic characteristics of female students (n=850)

Variable	Number	Percentage
Age		
17-20	323	38
21-25	451	53
26-30	76	9
Marital Status		
Married	300	35.3
Unmarried	550	64.7
Educational Status		
Undergraduate	337	39.7
Graduate	267	31.4
Postgraduate	246	28.9

Table 2. Knowledge, awareness of female students of Emergency Contraceptive Pill (ECP) (n=850)

Variable	Number	Percentage
Heard name of Emergency Contraceptive Pill (ECP)		
Yes	767	90.3
No	83	9.7
Know correct use of Emergency Contraceptive Pill (ECP)		
Yes	568	66.8
No	282	33.2
Form in which ECP available in Market		
Injection	59	6.9
Syrup	24	2.8
Tablet	767	90.3
Source of Information of ECP		
Television	389	45.8
Magazine	124	14.7
Textbook	42	5.0
Poster	12	1.4
Movies	6.0	0.7
Internet	240	28.2
Friend	37	4.2
Taken before Sex / After Sex		
Before Sex	236	27.8
After Sex	614	72.2
Conditions of Use		
To avoid Pregnancy	449	52.8
Do not Know	401	47.2

Table 3. Perception of female students of Emergency Contraceptive Pill (ECP) (n=850)

variable	Number	Percentage
Time to Take ECP		
Within 72 hours	585	68.0
After 72 hours	187	22.0
Do not Know	87	10.0
Effectiveness of ECP		
75-99%	307	36.1
50-74%	260	30.6
Less than 50%	283	33.3
How Safe is ECP?		
safe	499	58.7
unsafe	155	18.2
Do not know	196	23.6
Over the counter drug (without doctor prescription)		
yes	643	75.6
No	207	24.4
Protect from STD		
Yes	555	65.3
No	295	34.7

Table 4. Perception of female students of Emergency Contraceptive Pill (ECP) (n=850)

Cost Of ECP		
Less than Rs 100	484	56.9
Rs 100-200	295	34.7
More than Rs 200	71	8.4
Trade Name Of ECP		
I Pill	413	48.6
Mala D	59	6.9
Choice	24	2.8
Unwanted	213	25
Do not know	141	16.7

DISCUSSION

Post-coital contraceptive hormones are now approved by the Family Welfare Department of our country and are freely available. There are concerns that women using ECP may become lax with their regular birth control methods. However, reported evidence indicates that making ECP readily available would ultimately reduce the unintended pregnancies [16, 17]. A study carried out by Tripathi et al [18], in New Delhi showed that practically none of their patients were aware of ECP. On the other hand a similar study

carried out in Jamaica on university students revealed an 84% general awareness while 10% had used it themselves [19]. In a study from Mexico city awareness jumped from 13% in 1997 to 83% in 2000 after 3 years of intensive information campaigning for general public [20]. Two similar studies in different places revealed 17% awareness among young women [21, 22]. Similarly awareness about ECP was very good in our study. In our study 767 (90.3%) heard the name of ECP. 90.3% knew it is available in tablet form, 52.8 % said it is taken to avoid pregnancy, 72.2% said it should be taken after sex . 68.8% told ECP should be

taken within 72 hours. 58.7% said it is safe drug . 75.6% told it is easily available without doctors prescription . Source of information regarding ECP was TV, Magazines 'and internet to most of students. Still we need to adopt an aggressive promotional and educative approach to make more and more women of reproductive age group aware of ECP to prevent unintended pregnancy.

CONCLUSIONS

Awareness about ECP was very good among female college students especially regarding correct timing of its use in this study. This study shows though a fair degree of success has been achieved in increasing contraceptive awareness, ECP is still an area where much work needs to be done and strategies to increase awareness and acceptability need to be undertaken. Clearly we need to adopt an aggressive promotional and educative approach to make more and more women of reproductive age group aware of ECP to prevent unintended pregnancy.

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CONFLICT OF INTEREST

NIL

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