

**SHORT ARTICLE**

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A STUDY ON KNOWLEDGE REGARDING EMERGENCY CONTRACEPTION  
AMONG HEALTH PROFESSIONALS OF A MEDICAL COLLEGE AND HOSPITAL.

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**Introduction**

Emergency contraception can be used to prevent pregnancy within 72hrs after un protected sexual intercourse (post coital use) . It is undertaken to avoid a suspected undesirable pregnancy resulting from failure of contraception, such as can occur due to rupture of condom, defect or displacement of a diaphragm, premature ejaculation as can happen in coitus interruptus, unprotected isolated intercourse, or sexual offense like rape or incest. Emergency contraception saves an individual from anxiety of waiting for the next period or suffering from the agony of an unwanted undesirable pregnancy necessitating termination. The pills used in emergency contraception contain the same hormones as ordinary birth control pills (norgestrel-0.3mg & ethinyl estradiol-0.3mg) .but at a higher dose. Cu-T can also be used as emergency contraception when inserted up to 5 days after unprotected sex.

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Although several regimens are available, the most commonly used option consist of 2 tablets of Ovral (each containing Ethinyl Oestradiol 50ug+Norgestrel 0.25mg), followed by 2 more tablets taken after 12hrs<sup>1</sup>. Nausea, vomiting, and headache are common side effects with this regimen. This method should not be used by women who have contraindications to oral contraceptive pills. Levonorgestrel (progestin only pill)-0.75mg start & after 12hrs, is very successful & without any side effects . The 1st dose should be taken within 72hrs<sup>2</sup>.

Emergency contraceptive (EC) is often called the “morning after pill” but this term is misleading because EC is more than one pill & women can take it upto 72hrs after unprotected sex , not just the next morning . Emergency contraception prevents ovulation , fertilization or implantation, so it prevents pregnancy from occurring.

Self administration of various herbs , pepper, cabbage seeds<sup>3</sup>, caustic agents, soaps , vinegar ,lemon juice , coca-cola etc and even dangerous articles like sticks ,acids etc. have caused damage to lives of many women and their health . Modern research on methods to prevent pregnancy after unprotected coitus began with the use of non- steroidal oestrogen – diethyl stilbesterol on rape victims<sup>4</sup>. So the present study was under taken to assess the knowledge regarding emergency contraceptive methods among present and future health professionals

## **Materials& Methods**

This was a hospital based cross sectional study among health professionals and medical students in a Govt. .Medical College and Hospital of Orissa from 1st September 2006 to 31<sup>st</sup> October 2006.Ten paramedical staffs were involved in data collection after taking orientation training regarding emergency contraception. Data was collected by conducting survey through structured

self administered pretested questionnaire among health groups. For maintaining uniformity 50 nos. from each health professional group i.e doctors ,nurses ,pharmacists and medical students were selected for interview. One paramedical worker interviewed 20 nos of respondents i.e 5 nos from each health profession. Questionnaire had 20 questions focussing on awareness regarding emergency contraceptives. All questions were having one correct response. . Overall awareness scores were determined & was divided into three zones.

1. Green zone (75- 100%)=Adequate Knowledge.
2. Yellow zone (51-75%)= Have some idea about EC but not conceptually very clear .
3. Red zone :(≤ 50%)=Alarming zone with very less knowledge.

Statistical analysis was done by using percentages.

## Observation

**Table I- General characteristics of the respondents**

Health Professional	Male	Female	Total
Doctors	28	22	50
Pharmacists	50	0	50
Nurses	0	50	50
Medical Students	35	15	50
Total	113 (56.5%)	87(43.5%)	200(100%)

Table -I shows, the general characteristics of the study population. Out of 50 doctors, 28(56%) were males and 22(44%) were females. Among 50 medical students, 35(70%) were males and 15(30%) were females. So from total 200 respondents, 113 (56.5%) were male and 87(43.5%) were female.

**Table- II Knowledge about emergency contraceptive methods**

Scores	Doctors	Nurses	Pharmacists	Medical Students	Total
Green zone(75-100%)	18 (36%)	2 (4%)	0	1 (2%)	21 (10.5%)
Yellow Zone (51-75%)	22 (44%)	27(54%)	24(48%)	49(98%)	122(61%)
Red Zone ( $\leq 50\%$ )	10(20%)	21(42%)	26(52%)	0	57(28.5%)
Total	50	50	50	50	200 (100%)

Table -II describes the knowledge about emergency contraceptive methods in the study population. Out of 50 doctors, 36%, 44% , 20% had scored in the range of green , yellow & red zone respectively whereas 4% , 54% and 42% of the nurses had scored in the range of green ,yellow & red zone respectively .Among the pharmacists, 48% were in yellow zone and 52% in red zone, none in green zone . Out of 50 medical students 2% were in green zone and 98% in yellow zone.

So knowledge about emergency contraceptive methods among respondents is maximum under yellow zone i.e 122 (61%).

## **Discussion**

The findings in the present study reflect better knowledge among medical students (98% respondents were in yellow zone, i.e have some idea about emergency contraception though

conceptually not very clear) in comparison to other paramedical workers like pharmacists ( only 48% in yellow zone and 26% in alarming red zone) and nurses (54% in yellow zone and 42% in red zone and only 4% in green zone). Usually we have an idea that doctors know better about E.C, but the present finding shows that 20% of them were in red zone. The better knowledge in medical students may be due to involvement of mass media in providing the information . In this study only 4% nurses have got adequate knowledge about EC(Green zone)while it was zero among pharmacists (Green zone -0).Maximum number of pharmacists (52%) were having very less knowledge which may be due to ignorance and communication gap .As per a study by, Fazili et. Al<sup>5</sup>, ,54%of doctors opined that use of EC would bring down the no. of abortions and about 66% feared that use of EC would promote sexual irresponsibility among its users. So knowledge and opinion of doctors on EC was poor as per the study by Fazili, et al<sup>5</sup>., which was similar to the present study.

### **Conclusion**

Though every health professional should have some basic knowledge about emergency contraceptives, but still there are some who are not aware about E.Cs .So we should strengthen the knowledge by information, education and training activities in a right step.

### **References**

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