

EMERGENCY CONTRACEPTION: AWARENESS AND KNOWLEDGE AMONG HOSPITAL WORKERS IN ABUJA, NIGERIA

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ABSTRACT

A cross sectional descriptive survey of awareness and knowledge of emergency contraception among medical / paramedical and non-medical workers was carried out in the National Hospital Abuja, Nigeria.

Most of the hospital workers were not aware of emergency contraceptive methods. 59.9% were not aware of emergency contraceptive pills, while 81.4% were not aware of the use of intrauterine contraceptive device. Medical and Paramedical workers show more awareness about emergency contraception than non-medical workers. ($P < 0.001$; $X^2 = 36.3$). Of those aware of emergency contraceptive pills, 58% were correct in its timing of use, while 37.5% of those aware of the use of intrauterine contraceptive device were correct in its timing.

There is a need to inform and educate hospital workers and the general public on emergency contraception. This can be achieved through incorporation of contraceptive education in school curricular and continuing education programmes for medical and paramedical staff. The non-medical workers and other members of the society should be educated through co-ordinated information, education and communication activities.

KEY WORDS: *Emergency Contraception, Emergency Contraceptive Pills, Intrauterine Contraceptive Device, Hospital Workers, Awareness, Knowledge.*

INTRODUCTION

Emergency contraception (EC) sometimes referred to as "morning after contraception" or "post-coital contraception" are methods used to prevent pregnancy after unprotected sexual intercourse or following contraceptive failure as in condom breakage or slippage. Emergency contraceptive pills (ECP) and copper containing intrauterine contraceptive device (IUCD) have been found to be safe and effective in preventing unintended pregnancies and can decrease the need for induced abortion¹.

The combine oestrogen - progestin (Yuzpe) regimen and a progestin-only regimen are the two common ECP regimens in use. The Yuzpe regimen consists of 200mcg of ethinyl estradiol and either 2.0mg of norgestrel or 1.0mg of levonorgestrel, half of the dose is taken within 72 hours after unprotected intercourse and the other half after 12 hours later. The progestin - only regimen requires that one 0.75mg levonorgestrel pill (postinor R) be taken within 72 hours of unprotected intercourse, followed by an additional pill 12hours later. While the effectiveness of these two hormone based regimens have been well documented², a recent multicentre randomized, controlled trial of levonorgsetrel versus the Yuzpe regimen showed the former is better tolerated and more effective³. In this study the proportion of pregnancies prevented with the levonorgestrel regimen was 85% compared with 57%

with the Yuzpe regimen. The insertion of a copper bearing IUCD within 5 days of an unprotected intercourse prevents pregnancy in 99.9% of cases⁴.

In addition to prevention of unintended pregnancies, EC services serves as a first contact point with the health care system and a means to obtain an ongoing contraceptive method for women who were not using any methods previously⁵. An expanded access to EC methods has been recommended in order for society to reap these benefits⁶.

In Nigeria, the reported annual incidence of induced abortion-25 abortions per 1000 women aged 15-44 years is very high⁷. Associated with this is a correspondingly high rate of abortion related maternal morbidity and mortality in the country⁸. Some of these unintended pregnancies, unsafe abortions and their consequences can be averted by the use of EC.

Hormonal pills required for the Yuzpe and progestin- only regimens and copper bearing IUCD are available for family planning purposes in Nigeria . However, a recent study amongst 2,393 Nigerian women aged 15-49 years showed that only 4.2% were aware of one or more EC methods and only 0.7% of sexually experienced women had used an effective EC¹⁰. If the benefits of EC must be enjoyed in the society, there is an urgent need to inform and educate people on its usefulness, where to obtain and how to use the methods when the need arises.

The public to a large extent relies on hospital workers for information and advice on health - related issues. The quality of

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information supplied by hospital workers will depend on their knowledge and perception on the issue.

To assess the level of EC awareness and knowledge among hospital workers, a survey of staff of a tertiary health care facility in the Federal Capital Territory was conducted. It is hoped that the findings from the study will assist in planning to increase access to EC.

METHODS

The study was undertaken at the National Hospital, Abuja in February 2000. The hospital was then 6 months from inception and had staff strength of 420.

The study was a cross sectional descriptive survey. Information was obtained through a questionnaire which was developed and self-administered on 200 staff selected randomly from both clinical and non-clinical departments.

The questionnaire sought for information on staff awareness of EC, indications for use of EC, timing for effective use of EC, approval or non-approval of EC use and source of information about EC.

Out of 200 questionnaires distributed, 172 were completed and returned giving a response rate of 86%. For purpose of analysis respondents were divided based on professional training into two groups - medical / paramedical workers and non-medical workers. Results are presented as frequencies, percentages, cross tabulations and descriptive measures. Chi-square tests with level of significance set at $p < 0.05$ was used

RESULTS

Table 1 shows the distribution of respondents by professional training / occupation.

Table 1: Professional Status of Respondents

Professional Status	Number	%
Medical / Paramedical:	98	57
Medical Practitioners - 35		
Pharmacists - 10		
Nurses / Midwives - 40		
Laboratory Scientists - 13		
Non-Medical:	74	43
Administrators - 17		
Secretaries / Personnel Officers - 24		

Table 2: Awareness of Emergency Contraception Methods Amongst the Respondents

Emergency Contraceptive Professional Status	Pills			Intrauterine Contraceptive Device		
	Aware	Not Aware	Total	Aware	Not Aware	Total
Medical / Paramedical	59 (60.2)	39 (39.8)	98 (100)	30 (30.6)	68 (69.4)	98 (100)
Non Medical	10 (13.5)	64 (86.5)	74 (100)	2 (2.7)	72 (97.3)	74 (100)
Total	69 (40.1)	103 (59.9)	172 (100)	32 (18.6)	140 (81.4)	172 (100)

$p < 0.001$; $X^2 = 36.3$; 1df

NB: Number in Parentheses = Percentage.

Awareness of Emergency Contraceptive methods

Awareness about the use of EC methods is generally low. Respectively, only 40.1% and 18.6% respondents were aware of the use of ECP and IUCD for this purpose. As shown in table 2, the level of awareness among the medical/paramedical respondents is significantly higher than the non-medical respondents ($p < 0.001$).

Awareness of indication for Emergency Contraceptive pills

Table 3 shows that most respondents who were aware of emergency contraceptive pills were also aware of the accepted indication for their use. A few (5.8%) respondents indicated that ECP could be used on a continuous basis following every act of sexual intercourse.

Table 3: Awareness of Indications for use of Emergency Contraceptive pills Amongst Respondents

Indications	Number	Percentage
Unprotected sexual intercourse	65	94.2
Condom breakage/ slippage	62	89.8
Sexual assault (e.g. rape)	62	89.8
Failed coitus interruptus	57	82.6
After every sexual contact	4	5.8

Knowledge about timing of use of Emergency Contraception

Of those who knew of emergency contraceptive pills, only 58% were able to indicate the correct timing of use of the drugs for emergency contraception purposes. Also only 37.5% of the 32 respondents who knew about the use of IUCD as an emergency contraceptive could correctly indicate the timing for its use following an unprotected sexual intercourse. The knowledge of correct timing for emergency contraception is significantly higher among the medical/paramedical respondents ($p < 0.05$) - Table 4.

Sources of information on Emergency Contraceptive pills

Knowledge acquired in the course of professional training was the commonest source of information on ECP. This was recorded by 43.5% of the respondents. Medical journals, seminars/workshops and peer group discussion accounted for 24.6%, 16% and 11.6% respectively. Only 4.3% recorded either the electronic or print media as their source of information.

Majority (94.2%) of the respondents who were aware of EC approved of its use.

$p < 0.001$; $X^2 = 19.8$; 1df.

Table 4: Respondents Knowledge of Timing of use of Emergency Contraceptive Pills and Intrauterine Contraceptive Device as Emergency Contraception

Emergency Professional Status	Contraceptive Pills		Intrauterine Total	Contraceptive Device		Total
	Correct	Incorrect		Correct	Incorrect	
Medical / Paramedical	38 (64.4)	21 (35.6)	59 (100)	30 (30.6)	68 (69.4)	98 (100)
Non Medical	2 (20)	8 (80)	10 (100)	0 (0)	2 (100)	2 (100)
Total	40 (58)	29 (42)	69 (100)	12 (37.5)	20 (62.5)	32 (100)

$p < 0.05$; $X^2 = 5.2$; ldf .

NB: Number in Parentheses = Percentage.

DISCUSSION

Although the concept of emergency contraception is not new, the availability of effective emergency contraceptive methods is relatively recent¹⁰. Ignorance and misinformation abound with respect to its efficacy, mode of action and safety. Ignorance about emergency contraception cut across all strata in the society including the medical, paramedical and non-medical groups.

In this study only 40.1 percent and 18.6 percent respondents were aware of the use of ECP and IUCD respectively as emergency contraception, and the majority of those who were aware of their use for this purpose could not indicate the appropriate timing. This findings is similar to a recent study in Enugu, South - Eastern Nigeria¹¹, where only 39.3 percent of health practitioners interviewed knew about ECP and only 26.X percent knew about the potential use of IUCD as emergency contraception. A focus group study in Vietnam¹² showed health care providers were familiar with the concept of Emergency Contraception and endorsed its practice, but lacked accurate and detailed information about effective methods used.

A significant difference in the level of awareness and knowledge about emergency contraceptive methods was noted among the respondents. The medical and paramedical group had more awareness and knowledge about emergency contraception than the non-medical respondents. This is not unexpected considering their professional training and exposure to current development in medicine and the health sector through access to medical publications, and attendance at medical conferences, seminars and workshops.

In general, the findings in this study has significance in developing programmes to expand emergency contraception services and utilisation. Since hospital workers serve as an important source of health / contraceptive information to the public, there is the need to equip all hospital workers with necessary information about emergency contraception. This can be achieved through the systematic integration of family planning including emergency contraception into medical and paramedical school curricula and continuing medical education programmes. Other non-medical workers and the general public can be educated on emergency contraception through co-ordinated information, education and communication activities. This can be achieved through seminars, workshops, conferences, and information

dissemination through the electronic and print media.

In conclusion, the study revealed a low level of awareness and knowledge about emergency contraception among medical, paramedical and non-medical workers in the hospital. In order to achieve the benefits of emergency contraception in preventing unintended pregnancies and hence reduce the problem of unsafe abortion in our society, there is a need to inform and educate hospital workers and the general public on emergency contraception.

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