ORIGINAL ARTICLE

Knowledge, attitude, and practice of emergency contraception among medical doctors in Port Harcourt

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Abstract

Background: The contraceptive prevalence in our environment is very low with attendant increase in unwanted pregnancy and unsafe abortion. The use of emergency contraception (EC) in women with unprotected intercourse could be the only option that can avoid the unwanted pregnancy and unsafe abortion.

Objective: The objective was to assess the knowledge, attitude, and practice of emergency contraception among doctors in Port Harcourt.

Materials and Methods: This is a descriptive cross-sectional study of medical doctors practising in Port Harcourt. Self-administered questionnaires were completed by 100 participants randomly selected from medical doctors present at a general meeting in January 2006. Data collation and analysis was carried out with Microsoft Excel XP software and presented as percentages and proportions.

Results: The awareness of EC was high among the doctors in Port Harcourt. However knowledge about its use was poor. Although 98% of them were aware of emergency contraception, 58% could not identify correctly any type. Oral mifepristone (RU486) was the most recognized form of EC identified by 38% of the doctors. Rape would be the commonest indication for emergency contraception as reported by 76% of the doctors, ahead of missed pills by 36% and incestuous sexual intercourse by 46% of the doctors. Postinor (levonorgestrel) given within 72 hours and IUCD inserted within 5 days of intercourse were the commonest forms of EC administered by 26% each of the doctors interviewed.

Conclusion: Although the awareness of EC is high among the doctors in Port Harcourt, the knowledge and use of EC is low. Therefore there is a need to improve both education and attitude to use of emergency contraception among medical doctors in Port Harcourt.

Key words: Emergency contraceptives, medical doctors, unwanted pregnancy

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Introduction

Emergency contraception is defined as the use of drugs or devices to prevent pregnancy within a few days of unprotected intercourse.[1-4] Although emergency contraception has been around for over 30 years, it has until recently been a very well-kept secret. Emergency contraception provides a safe and effective means of postcoital treatment and has been estimated to prevent at least 75% of pregnancies expected from unprotected sexual intercourse.[5]

The principle of contraception has been recognized for centuries and included douching with wine, ground cabbage, native concoctions, and drinking of herbs in a bid to prevent pregnancy.[6]

Fortunately, there is growing awareness, acceptance, and

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promotion of modern forms of emergency contraception as a measure to reduce unwanted pregnancy and the burden of unsafe abortions and their complications. The potential benefit of emergency contraception in this regard could be most evident in sub-Saharan Africa like Nigeria, where contraceptive prevalence is low and unwanted pregnancies with unsafe abortions are rampant.[7]

Unwanted pregnancy is a major global tragedy for millions of women that can be significantly reduced by emergency contraception. About 50 million pregnancies are terminated each year.[8] About 50% of pregnancies in the United States of America are unwanted,[4] resulting in about 3.5 million unintended pregnancies with 1.6 million abortions being performed each year.[9,10] It has been calculated that the use of emergency contraception in the USA could prevent over 2 million unwanted pregnancies that end in childbirth and over 1 million abortions each year.[11] In Africa, about 5 million abortions take place per year.[12] In Nigeria, induced abortions from unwanted pregnancy contribute significantly to maternal mortality, with a large proportion of these deaths among teenagers.[13] An incidence of 25/1000 women of reproductive age per year for unwanted pregnancy has been reported, resulting in 610,000 abortions performed annually in Nigeria, of which 60% are believed to be unsafe.[14] Any woman of reproductive age who is sexually active and wishing to prevent unwanted pregnancy after unprotected intercourse can use emergency contraception.[15]

Though emergency contraception has over the years been proven to be an effective means of preventing unwanted pregnancy, knowledge and use of modern methods is disappointingly low, even among health care professionals and service providers.[16] Very few family planning programs provide emergency contraception as part of their routine services.[17] There is a need to ensure that health professionals are adequately and accurately informed about emergency contraception in order to inform and offer women this option when the need arises.

Materials and Methods

One hundred medical doctors were selected by a systematic random method out of 276 doctors attending an ordinary general meeting of the Nigerian Medical Association in Port Harcourt in the year 2006. The questionnaire was completed by those selected and returned for analysis. Data analysis was by Microsoft Excel XP software and presented as proportions and percentages.

Results

Response rate

The response rate was 100%. All the sampled doctors responded to the questionnaires.

Years of practice

58% of doctors were up to 5 years in practice, 30% between 6 and 10 years and 12% were greater than 10 years in practice.

Specialty of respondents

The distribution of the doctors according to specialty showed that 40% were general practitioners, 17% were surgeons, 12% were obstetricians/gynaecologist, and 9% were physicians.

Place of work

Majority of the respondents (56%) were from the teaching hospitals. Others were from general hospitals and private clinics.

Knowledge of emergency contraception

Majority of the respondents (98%) knew of emergency contraception and 2% of the respondents were unaware of emergency contraception. However, 58% of the respondents could not identify correctly any of the emergency contraceptive methods listed. A total of 38% identified mifepristone as a method, 28% identified high-dose estrogen and 26% identified Postinor (levonorgestrel) within 72 hours as methods. IUCD inserted within 5 days of unprotected intercourse and the Yuzpe regimen (combination of estrogen and progesterone) were also identified by 26% and 18% respectively as methods. Microgynon and quinine were erroneously identified as emergency contraception (EC) by 18% and 6% respectively [Figure1].

Indications for emergency contraception

About 76% of the doctors felt that the EC is indicated when there is rape, 42% felt it is indicated in unprotected sexual intercourse and 36% felt it is required when there is missed contraceptive pills. Two percent of the respondents felt it is indicated to protect against sexually transmissible disease.

Attitudes toward the prescription of emergency contraception

Up to 60% of the doctors in this study had given a prescription for EC in the past while 40% had never

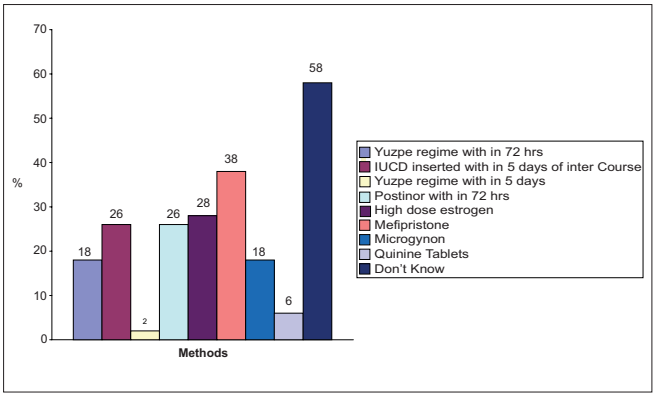

Figure 1: Identication of types of emergency contraceptives

prescribed any EC in the past. Their responses as to how frequently they prescribe EC are presented in Figure 2.

Reasons for not prescribing emergency contraceptives
The reasons given by the 40% who had never given prescription for EC ranged from not having need for it in 32 respondents, unawareness in about 2 respondents to EC being considered as abortifacient in 2 respondents.

Discussion

A number of studies have shown that there is poor knowledge of emergency contraception among health care professionals.[18-20] In this study, 98% of the respondents were aware of emergency contraception. This was quite high compared to 58% of family planning providers in Enugu.[16] However, 58% of these respondents did not know of various methods of emergency contraception. Only 26% of the respondents knew postinor (levonorgestrel) and another 26% knew IUCD were the methods of emergency contraception. The attitude and practice of emergency contraception in this study were quite varied; 60% of respondents had prescribed while 40% had never prescribed emergency contraception.

However, about 32% of the respondents prescribed emergency contraception occasionally and only 6% of the respondents prescribed emergency contraception regularly. This is similar to a study in the USA which revealed that health care providers, family practitioners, and emergency physicians rarely prescribe emergency contraception[19] while another study in the UK among general practitioners revealed that 30% prescribed emergency contraception as often as required.[20] The reasons given by the 40 respondents who had never prescribed emergency contraception were never had need for them in over 30 respondents, unaware of them in 2 respondents, and EC being considered as an abortificient in 2 respondents. Four respondents did not give any reason for never prescribing EC. A study in the USA among family planning coordinators revealed that all the respondents were aware of emergency contraception, but only 62% of providers felt emergency contraception was a form of contraception and 20% also regarded it as an abortifacient.[21]

Conclusion

The awareness of emergency contraception among medical doctors in Port Harcourt is quite high, estimated at 98%. However, an in-depth knowledge of the various methods and percentage of those using it is very low (< 30%). It is very important to correct these deficiencies in order to enable optimal use of these methods by the doctors and to benefit the women who may require it.

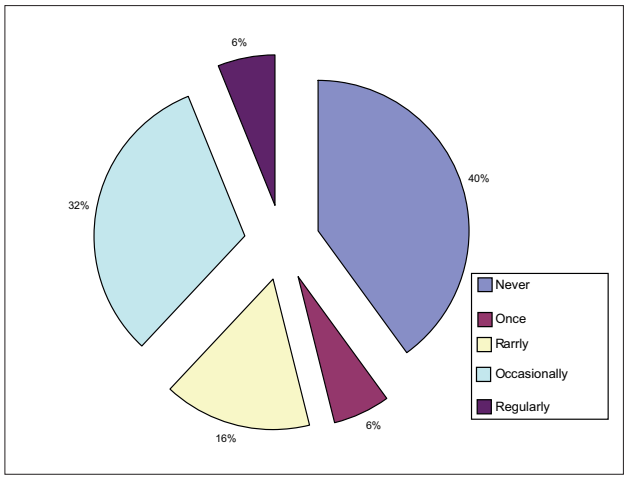

Figure 2: PIE chart of prescription attitude

Recommendations

- There is need for retraining of doctors in Port Harcourt to improve knowledge and increase the use of EC. This could be part of the continuing medical education, in seminars and workshops.

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