
*ORIGINAL ARTICLE**EMERGENCY CONTRACEPTION: POTENTIAL CLIENTS' AND PROVIDERS' PERSPECTIVE*Ameha Haile (MD MPH)¹, Nebreed Fesseha² (MD)**ABSTRACT**

BACKGROUND: *Emergency contraceptives can prevent pregnancy after unprotected sex, method failure and incorrect method use. Thus its introduction was a welcome addition for the campaign against unwanted pregnancy and unsafe abortion.*

OBJECTIVE: *To assess potential clients' and providers' perspective to wards emergency contraceptives.*

METHODS: *Cross-sectional survey was conducted on July 2003. There were a total of 209 extension program female students in Jimma University main campus during the study period and all of them were included in the study. Self-administered questionnaire was used for the data collection. Nine family planning service providers in Jimma town were participants for the in depth interview. In-depth interview was transcribed, coded and summarized manually by the Principal investigators.*

RESULTS: *Out of 180 female students forty students (22.8%) had ever heard of Emergency contraception. Only 25 students (13.9%) were able to mention at least one emergency contraceptive method. Only twenty-one (11.6 %) knew the correct timing that the method should be taken after unprotected sexual intercourse. In-depth interview revealed providers' uncertainty about existence of any national programme on emergency contraception, lack of adequate knowledge and experience on emergency contraception.*

CONCLUSION: *There is lack of adequate knowledge on emergency contraception among both potential clients and service providers. Thus there is a need to expand emergency contraception information and education through channels that could reach potential clients and build providers capacity through in-service and pre-service trainings.*

KEY WORDS: *Emergency contraception, potential clients, providers and knowledge*

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INTRODUCTION

Every year tens of millions of women throughout the world suffer from unwanted pregnancies. Hundreds of thousands of these women die, and hundreds of thousands more are disabled, as a result of complications of pregnancy, childbirth, or unsafe abortion. Much of this suffering could be averted, if more women knew about and had access to emergency contraception methods (1).

In many countries, women's ability to control their fertility is limited. Gender roles, power imbalances, cultural norms concerning sexuality and women's vulnerability to rape and violence puts them at high risk for unwanted pregnancy (2). Moreover, no contraceptive method is 100% effective and each year an estimated 8 to 30 million pregnancies occur around the world as result of contraceptive failure (3).

Introduction of emergency contraception was a welcome addition for the campaign against unwanted pregnancy and unsafe abortion. Since most of the regular methods are used before or during sexual intercourse, emergency contraceptives are the only method that can be used within short time after sexual intercourse, offering a second chance to prevent unwanted pregnancy. Studies estimated nearly half of the induced abortions could be prevented, if emergency contraception is accessible to all women and used correctly (4). Over 30 years of clinical use of emergency contraception has confirmed that such methods substantially reduce the chances of pregnancy. Most extensively researched emergency contraceptive method is the Yuzpe method (200 mcg of ethinyl estradiol and 1.0 mg of levonorgestrel, taken within 72 hours of unprotected intercourse and then 12 hours later), this method is estimated to reduce the likelihood of pregnancy by at least

75%. However, levonorgestrel (two doses of 0.75 mg 12 hours apart starting within 48 hours of unprotected intercourse), and post-coital insertion of a copper intra-uterine contraceptive device (IUD) has been used as emergency contraception in the past few decades. There are also two new agents under evaluation that offer more promising protection, RU-486 and the synthetic progestin and antigonadotropin danazol (5).

At the 1995 international conference on emergency contraception held in Bellagio, Italy experts identified the presence of few products and failure to provide the service by many health programs as obstacles for the wider use of emergency contraception. The Bellagio consensus states "we must make access to emergency contraception a reality" (6). However emergency contraception is unknown for vast majority of potential clients and service providers especially in developing countries (5).

Ethiopia is one of the countries with the highest maternal mortality rate (871/100,000 life births) (7). Abortion is found to be one of the major causes of maternal mortality (8). The contraception prevalence rate is only 8%, which is among the lowest in Africa. Current use of contraceptive methods was the lowest among women in the age group 15-19 years and highest among women in the age group 35-39 years (7).

Emergency contraception was a welcome addition for the campaign against unwanted pregnancy and unsafe abortion, however in Ethiopia the potential clients, providers and the services status is not well documented. The aim of this study is to assess the potential client's knowledge and provider's perspective on emergency contraception.

METHODS AND MATERIALS

Cross-sectional survey and in depth interview was conducted in June 2003. The study population for the cross-sectional survey was extension division female students of Jimma University, which is located in Jimma town. There were a total of 209 extension division female students in Jimma University main campus during the study period and all of them were included in the study. Nine Maternal and Child Health/Family Planning (MCH/FP) service providers working in governmental and non-governmental reproductive health services in Jimma town were participants for the in-depth interview.

Structured and self-administered questionnaire was used to collect data from the female students. Ethical clearance was obtained from Jimma University Research and Publication Office. Permission was taken from the respective schools, instructors and students to use the lecture hours and classrooms for the data collection. Three medical doctors and principal investigators were facilitators for the data collection. The facilitators explained the aim of the study and informed consent was obtained from each of the participants while distributing the self-administered questionnaires. The

collected data were cleaned, coded and fed in to a computer and analyzed using Statistical Package for Social Sciences and descriptive analysis performed.

Semi-structured checklist and tape recorder were used for the in-depth interview. Principal investigators interviewed service providers, after explaining the aim of the study and taking informed consent from each of the participants. The qualitative data were transcribed, coded and summarized manually by the principal investigators.

RESULTS

A total of 180 extension division female students completed and returned the survey questionnaires, which makes the response rate 86%. Ninety-three (51.7%) of the respondent were 20 years and younger. Mean age of participants was 22 years with standard deviation of 4 years. One hundred seven (59.4%) of the respondents were Orthodox Christians and majority 147 (81.7%) was single. One hundred seventeen (65%) of the students were first year students. One hundred four (57.8%) were Business students, 37(20.6%) Teaching students and 23(12.8%) were health science students (Table- 1).

method and all of them used regular oral contraceptive pills formulation (Yezup regimen).

Nine MCH/FP service providers working in governmental and non-governmental MCH/FP service outlets were participants for the in-depth interview. In general, respondents were familiar with the term "emergency contraception," although many providers knew the concept and some could mention emergency contraception regimens like Yuzpe regimen. Most lack comprehensive knowledge on the different methods available and their regimen. Almost all had no in-service training and believed the method is little known among most of their workmates and the public at large. In all the MCH/FP clinics emergency contraception is not in the method-mix they offer. Majority was uncertain about existence of any national programme and service guideline on emergency contraception. All agreed that, emergency contraception should be part of the MCH/FP service.

DISCUSSION

Our findings reflect the dearth of correct information on emergency contraceptives available in this study population. Less than a quarter of respondents knew the existence of a product that could be used to prevent pregnancy after unprotected intercourse. Even more worrisome is, only a tenth of respondents knew the correct timing of method use. The female student's awareness on emergency contraception is far less than the figures for developing nations, 58% among Nigerian female university students (9). There is a very wide difference between this study finding on female student's awareness on emergency contraception and findings from countries where there a school sex educational program, 95% among Finland

high school students (10) and 98% among Princeton University students (11). The low level of awareness in this study suggests lack of any educational program and service promotion on emergency contraception.

In this study, even though more than one-third of students were sexually active, only one-fifth was using regular methods of family planning at the time of the study. Only five students ever-used emergency contraception. In communities where majority had no regular partners and had non-frequent sexual intercourse (12), the potential demand for emergency contraception is undeniably much higher than what is documented in this study. However in absence of accurate information on emergency contraception the low level of ever use is not surprising. Use of emergency contraception among participants of this study is very low when compared with findings of studies done in communities where awareness for emergency contraception is widespread and service is widely available, 31.4% among secondary schools in Lothian, south east Scotland (13) and 15% among Finland high school students (10). This shows the likelihood that, wider use of emergency contraceptive methods could be achieved if there is promotion and advance provision of dedicated emergency contraceptives for potential clients.

In this study, even though almost all of the service providers were aware of the term and concept of emergency contraception, most were lacking adequate knowledge on the method regimen for the different products. None of them had any in-service training. Almost all said emergency contraception is not part of the family planning method mix they provide and they don't know any service guideline on emergency contraception. Lack of adequate knowledge on emergency contraception, among service providers has

been documented on similar studies done in North India (14) and Brazil (15), however, the situation is worse in this study setting.

This study finding shows that, the opportunity that emergency contraceptive methods offered for the programmes aimed at reducing unintended pregnancy and its adverse consequences is under utilized. University students are expected to have greater knowledge of emergency contraception than most youth with no or less educational attainment. Lack of adequate knowledge on emergency contraception among most of the female university students in this study suggests that the situation is more likely to be the worst for majority of teenagers and young adults with no or less educational attainment. Therefore, there is an urgent need to educate adolescents about emergency contraceptives.

Most service providers participated in this study lack comprehensive knowledge on emergency. Therefore, there is an urgent need for building providers' capacity through in-service and pre-service trainings. Finally, there is a need for large-scale quantitative and qualitative study including potential clients, service providers and other stakeholders.

ACKNOWLEDGEMENT

We would like to thank the Jimma University research & publication office for financing this study. We also like to extend our appreciations to the study participants, Jimma university extension program female students and Jimma town, FP/MCH services providers. Finally our thanks go to W/t Eyerusalem Woldetsadik for the secretarial work she had.

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