

Knowledge and Practice of Emergency Contraceptive Pills in Married Women of Urban Slums in Lahore

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Abstract

Background: Emergency contraception is a method to protect from unwanted pregnancy after unprotected intercourse. Methods of Emergency contraception are used in unprotected intercourse, contraceptive failure and incorrect use of contraceptive. 95% pregnancies can be prevented if emergency contraceptive methods are used within 5 days after sexual intercourse.

Objective: To assess the knowledge and practice of emergency contraceptive pills in married women

Methodology: Descriptive cross sectional study design was used and a sample size of 150 participants was selected for this study from urban area through convenient sampling techniques.

Results: Finding of the study clearly show that 80 (53.33%) were poor knowledge about emergency contraceptives and 70 (46.67%) were good knowledge about emergency contraceptives. Result also predicted that 50 (33.33%) were respond that they were using oral pills, 10 (6.67%) were respond they were used IUCD, 30 (20%) were used natural method and 60 (40%) were answer to none. 70 (46.67%) were respond that they are not using ECP due to family, 60 (40%) were respond to none and only 20 (13.33%) were answer that they were not using due to husband.

Conclusion: Base on finding of our study, it was concluded that there is significant relation among all demographics variables except income and religion with knowledge through Chi-square analysis. Result of the study also shows that there is significant relation among all

demographics variables except occupation with practice through Chi-square analysis. Study member age group, marital status, length of married life, family type, number of children, and number of trainings were significantly associated with practice scores.

Key words: Contraceptive Pills, Married Women, Knowledge and Practice

Introduction:

Giving importance to reproductive health, such as basic health services, antenatal care, talented medical care at labor, and knowledge about contraceptive strategies, its guiding and supplies increment in population play a critical role¹. The capability of couples to design the number, dispersing and timing of births is a significant basic human reproductive right. An unintended pregnancy is a pregnancy that is confounded, spontaneous or undesirable at the hour of conception. Unintended pregnancy is normally connected with an expanded danger of issues for both mother and kid and basically results from the absence of, conflicting, or off base utilization of viable contraceptive strategies². The estimated incidence of induced abortion in Pakistan is 890,000 annually. These rates might be high in zones where contraceptive use is lower since individuals have no information about the utilization of preventative techniques and undesirable childbearing is higher. Consequently when young ladies decide to have sex, different strategies are important to urge them to stay away from unintended pregnancies. One such technique is to build familiarity with emergency contraceptives among them³. Emergency contraception is a method to protect from unwanted pregnancy after unprotected

intercourse. Emergency contraception is usually done as emergency contraceptive pills used within 72 hours after unprotected intercourse before the ovum is delivered from the ovary and before the sperm treats the ovum. Methods of Emergency contraception are used in unprotected intercourse, contraceptive failure and incorrect use of contraceptive. 95% pregnancies can be prevented if emergency contraceptive methods are used within 5 days after sexual intercourse⁴. Copper bearing intrauterine device and emergency contraceptive pills are most effective methods of emergency contraception. These methods do not harm the established pregnancy. Emergency contraceptive pills cannot interrupt an established pregnancy or harm a developing embryo⁵. The worldwide populace today remains at 7.7 billion and is predictable to arrive at 9 billion constantly 2045. Expanding populace is a worldwide issue today and Pakistan is now the fifth most populated country in the world after China, India, the United States and Indonesia (Neesham, 2017). As per United Nation, Pakistan population greater than before six times between 1950 and 2020. Uncontrolled populace development has been perceived as the most significant obstacle to our public turn of events. Along these lines, it is significant at worldwide just as public scale to guarantee that all pregnancies are needed or planned⁶. These days, emergency contraceptives easily available in developing countries. However lack of knowledge and information, as well as limited access, have ruined unmarried ladies from finding out about ECPs and utilizing them (Chunk, 2018). A study evidence shows that limited access of unmarried ladies to emergency contraceptive is because of lack of knowledge to ECPs and barriers of the utilization of family planning centers, including shame, absence of knowledge of the facilities, inconvenient facility hours. Most of the women have poor practice regarding use of contraceptives and they do not know how many pills should be taken at a time

or how much time after sex these pill should be taken⁷. Every year around 250 million pregnancies happen internationally, out of which around 1,000,000 pregnancies are found in teenage around the world (Ahad, 2017). Around 1/3 of these pregnancies are unintended and 20% of these go through incited fetus removal (Walton, 2016). As per new overall gauges, the general premature birth rate is practically comparative in developing and developed countries, while the dangerous premature births are ruling in the developing countries. In low financial nations, out of 60 million unintended pregnancies (2/3 of which are expected to non use of contraceptives), 19% go through actuated premature birth and 11% are dangerous. Unsafe abortion has numerous ill impacts on ladies' health (Gill, 2018). Around 68,000 ladies die as a result of hazardous fetus removal every year, while a great many ladies end up with complexities of risky premature birth like extreme contamination and draining which might have been decreased by utilizing EC (Taylor, 2019). Above discussion clearly shows aim of the study to assess knowledge and practices of emergency contraceptive pills in married women of urban slum in Lahore. Aisha (2015) discuss in his study that the utilization of contraceptive strategies is related with women age, level of education, income source, number of their alive kin, and age at the hour of marriage, year of marriage, kid mortality, their insight and accessibility of contraceptives. Contraceptive practices influence fertility by decreasing the chance of conception. The greater part of the women are very much aware of various sorts of contraceptives however don't have a clue when to begin contraception after delivery and as well as emergency contraception. Metropolitan population with low-pay does know the significance of little family size yet "less contraceptive utilization" because of lack of knowledge and practices⁸. The current study was planned to assess knowledge and practice of emergency contraceptive pills in married

women of urban slums in Lahore.

Methods:

The present study was a community based and cross-sectional expressive investigation, and time period of the study was 6 month, to assess the knowledge and practice of emergency contraceptive pills in married women of urban slum in Lahore. Study setting of the study was Lahore slums Map. Study population of the present study was the married women urban slums in Lahore. The women who consented to take an interest was experience the consent forms, disclosing to them the advantages and dangers of taking part in the study. Married women, reproductive age group(18-49 years), permanent residence of slums area were taken. Women who refuse to participate in survey, women with any physical and mental disability were excluded. Sample size of the study was 150 married women by using Solvin formula. Information was gathered from 150 women through convenient sampling techniques. The individuals who meet the consideration criteria were incorporated into the investigation and the individuals who don't meet the criteria won't be the part of the study or research. The study instrument was consisting of three segments. Section 1 is involved socio-statistic information. While segment 2 includes different multiple choice question with respect to the practice and Section 3 consist of questions related to knowledge of women regarding emergency contraceptives pills. Information was gathered from married women in urban slums of Lahore. The information was gathered with the help of different associates inside a predefined time period. Data was collected through well-organized checklist which looked for such data as age, experience, educational status, kind of conveyance and knowledge and practice regarding emergency contraceptive pills. This checklist was completed by researcher from 150 participants through convenient sampling method. Factual investigation was done utilizing SPSS for Windows adaptation 21. The collected

data was analyzing through spss version 20.0. And data was computed using frequency, tables and charts. The connection between the three factors scores and socio-statistic factors was tried by utilizing relationship. The centrality level for all measurable investigation was set at 0.05.

Results:

This chapter includes 3 portions of analysis. Section 1 was demographic analysis. It gives us details of demographic questions. Descriptive analysis was used for other different section, section 2 include question related to Practices of emergency contraceptive pills, and Section 3 questions related Knowledge regarding emergency contraceptives.

Section 1: Demographics Analysis

Variables	Number (n)	Percent
1. Age		
1.1) What was your age at marriage?		
>19 year	70	46.7%
20-25 year	60	40%
26-30 year	15	10%
>31-35 year	5	3.3%
1.2) What was your age of your husband at marriage?		
>19 year	20	13.33%
20-25 year	55	36.67%
26-30 year	65	43.33%
>31-35 year	10	6.67%
1.3) What was your age at first child birth?		
>19 year	70	46.7%
20-25 year	60	40%
26-30 year	15	10%
>31-35 year	5	3.3%
2. Children		
2.1) How many children do you have?		
1	10	6.67%
2-3	10	6.67%
>4	89	59.33%
None	41	27.33%
2.2) How many alive children you have?		
1	20	13.33%
2-3	95	63.33%
>4	25	16.67%
None	10	6.67%
2.3) How many number of living sons you have?		
1	50	33.33%
>1	80	53.33%
None	20	13.33%

2.4) What is your desire number of children?		
1	10	6.67%
1-2	30	20%
3-4	100	66.67%
>4	10	6.67%
3. Education		
3.1) What is your education?		
Illiterate	90	60%
Literate	20	13.33%
Primary	20	13.33%
Lower secondary	10	6.67%
Higher secondary	10	6.67%
3.2) What is husband education?		
Illiterate	30	20%
Literate	20	13.33%
Primary	30	20%
Lower secondary	60	40%
Higher secondary	10	6.67%
4. Occupation		
4.1) What is your occupation?		
House wife	130	86.67%
Working women	20	13.33%
4.2) What is your husband occupation?		
Unemployed	20	13.33%
Freelance worker	30	20%
Daily wage labour	80	53.33%
Other	20	13.33%
5. Income		
5.1) What is your income if you are working lady?		
5000-10000	70	46.67%
11000-15000	20	13.33%
16000-20000	10	6.67%
None	50	33.33%
5.2) What is income of your husband?		
7000-10000	20	13.33%
12000-16000	40	26.67%
17000-20000	80	53.33%
None	10	6.67%
6. Family Type		
6.1) What is your family size?		
<5 members	60	40%
>5 members	90	60%
6.2) What is your family type?		
Single	40	26.67%
Joint and Extended	110	73.33%
7. Religion		
7.1) What is your religion?		
Muslim	120	80%
Christian	30	20%

Age of the women at the time of their marriage in which most women age is >19 years 70 (46.67%),

women age 20-25 years were 60 (40%), 25-30 years women were 15 (10%) and women age between 31-35 years were 5 (3.33%). Age of the husband of the participants at the time of their marriage in which husband age >19 years were 20 (13.33%) participants, husband age 20-25 years were 55 (36.67%) participants, 26-30 years aged husbands number were 65 (46.33%) and husband age between 31-35 years were 10 (6.67%). Age of the women at the time of their first child birth in which most women age is >19 years 70 (46.67%), women age 20-25 years were 60 (40%), 25-30 years women were 15 (10%) and women age between 31-35 years were 5 (3.33%). The practice section consist of six different question regarding practice of women regarding emergency contraceptive pills. Most of the women 70 (46.67%) were more than three children, 50 (33.33%) were two, 20 (13.33%) were one child and 10 (6.67%) were no child. 70 (46.67%) respond that they are not using ECP due to family, 60 (40%) were respond to none and only 20 (13.33%) were answer that they were not using due to husband, 50 (33.33%) respond that they were using oral pills, ECP, 10 (6.67%) were respond they were used IUCD, 30 (20%) were used natural method and 60 (40%) were answer to none, 90 (60%) respond that their husband were using condom, 20 (13.33%) were respond to withdrawal method and 40 (26.67%) were answer to none. A total of 80 (53.33%) were respond to none, 60 (40%) were respond to belief and only 10 (6.67%) were answer to feeling of sin against nature. There were 140 (93.33%) females who respond to none and only 10 (6.67%) were answer to other medical issue. 80 (53.33%) were poor knowledge about ECP and 70 (46.67%) were good knowledge about ECP. In 40 (26.67%) were replied that they know from health care worker, 60 (40%) from friends, 10 (6.67%) know from relative and 40 (26.67%) were answer to none, 30 (20%) were replied that they obtain from family planning center, 10 (6.67%) from lady health worker, 70 (46.67%) were obtain from medical store and 40 (26.67%) were answer to none, to

answer of the participants about correct dose of ECP in which 50 (33.33%) were replied that two table in state is the correct dose, 20 (13.33%) were respond that two tables 24 hrs apart is the correct dose and most of the participants 80 (53.33%) were answer that they do not know which show poor knowledge of the participants. Graph no 11 reflect answer of the participants about correct timing of ECP use after unprotected sex in which 50 (33.33%) were replied that within 72 hrs is the correct timing, 30 (20%) were respond that it should take within 5 days and most of the participants 70 (46.67%) were answer that they do not know which show poor knowledge of the participants. Only 20 (13.33%) were replied that it is successful up to 20-50%, most of the women 130 (86.67%) were respond that they do not know how much it is successful which show poor knowledge of the participants. Only 60 (40%) were replied that they not use because of lack of information, 20 (13.33%) were respond that they have fear of side effects and most 70 (46.67%) response to none which show that have no knowledge. Only 20 (13.33%) were replied to nausea, bruising, itching, 50 (33.33%) were respond to headache, irregular vaginal bleeding and breast tenderness and most 80 (53.33%) response to not know which show that have no knowledge. Only 10 (6.67%) were replied to herself, 60 (40%) were respond to husband, 10 (6.67%) response that family was the barrier and most 70 (46.67%) were answer to none which show that have no knowledge.

Independent variables	Categories	Responses of Participants		Chi ² (df)	P-Value
		Frequency	Percentage		
Age of the respondent	>19 year	70	46.7%	6.100a	.030
	20-25 year	60	40%		
	26-30 year	15	10%		
	>31-35 year	5	3.3%		
Children of the respondents	1	10	6.67%	2.326a	0.049
	2-3	10	6.67%		
	>4	89	59.33%		
	None	41	27.33%		
Education of the respondent	Illiterate	90	60%	5.167a	.010
	Literate	20	13.33%		
	Primary	25	13.33%		
	Lower Secondary	10	6.67%		
	Higher Secondary	10	6.67%		

Independent variables	Categories	Responses of Participants		Chi ² (df)	P-Value
		Frequency	Percentage		
Occupation of the respondent	House Wife	130	86.67%	6.462a	.800
	Working women	20	13.33%		
Income of the respondent	5000-10000	70	46.67%	5.300a	.030
	11000-15000	20	13.33%		
	16000-20000	10	6.67%		
	None	50	33.33%		
Family type of the respondent	Single	40	26.67%	3.410a	.000
	Joint & Extended	110	73.33%		
Religion of the respondent	Muslim	120	80%	4.768a	.010
	Christian	30	20%		

Table 3: Association of Practice with Independent variables

The chi square measurement shows up in the Value segment of the Chi-Square Tests table quickly to one side of "Pearson Chi-Square". In this model, the estimation of the chi square measurement for age of the respondent is 8.100, for children of the respondent is 1.896, for education of the respondent is 9.200, for occupation of the respondent is 6.462, for income of the respondent is 5.300, for family type is 3.410 and for religion of the respondent is 4.768. The p-value esteem shows up in a similar line in the "Chi (df) (2-sided)" segment is .010 for age of the respondent, 0.02 for children of the respondent, .000 for education of the respondent, .080 for occupation of the respondent, .030 for income of the respondent is, 0.000 for family type of the respondent and 0.010 for religion of the respondent. The finding is significant if this value is equivalent to or less than the assigned alpha level (normally .05). For this situation, the p-value is smaller than the standard alpha worth for age, children, education, income, family type and religion so we can say that there is significant relation among Practice of contraceptive with age, children, education, income, family type and religion while the p-value for occupation is greater (.800) which means that association between practices with occupation is not significant

Discussion:

Present sectional study assesses knowledge and practice of married women regarding

emergency contraceptive pills among 150 women in urban slums of Lahore, Pakistan. Finding of the current study indicate that most women age is >19 years 70 (46.67%) at the time of their marriage. Maximum number of women 89 (59.33%) have respond that they have to 2-3 children. Knowledge and practice of the women in the current study was poor because out of 150 women 90 (60.00%) women responded that were illiterate, so they are unaware about the emergency contraceptive pills. A study conducted by¹⁴ which finding is similar to the current study results which explain that knowledge about different permanent and ordinary methods among men and women were ranges between 45-97 percent, information regarding emergency contraceptive pills in men were 20 percent and 11 percent in women. Present study finding also show that most of the women were housewife 130 out of 150 so they have very little exposure to the community that why their level of knowledge and practice to use emergency contraceptive pills were low. This finding was found similar with study done by¹⁵ et al where 95.2% of study participants were housewives. Current study result also predicted the practice of women regarding not using emergency contraceptive pills in which most of the women 70 (46.67%) were respond that they are not using ECP due to family, 60 (40%) were respond to none and only 20 (13.33%) were answer that they were not using due to husband. Finding of the study also show responses toward barriers from religious point of view using ECP in which most of the women 80 (53.33%) were respond to none, 60 (40%) were respond to belief and only 10 (6.67%) were answer to feeling of sin against nature.¹⁶ Conducted a study which finding is similar with the current study that only 35% of married women used different contraceptive method. Highest number 58% of formal employment women use contraceptives, result of the study also mention that there is a clear significant association of contraceptive use with occupation, education level, cultural beliefs

and support from husband and admittance to data while religion, chief on wanted number of kids in the family were not found to be significantly associated with the utilization of contraceptive methods. Moreover, some other factors like husband support, family and religious beliefs were also play a key role in influencing the utilization of contraceptive methods ¹⁶. Finding of the current study show responses of the participants regarding knowledge about ECP in which most of the participants 80 (53.33%) were poor knowledge about ECP and 70 (46.67%) were good knowledge about ECP. 40 (26.67%) were replied that they know from health care worker, 60 (40%) from friends, 10 (6.67%) know from relative and 40 (26.67%) were answer to none. Present study also explore the source of obtaining emergency contraceptive in which 30 (20%) were replied that they obtain from family planning center, 10 (6.67%) from lady health worker, 70 (46.67%) were obtain from medical store and 40 (26.67%) were answer to none. A study done by¹⁷ which finding is linear with the current study result that almost 21% of 244 students with knowledge of contraception are users, 82% of sexually dynamic respondents were non-users while condom is the most widely contraceptive method used. Likewise, 60% and 30% of respondents acquire knowledge about contraception from the media (TV/Radio) and peers (friends) respectively. Nonetheless, particularly 32% of the study participants thought contraceptives are just gown-up wedded people. They accepted that there is a requirement for forceful promotion and scattering of data on Adolescent Reproductive Health (ARH) and family arranging strategies before inception of sexual movement among the young adult populace. Another study finding is similar to our current study that 60% of the participants had knowledge about different contraceptive methods (Bader, 2016). Current family planning methods and knowledge use in Pakistan in 2000 and 2001 showed the use of

contraceptive pills (1.9%), information about contraceptive pills (76.5%), and current use of condoms (5.5%)¹⁸. In the event that medical care workers don't have an adept information and a great mentality to practice family planning, the acknowledgment level and consistence of family planning services by their beneficiaries from those medical workers will be undermined (James, 2015). Primary medical care doctors to comprehend the methodology that would be needed to advance family planning services they have to know the degree of information, demeanor of their team workers, and consequently having a thought regarding their training, eventually their counseling drive and goal of inspiration to recipients (Young, 2018).

Conclusion:

Base on observations of our study, it was concluded that knowledge and practice of emergency contraceptive were straightforwardly identified with one another. The level of knowledge and practice toward emergency contraceptive was moderately low and the level of emergency contraceptive use was very low in correlation with numerous studies. Study member age group, marital status, length of married life, family type, number of children, and number of trainings were significantly associated with practice scores. Health workers should teach the community about contraceptive pills practices in a comprehensive manner so as to increase the awareness and develop a favorable attitude so that contraceptive utilization will be enhanced.

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