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EMERGENCY CONTRACEPTION: KNOWLEDGE AND VIEWS OF DOCTORS IN DELHI

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ABSTRACT

A KAP survey was carried out among 190 doctors in Delhi to obtain their views on Emergency Contraception (EC). All the specialists and most of the interns were aware of emergency contraception. Most of the doctors had never prescribed an EC pill and lacked accurate information on dosage, time frame and side effects. Nearly 82 per cent of them, irrespective of their specialization, opined that the use of EC would bring down the number of abortions. The interns and specialists were more enthusiastic about the role of EC in reducing the abortion rate. It was also observed that the interns and specialists were less apprehensive of the negative impact of EC on sexual behaviour as compared to the general practitioners.

Key-words: Emergency contraception, Unprotected intercourse.

Women have felt the need to control their fertility since time immemorial. Post-coital douching is probably one of the oldest contraceptive methods used and has also mention in the sacred Vedas of India and the Egyptian literature written about 1500 B.C.[1] Self-administration of various herbs, pepper, cabbage seeds[2], caustic agents, soaps, vinegar, lemon juice, Coca-Cola,[3,4] etc. and even dangerous articles like sticks, acids and others has 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- diethylstilbestrol on rape victims.[5] This was followed by oestrogen-progestogen pills, progestogen – only pills, mifepristone and copper intra-uterine devices which can be used within 72-120 hours after coitus, thus changing the terminology of post-coital contraception to emergency contraception (EC). EC has now become an integral part of contraceptive services to prevent conception following unprotected and unplanned exposure or contraceptive accidents like burst condom, slippage of diaphragm and forgotten pills. Worldwide studies show a poor knowledge of doctors and users about EC which prevents women

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from seeking timely help and intervention when such a need arises.[6-9] In view of paucity of Indian data on EC, a survey was carried out among the health care providers in Delhi to find out their knowledge about EC.

MATERIALS AND METHOD

The present study was undertaken to understand the awareness, knowledge, experience, attitudes and views of Delhi doctors about Emergency Contraception. Data were collected by conducting a KAP survey on the knowledge and views of emergency contraception among 190 doctors in Delhi during September 1998-May 2000. A well-qualified obstetrician-gynaecologist with a considerable experience was engaged in the data collection. A structured, self-administered questionnaire was supplied to the consultant obstetrician-gynaecologists, doctors undergoing post-graduate training in obstetrics and gynaecology in medical college hospitals, general practitioners (GPs) employed in the Central Government Health Scheme dispensaries and young MBBS graduates undergoing compulsory rotatory internship in medical college hospitals of Delhi at their work places. The questionnaire was prepared to elicit information relating mainly to assess the doctors' awareness, knowledge and experience of EC; their views and perception about impact of EC on society; and doctors' attitudes towards distribution and availability of EC. Background information of doctors' like age and educational qualification was also collected.

Responses from doctors who were aware of EC were analysed. One hundred and sixty doctors who were aware of EC were divided into three groups according to their qualification. Group I consisted of eighty-eight MBBS doctors undergoing compulsory rotatory internship in medical college hospitals of Delhi. Group II consisted of 52 doctors who were either specialist obstetrician-gynaecologists/postgraduate students or senior residents in obstetrics and gynaecology. Group III had twenty general practitioners (GPs) employed in Central Government Health Scheme dispensaries of Delhi. Thirty GPs were excluded from analysis as they had no knowledge about EC.

The knowledge of each of the five specified EC regimens given in the questionnaire was considered complete and correct when the responses for the drug composition, dosage schedule and time frame of use were answered correctly by the respondents. Analysis has been carried out by using simple classification and tabulation of reference groups. Normal Z statistics was used for validating the significance of the findings.

FINDINGS

Table 1 summarises an in-depth knowledge of five EC regimens among the doctors who were aware of EC. Yuzpe regimen was the most popularly known method for EC among 22 specialists, 7 GPs and 6 interns and only few

specialists could mention the correct regimen of LNG, RU-486 and EE. The use of CuT as an EC was known to half of the specialists and GPs.

It is apparent from Table 1 that the doctors did not have an accurate knowledge of the mechanism of action of an EC. Blocking implantation of the fertilized ovum was known to nearly 50 per cent of the doctors whereas 26 per cent mentioned that EC interferes with fertilization and only 6.8 per cent knew that it prevents ovulation. None of the surveyed doctors knew that EC could delay ovulation when administered in the follicular phase. This can lead to pregnancy if the woman is again exposed to unprotected intercourse later in the same cycle. Nine interns, one specialist and three GPs thought that EC induces early abortion.

Regarding safety use of EC, most of the respondents felt that it was not safe for women with heart disease. Majority (87.5%) of the doctors confessed that they had never prescribed an EC. They also shared that patients rarely come for consultation following an unprotected intercourse or condom failure (Table 1).

TABLE 1
AWARENESS VS. CORRECT KNOWLEDGE OF EC

	Group I	**Group II**	**Group III**	**Total**
Total Doctors Surveyed	88	52	50	190
Doctors Aware of EC	88	52	20	160
Correct Knowledge of EC Regimen				
Yuzpe	6	22	7	35
LNG	0	6	0	6
RU 486	0	9	0	9
EE	2	3	1	6
CuT	0	25	9	34
Mechanism of Action				
Blocks implantation	57	19	4	80
Interferes with fertilization	24	12	6	42
Prevents ovulation	4	7	0	11
Delays ovulation	0	0	0	0
Early abortion	9	1	3	13
Don't know	6	1	5	12
Safety of EC Use				
Safe, no risk	12	7	3	22
Some complications, not serious	39	7	9	55
Not safe for heart disease	27	30	3	60
Don't know	10	8	5	23

A sizeable number of specialists (39) and GPs (19) feared that easy availability of EC might promote promiscuity. The interns felt that it will not have much adverse effect on sexual behaviour and was found to be highly significant ($Z = 3.59$; $p < 0.001$). Nearly 82 per cent of the doctors irrespective of their specialization felt that the use of EC will bring down the number of induced abortions.

TABLE 2
IMPACT OF EC ON SOCIETY

	Group I n=88	Group II n=52	Group III n=20	Total N=160
Encourages Promiscuity				
Very much/to some extent	32	39	19	90
Not much	41	10	1	52
Not sure	15	3	0	18
Use of Condoms				
Definitely reduce/reduce to some extent	38	40	17	95
Unaffected	46	11	2	59
Not sure	4	1	1	6
Use of Other Contraceptives				
Decrease very much/ Decrease to some extent	47	33	16	96
Not much affected	33	17	3	53
Not sure	8	2	1	11
Will EC Reduce Abortions				
Yes	70	50	11	131
No	8	1	8	17
Not sure	10	1	1	12

Sixty five per cent (n=104) of the surveyed doctors agreed that EC should be sold only on prescription and more than half discouraged its distribution by paramedical staff. Also, there is no statistical difference of opinion between the three groups on EC distribution. Almost all surveyed health care providers expressed the need to increase doctors' knowledge and public awareness regarding EC (Table 3).

TABLE 3
DOCTORS' VIEW ON EC DISTRIBUTION

	Group I n=88	Group II n=52	Group III n=20	Total n=160
Over the Counter Sale				
Yes	35	12	2	49
Only on prescription	51	38	15	104
Not sure	2	2	3	7
Distribution by Paramedical Staff				
Yes	38	23	5	66
No	43	27	14	84
Not sure	7	2	1	10

DISCUSSION

The need of EC arises when the conventional contraception fails or in cases of unplanned sex and sexual assault. However, worldwide, EC is not used or prescribed widely in most of the clinical settings.[9,10] In a study of London health care professionals, it was found that most of them lacked appropriate knowledge of prescribing EC but the family planning doctors and nurses had accurate information[7]. Only one-third of the GPs informed clients about post-coital contraception. In New South Wales, Australia, more rural GPs (95%) know about EC than urban GPs (79%) but there was a great variation in the regimens prescribed especially by the rural GPs. Nearly 25-31 per cent of doctors did not offer any information about EC while 18 per cent of them gave information when requested by the patients.[8] Similarly, the use and knowledge of EC among the American public and obstetrician-gynecologists is limited, a random telephonic survey revealed.[9] The current study also showed that awareness of EC was high among the young interns and obstetrician-gynaecologists than GPs, but most of them could not write a correct prescription for EC.

Studies from other developing countries like Mexico, Kenya and Indonesia also revealed a limited knowledge of EC among the health care providers and a need was felt to educate both the public and practitioners about EC. The Global consortium for EC is working to expand global access to EC. Kenya, Mexico, Indonesia and Sri Lanka were chosen first for this purpose. In Kenya[11] less than 50 per cent of the service providers and 10 per cent of the clients knew about EC, while in Mexico[6] although 74 per cent of the service providers had heard of EC, fewer than 40 per cent knew the correct dosages and 18 per cent of the prospective clients were familiar with EC. A baseline survey among the health care providers and policy makers in Indonesia[12] indicated that only 25 per cent had awareness of EC and fewer than five per cent clients had ever heard of the method. In contrast, a need-assessment study demonstrated that majority of the service providers in Sri Lanka were familiar with emergency contraception. The Sri Lanka consortium felt to increase of EC awareness and understanding of EC among the general public.

A Consortium on National Consensus for EC was held at New Delhi in 2001. Few studies conducted in Baroda[14], Kolkata[15] and Nagpur[16] showed lack of awareness and accurate information among the health care providers. Many doctors even believe EC to act as an abortifacient. Twenty two per cent gynaecologists in Nagpur, 8.1 per cent doctors in the present study, 49 per cent nursing students in Nairobi[17] and a large number of doctors in the Indonesian survey have expressed the same view. This misconception needs to be dispelled to promote correct and timely use of EC without the fear of legal complications, especially in countries where abortion is illegal.

Different views have been expressed with regard to free access to EC. There are fears that widespread use of EC would lead to less consistent use of

other methods of contraception[18]. Mexican health care providers greatly overestimated the negative health effects of EC and advocated medically controlled distribution[6]. General practitioners in UK were concerned about repeated use of EC but only 77.6 per cent said that they would discuss future contraception with the woman[19]. Only 7.7 per cent had arrangements whereby a nurse could provide EC even though they were not in favour of pharmacy distribution of EC. Over the counter availability of EC was not supported by 62 per cent of the respondents of another survey of accident and emergency department staff in UK[20]. In New Zealand also, doctors resisted 'over-the-counter' availability of EC as they felt that the women would show lesser interest in other important family planning alternatives[21]. Studies from India show the divided opinion of doctors over the dispensing strategy but more number of practitioners favour the availability of EC on prescription only[15,16] which was observed in the present study.

Nevertheless, lack of easy access to EC is identified as one of the important reasons for under-utilization of EC[22,23] besides lack of public awareness. It was also realized that EC pills are relatively safe, easy to use and free from any major side effects. Studies to understand the behaviour of women, when given an advance supply of EC pills[24-26], have found that women use EC judiciously.

It is estimated that the use of EC would reduce the number of unintended pregnancies by 1.7 million and the number of abortions by 0.8 million in the US[28]. Nearly 82 per cent of the doctors in the current study also felt that use of EC will surely reduce the number of abortions. Because patients rely on health care providers for information on birth control and they can improve knowledge about availability of EC pills among their patients and promote its use.[9]

A Consensus Statement on Emergency Contraception[29] emerged at the conference convened by the Rockfeller Foundation in April 1995 to discuss about emergency contraception. It emphasized the need to educate the health practitioners, family planning service providers and medical students. Potential clients should be told about the EC method at family planning clinics, and through articles in health magazines. Steps must be taken to increase the availability of these products. They even proposed to provide the women with emergency contraceptives for future use. The use of combined oral contraceptive pills for emergency contraception should be mentioned in the information booklet of the commercial OCP kits. Emergency contraception should also be made available in police stations, STD clinics and non-government organizations working for community health.

CONCLUSION

Awareness of EC is poor among the general practitioners included in the study. Specialist doctors and young interns are aware of EC but they lack an

accurate and detailed knowledge regarding its composition, dosage schedule and efficacy. Patients rarely seek help in cases of condom failure and unprotected intercourse. Very few doctors prescribe EC and counsel patients for contraceptive failure. Awareness among the public through mass media is likely to generate public demand for EC. However, keeping in mind the changing sexual behaviour of the younger generation, a formal training of the doctors and paramedical staff would be a right step. The health policy makers need to feel the necessity to approve and market EC as a separate pack to bring down the unplanned pregnancies and subsequent induced abortions in our country.

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