

Understanding of Emergency Contraception among Nursing Staff in a Tertiary Care Hospital of Andaman and Nicobar Islands, India

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ABSTRACT

Context: Emergency contraception (EC) offers women a last chance to prevent pregnancy after unprotected intercourse. Nursing personnel are both service providers and health educators to the community and their understanding can influence the contraceptive behaviour.

Aim: To find out the understanding of emergency contraception among nursing personnel.

Settings and design: Descriptive cross-sectional study.

Material and methods: A predesigned questionnaire was used to collect the responses of nurses regarding their understanding of Emergency Contraception.

Statistical analysis used: Mean & Percentages.

Results: Eighty (80%) of the respondents had heard about EC. Majority (88.75%) responded in favour of Levonorgestrel. Most (76.25%) opined incorrectly that EC pills are abortifacient. All the participants showed positive attitude towards EC. However, only three participants came out to be EC users.

Conclusion: Nurses with a complete knowledge and positive attitude towards EC can act as effective counsellors to the public to create awareness, improve their understanding and change their attitude towards EC.

Keywords: Understanding; Nurses; Emergency contraception; Levonorgestrel

Key Message

Nurses with a complete knowledge and positive attitude towards EC can act as effective counsellors to the public.

INTRODUCTION

Each year approximately 210 million women become pregnant worldwide and 80 million pregnancies are unplanned. About 46 million (22%) end in induced abortion and 68,000 women die because of unsafe abortion [1]. In India, complications of unsafe abortion account for an estimated 9% of all maternal deaths [2]. Emergency Contraception (EC) promises to be useful in such cases by preventing unwanted pregnancies

following unprotected sex. It is a safe and extremely effective method with a failure rate of 0.2-3%. In spite of being introduced in the National Programme in 2003 and later declared as an over the counter (OTC) product in 2005, EC still remains a grossly under-utilized option in the prevention of pregnancy [3]. Nursing personnel act as both health educators and service providers. Their understanding about contraception can grossly influence the contraceptive practices of the community. Therefore, this study aims at assessing the level of knowledge, attitude and practice of EC among the nurses working in a tertiary care hospital. This study was the first of its kind in Andaman & Nicobar group of Islands, situated in Bay of Bengal, about 1200 km from mainland India.

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SUBJECTS AND METHODS

This was a cross-sectional study conducted in a tertiary care hospital of the island in December 2015 to assess the knowledge, attitude and practice of Emergency Contraception among the 100 staff nurses working there. After obtaining the ethical committee approval, randomly selected nurses, who gave verbal consent, were invited to participate in this study. A pre-designed, structured questionnaire was given to them, which included questions on socio-demographic variables, knowledge, attitude and practice towards EC. Questions on practice of EC were optional as the study included both married as well as single nurses. Confidentiality of information provided was assured and maintained. For evaluation of knowledge and attitude, participants had to answer Yes/No/Do not know. Data was analyzed using SPSS software. Descriptive analysis using percentages, mean and standard deviation (SD) was used.

RESULTS

A total of 100 staff nurses participated in the study. Of these, 91% were married. The mean age was 37.29 ± 8.20 years [Table 1] depicts the socio-demographic profile of the study participants.

Characteristics		Number (n=100)	Percent (%)
Age (yrs)	20-29	16	16
	30-39	44	44
	≥ 40	40	40
Residence area	Urban	83	83
	Rural	17	17
Religion	Hindu	69	69
	Christian	23	23
	Muslim	8	8
Duration of work	≤ 10	53	53
Experience (yrs)	Nov-20	29	29
	>20	18	18

Table 1: Socio-demographic characteristics of participants.

The mean duration of work experience was 12.08 years. Most of them (80%) did diploma in General nursing and Midwifery and the rest did Bachelor of Science (BSc.) in Nursing.

Majority of the participants (45%) had a parity score of two with unplanned pregnancy experienced in 10%. When asked leading questions, 87% nurses felt that the problem of unintended pregnancy is a major problem in our country. All the staff nurses were aware of some method of contraception. Condom was the most popular method

used. The most common source of information about EC was from mass media (100%) followed by doctors and health personnel (56.2%; 45/80) and friends, relatives & spouse (13.7%; 11/80).

Regarding methods that could be used as EC, 88.75% (71/80) responded in favor of Levonorgestrel (LNG). All had the correct knowledge that EC should not be used as a regular method of contraception [Table 2] but at the same time most of them (42.5%; 34/80) wrongly considered that contraindications such as hypertensive disorders, heart diseases, diabetes and thyroid disorders associated with oral contraceptives are also applicable for E- Pills. Majority of them (76.25%; 61/80) opined incorrectly that EC pills are abortifacients [Figure 1]. All the participants had a positive attitude towards EC [Table 3].

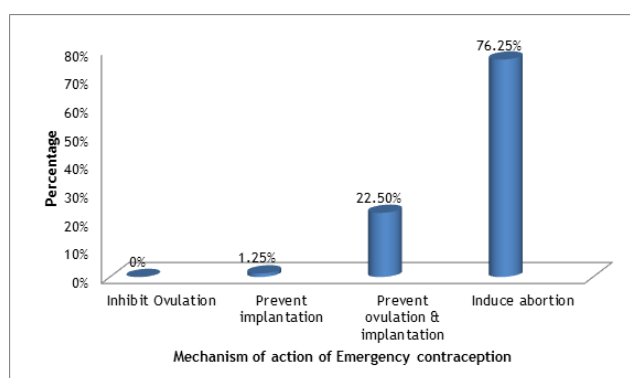


Figure 1: Mechanism of action of emergency contraception.

Statement	Correct Response	Incorrect Response	Do Not know
Indication for using EC	9	71	-
LNG as EC	71	5	4
High dose OCP as EC	65	5	10
IUCD as EC	-	12	68
Mifepristone as EC	-	8	72
Mechanism of action	19	61	-
Appropriate time of taking LNG	78	2	-
Number of tablets to be taken (Two)**	37	42	1
Interval for repeat dose (12 hours)	35	45	-
LNG is available as an OTC drug (Yes)	54	20	6
Common Side effects	21	43	16
Contraindications to EC (Pregnancy)	-	34	46
EC protects against STDs (No)	72	7	1

EC can be used regularly (No)	80	-	-
Effectiveness of EC in preventing pregnancy (85%) ^[6]	50	30	-
*within 72 hours of unprotected sexual intercourse; **0.75mg LNG			

Table 2: Knowledge of emergency contraception.

Statement	Yes	No	Do not Know
EC is safe for its users	80	-	-
Will recommend EC to others	80	-	-
Should Paramedical staff dispense EC	19	61	-
Should EC be more widely advertised	80	-	-
Willing to attend awareness programme	80	-	-
Using EC is better than abortion	80	-	-
EC will encourage high risk behavior	80	-	-
EC would discourage consistent use of condom	70	10	-
Does EC use discourage regular contraceptive	70	10	-
Purchase of EC as OTC will be embarrassing	49	31	-

Table 3: Responses regarding attitude towards emergency contraception.

DISCUSSION

Unplanned pregnancy poses a major public health challenge in women of reproductive age and is associated with unsafe induced abortion and its consequences. Emergency contraception offers women a last chance to prevent pregnancy after unprotected intercourse. The biggest hurdle in practice of EC is lack of knowledge. Nursing personnel form a vital component of the health system that shoulders major responsibilities in creating awareness regarding EC. Their skills and devotion bring them close to the patients and communities so that they can clear their misconceptions about the chosen method.

In the present study, only 11.25% (9/80) had correct knowledge about EC. Similar findings were observed by Takkar et al. [4]. LNG as EC was known to only 71% of our participants. None of them knew about Mifepristone and IUCD as a method of EC. This was comparable to that observed by Zeteroglu et al. [5]. In a study done by Thapa et al. it was found that there was a positive co relation (co-efficient of correlation=0.537) between nurses' knowledge and attitude towards EC [6]. In another study done in Vietnam, it was observed that the providers who received training and proper information about Emergency Contraception were ready to include EC in

their cafeteria approach to the clients seeking contraceptive advice. They also concluded that health personnel including pharmacists and druggists should also get proper training regarding the advantages, disadvantages and side-effects of EC so that they can confidently prescribe them [7].

Khan et al. in his study reported that 96% of the doctors incorrectly believed that EC pills act by preventing implantation [8]. In the present study also, there is a common misconception that EC pills act as an abortifacient. This view negatively influenced the decision to use or provide EC in the future. Emergency contraception, thus, need to be positioned as an option distinct from abortion. It is, in fact, a way to prevent the need for abortion.

The correct timing of administration of EC was known to 78% of our respondents which was better than that observed in a Nigerian study where only 10% were aware of it [9].

No medical reasons indicate that EC pills should be prescription-only products. These can be dispensed by doctors, nurses, pharmacists as well as community health workers [10]. No serious complications have been linked to EC. Common side effects include nausea, vomiting, abdominal pain, breast tenderness, headache, dizziness and fatigue. These usually do not occur for more than a few days after treatment and they generally subside within 24 hours. Among nurses with awareness of EC, only 26.25% (21/80) were aware of these side effects.

In a study carried out in Delhi, 90% participants said that EC should not be used on a regular basis [11]. Similar response was given in our study also. Majority of the nurses had a positive attitude and showed their willingness to encourage their friends and relatives to use EC if needed. About 61.25% felt that purchasing EC from OTC will be embarrassing; however, all of them believed that using EC is better than abortion. All the participants responded affirmatively regarding promotion of promiscuity but actually this is not correct because this is a behavioral problem. Similar findings have been reported in other studies too [12-14].

In spite of having a positive attitude towards EC, the actual usage was very low (3.75%). This indicates that participants had many misconceptions and apprehension regarding its use. Low practice of EC was also noted in two other studies [4,15].

The reason for lack of detailed information about EC may be linked to the source of information. The advertisements on television stress only on the accessibility of EC pills and use fancy phrases such as 'Tension Free,' but they lack complete information about the product. Hence, it is the health care providers who can give correct and desired information to their clients and this is possible only when they themselves are thoroughly clear in their concepts.

CONCLUSION

Knowledge gaps among the nursing personnel regarding EC need to be bridged as this could negatively impact on prescribing habits and future promotion of emergency contraception. It is therefore essential to give them adequate knowledge and training about contraception and also regularly updates their knowledge with recent advances in the field so that they can spread the right message to the right person.

CONFLICT OF INTEREST

Authors report no conflict of interest.

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