

TO DETERMINE THE KNOWLEDGE, ATTITUDE AND PRACTICES OF EMERGENCY CONTRACEPTION AMONG CLIENTS ATTENDING FAMILY PLANNING CLINIC IN KENYATTA NATIONAL HOSPITAL

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Abstract

Objective: To assess the Knowledge Attitude Practice of Emergency Contraceptive among clients attending family planning clinic at KNH.

Design: Cross-sectional descriptive study.

Setting: Kenyatta National Hospital, Nairobi, Kenya.

Methodology: 385 women attending Family planning clinic at Kenyatta National Hospital who consented, had a questionnaire administered on knowledge, Attitude and practice of emergency contraceptive.

Results: Knowledge of regular contraceptives methods was high since 96.1% of those interviewed knew of More than three methods of contraception. Twenty nine per cent of the respondents listed postinor as one of the methods they knew. There was 38.7% of the respondents who knew of emergency contraception and 50.7% of them had used EC. Most of the knowledge on EC was got from friends (48.7%) but only 12% got information from health clinics. The knowledge on timing for the use of EC was good with 82.7% saying the method should be used within 2days of unprotected sexual intercourse. Over 94% of the respondents were of the view that rape victims should be given EC. On the other hand, 95.2%disagreed with idea of placing the EC in public places. On whether EC is abortifacient, 27.3% thought it was. Those that would get their EC form a chemist were 51.7% while 47.6% would get the EC from health centers and hospitals.

Conclusion: Knowledge on Emergency Contraceptive was low at 38.7%. There was unmet need on usage of oral contraceptive. Health provider should disseminate the knowledge of Emergency Contraceptive through government administration and the media.

Key words: Emergency contraceptive, Knowledge, Attitude, Practice.

Introduction

Emergency contraception (EC) is defined as the use of a drug or device to prevent pregnancy after a coital act not adequately protected (1,2,3). Unintended pregnancy occurs because of both failure to use a contraceptive method and failure of or incorrect use of a method. Unintended pregnancies could be substantially reduced by improving both the public's and the professional's awareness about emergency contraception and developing strategies to ensure its accessibility.

Effective methods of EC can prevent many of the pregnancies as well as the social consequences associated with them. The use of EC depends on both education of health service providers and the clients. Individuals with adequate information about available methods are better able to develop a rational approach to family planning. Takkar found that 11% (N=258) of his study group was aware of EC but only 3% had used emergency contraception (2). This contrasts with finding by Robert et al, where he found that 56% (456) of respondents had heard of EC and 11.8% had used emergency contraception. Many women may not take the ECPs after unprotected sex if she has supplies on hand. The advance supplies of ECPs do not affect a woman's regular contraceptive use as shown by the study by Jackson and others in a randomized trial in 2003 (4).

A study conducted in United states of America in 1997 revealed that only 1% of women had ever used EC and this low use was not due to lack of need. Rather, most women (and health care providers) were unfamiliar with the method and therefore could not provide it when the need arose (7). The study also found that clinicians were hesitant to provide the method because of misconception about clinical, logistical, moral and legal issues due to perceived lack of need. A study carried out in Hong Kong by Lee found 33.0% (N=200) of the respondents were ignorant of the existence of emergency contraception. From his study concluded that there was need to improve women's education about emergency contraception in Hong Kong (5).

It is therefore important to have a study to look into the knowledge, Attitude and practice of emergency contraceptive in the Kenyan population, which is mainly African.

Methodology and Materials

This was a cross-sectional descriptive study conducted in the form of self-administered questionnaire. The study was carried out at the Kenyatta National Hospital (KNH), Nairobi, Kenya. The study population was women attending Family planning clinic at Kenyatta National Hospital. After the sample size of 385 women, the principal investigator entered the relevant information into the relevant data collection instrument.

The data was checked and validated by; double entry, listing all data entered and data cleaning before analysis. The cleared data was entered into a computer for analysis using SPPSS and EPI ININFO system.

RESULTS

KNOWLEDGE:

Table 1: Contraceptives methods listed by the respondents:

Contraceptive method	Frequency of listing	%
Oral contraceptives	380	98.7
Depo-Provera	370	96.1
Intra-Uterine device	360	93.5
Norplant	365	94.8

Condoms	355	92.2
Natural	108	28.1
Withdrawal	256	66.5
Postinor	112	29.1
BTL	126	32.7
Vasectomy	90	23.4
Periodic abstinence	150	38.9

The table shows that 90% of the respondents listed the common conventional contraceptives as methods they know. EC that is commonly used-Postinor-was listed by 29.1 % (N=112) of the respondents. The highest listed contraceptive method was oral contraceptives that had 98.7% while the lowest was vasectomy (23.4) %

Table 2: Number of methods listed.

	Frequency	%	Cumulative %
Three methods	15	3.9	3.9
Four methods	103	26.9	30.8
Five methods	131	34.2	65.0
More than five methods	134	35.0	100.0
Total	383	100	

This results show that all the clients knew at least of three methods. Only 3.9% listed 3 methods while the rest had more than three. This shows that the clients have information as regards to the methods of family planning.

Table 3: Those that have used emergency contraception.

Used EC	Frequency	%
Yes	76	50.7
No	74	49.3
Total	150	100

The number that have used is slightly over half. This shows that despite half of them having heard about EC, they have not used. The reasons behind them not using need to be explored.

Table 4: Education level for those that have used EC.

Ever used EC.

Education	No	Yes	Yes %	Total
Primary	10	5	33.3	15
Secondary	31	30	50	61
College	31	33	51.5	64
University	2	8	80	10
Total	74	76	51	150

P value 0.1498

The difference between those that had used the EC and those that have not was not statistically significant. It was seen that 80% of those with University level of education had used the EC.

Table 5: Those that aware of emergency contraception

Has heard	Frequency	%	Cumulative
Yes	150	39.0	39.0
No	235	61.0	100.0
	385	100	

39.0% (N=385) of the respondents have heard about EC.

Table 6: What EC method used.

	Frequency	%	Cumulative Frequency
Morning after/Postinor.	51	67.10	67.10
Ordinary pills	25	32.9	100
Total	76	100	

Postinor is the method used by majority 67% of those that had used an EC while others used ordinary pills though the specific dosage was not enquired. No respondent listed IUCD as an EC method.

Table 7: Source of information on EC

Source	Frequency	%	Cumulative %
Books	31	20.7	20.7
Clinic staff	18	12.0	32.7
Friends	73	48.7	81.4
Leaflets	12	8.0	89.4
Newspapers	9	6.0	95.4
Radio	4	2.6	98.0
Television	3	2.0	100
	150	100	

The result shows that friends were the source of information on EC (48.7%). The clinic staffs were listed at 12%. This contrasts sharply with source of information for the regular contraception where clinic staffs were listed at 83.3%. Despite a big number having heard about emergency contraception, only about half has actually used it. Reasons behind this need to be explored.

Table 8: Timing of emergency contraception.

	Frequency	%	Cumulative %
Do not know	12	8.0	8.0
Immediately after sex	61	40.7	48.7
Just before sex	14	9.3	58.0
Within 2 days	63	42.0	100
Total	150	100	

Knowledge on the when to use the EC in relation to exposure to unprotected sexual intercourse, 48.7% said they would use immediately after sex. Those that did not know the timing were 8% while those that take it before sex were 9.3%.

Attitude:

Table 9: When EC would be needed, who to use EC, prescription and perceived mode of working for EC.

When to use EC	Yes, (%)	No, (%)
After rape	146(97.3)	4(2.7)
Casual sex	92(65.7)	48(34.3)
After forgetting the pills	107(71.3)	43(28.7)

The respondents were almost in consensus that after rape, the victims should use or be given EC (97.3%). More than 65% felt that EC should be taken after casual sex and also after forgetting the pills. The pills were chosen to represent a regular contraception method.

Table 10: Attitude.

Characteristic.	Strongly agree		Agree		Disagree.		Strongly disagree		Total	
	N	%	N	%	N	%	N	%	N	%
Who should use EC.?										
• All women not on regular contraceptives.	8	5.4	27	18.3	65	43.9	48	32.4	148	100
• CSWs to use EC.	5	3.3	17	11.4	79	53.0	48	32.3	149	100
• Only married women to use EC.	13	8.8	34	23.1	57	38.8	43	29.3	147	100
• Rape victims to be given EC.	90	60.8	50	33.8	4	2.7	4	2.7	148	100
Who to be taught about EC.										
• Young girls.	17	11.3	38	25.3	63	42.1	32	21.3	150	100
• Married men.	19	13.0	46	31.5	62	42.5	19	13.0	146	100
Avail ECs in public places	3	2.1	4	2.7	35	24	104	71.2	146	100

It emerges from the above table that 94.6% feel that rape victims should get EC. This agrees with the previous table results. Whether CSWs should use EC, 85.4% percent felt they should not. The respondents felt that the CSWs should protect themselves more against sexually transmitted diseases and HIV. It is only 2.8% who felt that ECs should be availed in public places. Teaching of married men on EC was supported by 44.5% and reaching of young girls was supported by 36.6%.

DISCUSSION:

The study had 385 respondents was 32.3 \pm 7.0 years with a range 18 to 60 years. This goes beyond the accepted reproductive age group of 18-49. There were 11 clients who were above 49 years and 2 of these were 60 years. The 60 years olds had come because they were inserted IUCD years back and were having a back-ache and this made them remember that they still had the IUCD in situ.

It also emerged that 88.6% of the respondents were married and only 7.0% were single.

When this high number gets informed on the issues on emergency contraception, a wider dissemination of knowledge and information will occur. The results show that 88.5% of the clients were regular users of family planning. It is only 11.5% that had come for the first time.

The Kenya Demographic Health Survey (KDHS) of 2003 showed that contraceptive use by married women was 39% and those that had ever used a method was 64% (6). In this study, literacy level of the clients was high. 80.5% had at least a secondary education and some had college and university level of education. This study showed that 38.7% had heard of EC and half of them had used it. Postinor2 was the EC method used by 67%. On how they learnt about EC, 48.7% got information from friends. These figures are higher than in India where Takkar and colleagues found an awareness of less than 6% (2). A study carried out in Hong Kong by Lee had found 33% had never heard of EC (5). On the source of information, our data show that for conventional family planning, friends were the major source of information 48.7%, clinic staff contributed to 12% while the radio and television contributed 4%. Friends being listed as the biggest source of information may lead to misconceptions about EC. A study done in America by the Kaiser foundation (1997) found that 50% of the men and women who were familiar with EC had learnt from the television (7). In Kenya, there are no organized television or radio messages on EC. There is potential to use the electronic media in dissemination of the information. In some countries, example Sri-Lanka, there has been television, talk shows, radio programmes and the print media involvement in the promotion of EC (8).

The contraceptive awareness is high with 96.1% having listed more than 3 contraceptive methods. Postinor2 (a brand of Levonorgesterel) was listed by the respondents) as a family planning method (29.1%). The high number of unintended pregnancies would be reduced if knowledge level and availability and accessibility are enhanced. A group comprising 8.4% said they would procure abortion in case of contraceptive failure. This action would increase abortion-related mortality and morbidity.

It is noted that about 82% said they would use the EC within 48 hours. It is only 8% who did not know the timing of the EC after unprotected sex. There are 27% of the respondents that view EC as a method of abortion.

The respondents (94%) were in agreement that rape victims should receive EC. It is only 32% that felt only married women who should use EC and 55.5% of the respondents felt there would be no point in teaching men on EC.

Results show that 63% of the respondents felt that teenagers should not be taught about emergency contraceptives. From our results, almost half of the women below 25years have used EC. Availability of EC to the teenagers may lead reduction of teenage pregnancies and abortion related morbidity and mortality.

CONCLUSIONS

Contraception awareness was high, however, the knowledge on EC was low. Postinor2 was the method listed by all who had used an EC method. There was good knowledge on the timing for use of the EC (89% said before 72 Hours). Friends were a source of information to 48% of the respondents while clinic staffs contributed 32.7%. The higher the education level, the more likely that one had heard of EC. More information on EC should be made available to the clients at the family planning clinic. The media has potential to disseminate information on EC.

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