

WHAT TURKISH WOMEN KNOW ABOUT EMERGENCY CONTRACEPTION?

Muruvvet Baser¹, Salime Mucuk², Evrim Bayraktar³,
Tülay Özkan⁴, Handan Zincir⁵

ABSTRACT

Objective: To determine the knowledge of women about Emergency Contraception (EC) and its use.

Methodology: It is a descriptive cross-sectional study. Women attending the Family Planning Center, Kayseri during the three months (1600 women) were enrolled in this study.

Results: While 9.8% of the women had heard of EC, none of them had previously used it. The young, married, multiparous women and those who had higher education were more informed about EC ($p < 0.01$). Among the study women ($n=157$) had heard of EC and 86 subjects knew EC have to be taken within 72 hour after unprotected coitus.

Conclusion: Many women hadn't had enough knowledge about Emergency Contraception (EC) and none of the women had previously used it.

KEYWORDS: Emergency contraception, Women, Knowledge.

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1. Muruvvet Baser, RN, PhD,
Associate Professor
Department of Nursing,
2. Salime Mucuk, RN, Msc,
Instructor, Department of Nursing,
3. Evrim Bayraktar, Msc,
Instructor,
Department of Nursing,
4. Tülay Ozkan, RN, Msc,
Instructor,
Department of Nursing,
5. Handan Zincir, RN, PhD
Instructor,
Department of Nursing,
- 1-5: Erciyes University Atatürk School of Health,
Kayseri-Türkiye.

Correspondence

Muruvvet Baser, RN, PhD,
Associate Professor
Department of Nursing,
Erciyes University Atatürk School of Health,
38039, Kayseri-Türkiye.
E mail: mbaser_8@yahoo.com

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INTRODUCTION

Emergency Contraception (EC) is a safe and effective contraceptive method utilized after an unprotected intercourse to prevent unintended pregnancies. The use of EC could help to reduce the number of unwanted pregnancies.¹⁻³

While EC has proved to be safe and effective^{4,5} most of women haven't used it. Numerous surveys have addressed possible reasons for this phenomenon which include inadequate public education⁶ logistical barriers to EC access,⁷ provider attitudinal barriers^{8,9} and consumer attitudinal barriers.^{10,11} Some studies have compared the frequency of EC use when provided in advance of need with on-demand provision.¹²⁻¹⁴ Studies show that the knowledge of the women is not sufficient regarding EC in Türkiye.^{3,15,16}

Several publications have advocated the need for more widespread knowledge of EC.¹⁵⁻¹⁸ Despite reported recent increases in knowledge

regarding EC its use is still not widespread.¹⁹⁻²¹ Nurses and Midwives should be aware that factors such as religious beliefs and affiliations may impact patients' decision to seek medical assistance.²² Our objective was to determine the knowledge of women about EC and its use.

METHODOLOGY

This study was conducted at the Family Planning Clinic of Maternity Hospital (FPMH) in Kayseri, Turkey. FPMH in Kayseri is the largest center, providing family planning services in this area.

It is a descriptive cross-sectional study. One thousand nine hundred fifty one women attending the FPMH from April 1st 2006 to June 30 2006 were enrolled in this study. Two hundred seventy women refused to respond and there were 81 incompletely filled questionnaires. As such only 1600 questionnaires were suitable for analysis.

The data were collected with questionnaire form prepared by the researchers. The questionnaire included 23 questions to determine demographic features and women's knowledge about EC. For example; Have you heard of emergency contraception? Are emergency contraceptive pills effective? etc. Accuracy of EC knowledge was formulated according to literature by the researchers.²⁻⁵

After obtaining permission from the Health Administration Organization and Maternity Hospital Administration (Approval date and no: March 30-2006, B-104.ISM.4380005/190), women were explained the purpose of the study and the questionnaire was completed by using an interview technique. All the women who participated in the study were informed about the project orally and also their written consents were taken. This study was conducted in accordance with the ethical principles of the Declaration of Helsinki (revised October 2000).

Descriptive statistics generated demographic and women's knowledge about EC variables. Chi square test were carried out to compare mean differences between groups. An alpha level of p less than 0.05 was considered statistically significant for all analyses.

RESULTS

The mean age of the participants was 31.2 ± 9.2 years and 93.0% of them were married, 65.6% had primary school education and 52.6% have had <3 parity. Eight thousand ninety subjects (55.7%) reported using contraceptives. The most widely used modern contraceptive method is the Intra Uterine Device (IUD) (25.8%).

While 157 women (9.8%) said they had heard of EC, 1443 women (90.2%) hadn't heard about it (Table-I). High awareness correlated with age; 6.3% of those 29 and younger aged women had heard of EC ($p=0.000$). High awareness was also correlated with multiparous (8.3%) ($p=0.000$), and those being single (17.0%) ($p=0.010$). High awareness was correlated with higher education (33.5%) ($p=0.000$). It was found that, none of the women (1600) who were recruited in this study had previously used EC.

Among 157 subjects who had heard of EC, 63.0% knew that EC has prevented to pregnancy. High awareness was correlated with higher education (74.4%) ($p=0.014$). Eighty six women (54.8%) knew that EC have to be taken within 72 hour after unprotected coitus. The subgroups who identified the 72 hour time interval were 29 and younger aged women (57.0%), single (68.4%), nulliparous (66.7%), women who hadn't had induced abortion (55.3%). High awareness was correlated with higher education (68.0%) ($p=0.008$) and use of contraceptive (62.0%) ($p=0.029$) (Table-II).

Table-I: Knowledge of Emergency Contraception (EC) of women (n=1600)

	n (%)
Heard of EC	157 (9.8)
Not used EC	1600 (100.0)
Learnt about EC from midwife or nurse*	81 (51.6)
EC can prevent pregnancy *	99 (63.0)
EC is not used regularly for contraception *	100 (63.7)
Contraceptive pills can be used as EC *	59 (37.6)
EC pills should be taken within 72 hours after unprotected sex*	86 (54.8)
IUD can't be used as EC *	70 (44.6)
EC can be obtained from Clinics *	113 (72.0)

*n=157

Table-II: Characteristics of women who had heard of EC (n=157)

	Age	Marital status	Parity	Education	Use of contraception	Abortion
Knowledge of EC	<29	Single	Nulliparous	High School ↓	Yes	No
	>29	Married	Multiparous	High School and ↑	No	Yes
Has EC prevented to	62 (61.4)	14 (73.7)	19 (79.2)	41 (51.9)	62 (63.5)	65. (61.9)
EC pills should be taken within 72h. (Yes)	37 (66.1)	85 (61.6)	80 (60.2)	58 (74.4) ^b	37 (59.7)	34 (65.4)
	57 (57.0)	13 (68.4)	16 (66.7)	35 (42.7)	57 (62.0) ^b	57 (55.3)
	29 (50.9)	73 (52.9)	70 (52.6)	51 (68.0) ^b	29 (44.6)	29 (53.7)
Can contraceptive pills be used as EC (Yes)	44 (43.6)	16 (84.2) ^a	16 (66.7) ^b	30 (38.0)	34 (35.8)	44 (41.9) ^b
	15 (26.8)	43 (31.2)	43 (32.3)	29 (37.2)	25 (40.3)	15 (28.8)
Can IUD be used as EC? (Yes)	34 (33.7)	10 (52.6)	11 (45.8)	29 (36.7)	29 (30.5)	32 (30.5)
	14 (25.0)	38 (27.5)	37 (27.8)	19 (24.4)	19 (30.6)	16 (30.8)
Has EC used regularly for contraception? (NO)	64 (63.4)	8 (42.1)	14 (58.3)	43 (54.4)	65 (68.4)	69 (65.7)
	36 (64.3)	92 (66.7) ^a	86 (64.7)	57 (73.1) ^b	35 (56.8)	31 (59.6)

a = $p < 0.001$ b = $p < 0.05$

Among the 157 subjects who had heard of EC, 59 women (37.6%) knew that combined OC is used for EC and 48 women (30.6%) knew that IUD can be used. Single (84.2%) ($p=0.000$) and nulliparous women (66.7%) ($p=0.006$) and hadn't had induced abortion (41.9%) ($p=0.039$) had known combined OC is used for EC.

It was observed that 100 women (63.7%) knew EC but not used it regularly. High awareness was correlated with higher education (73.1%) ($p=0.045$) and married (66.7%) ($p=0.000$).

Most of the subjects (81) learned about EC from midwife or nurse (51.6%), family and friends (21.0), & the media (16.6%). Most of women (113) had known obtaining the EC from clinics (72.0%) & pharmacy stores (14.6%).

DISCUSSION

In this study, subjects were recruited from the biggest Family Planning clinic in Kayseri. These women have same cultural, diverse social and economic backgrounds.

TDHS 2003¹ conducted territory-wide survey on knowledge, attitude and practice about family planning among married women. This showed that the least known methods were female condom (14%) and EC (16%). Other studies have given the figures of 26.5%,¹⁵ 31.7%.²³ University students (18.8%) said EC might be used after unprotected sexual intercourse.¹⁶ In developed countries, there are more women who have heard of EC: 82% in

Boston,²⁴ 83% in a Swedish²⁵ and 95% in an American university.¹⁸ Other studies^{26,27} found that awareness of EC and knowledge about the method is relatively low. The use, knowledge and practice of EC was low in Turkey. Although there was higher awareness regarding EC among younger women, it was still much lower as compared to other countries. We also found that single, multiparous and those with higher education were more knowledgeable about emergency contraception.

Our study also confirmed the findings that women's knowledge on the correct time frame for using ECs was inadequate. Almost half of the women knew EC pills should be taken within 72 hours after unprotected sex. Our finding are almost similar to other studies.^{6,23} We also found that women with higher education were better informed about use of contraceptives and that it had to be taken within 72 hour.

In this study, there was higher awareness among single, nulliparous and those who did not have induced abortion that combined oral contraception (OC) was used for Emergency contraception (EC). Though women with higher education and those who were married had more knowledge of EC but they did not use it regularly. Despite reported recent increases in knowledge regarding EC its use is still not widespread.

While most other studies have reported the media and friends as being the main information source, this study found that the source of EC information was more from midwife or nurse. Therefore, there is an urgent need to provide more emergency contraception education to women from health professionals especially nurses and midwives.

CONCLUSION

This study has showed that none of women had previously used emergency contraception and most of them hadn't heard about it. Moreover many among them did not have correct knowledge regarding Emergency Contraception.

Limitations of the study: Sampling framework did not include a representative group of women from the community. Although 1600 women were included but the number of those who had heard of EC was very small. This study couldn't determine women attitudes about EC usage, because all of them had not previously used emergency contraception.

REFERENCES

- Hacettepe University Institute of Population Studies. Turkey Demographic and Health Survey 2003. Ankara, Turkey, 2004.
- Editorial. Mechanism of action of EC pills. *Contraception* 2006;74:87-89.
- Tokuç B, Eskioçak M, Saltık A. Emergency Contraception. *Sted* 2002;11(3):94-7.
- Turkish Health Ministry. National Family Planning Guide. Volume II, Damla Press, Ankara, 2005.
- Trussell J, Ellertson C, Stewart F. The role of EC. *Am J Obstet Gynecol* 2004;190(4 Suppl):30-8.
- Foster DG, Harper CC, Bley JJ. Knowledge of EC among women aged 18 to 44 in California. *Am J Obstet Gynecol* 2004;191:150-6.
- Blanchard K, Bungay H, Furedi A. Evaluation of an EC advance provision service. *Contraception* 2003;67:343-48.
- Bissell P, Anderson C. Supplying EC via community pharmacies in the UK: reflections on the experiences of users and providers. *Soc Sci Med* 2003;57:2367-78.
- Karasz A, Kirchen NT, Gold M. The visit before the morning after: barriers to preprescribing EC. *Ann Fam Med* 2004;2:345-50.
- Romo LF, Berenson AB, Wu ZH. The role of misconceptions on Latino women's acceptance of EC pills. *Contraception* 2004;69:227-35.
- Fairhurst K, Ziebland S, Wyke S. EC: why can't you give it away? Qualitative findings from an evaluation of advance provision of emergency contraception. *Contraception* 2004;70:25-9.
- Raine T, Harper C, Leon K. EC: advance provision in a young, high-risk clinic population. *Obstet Gynecol* 2000;96:1-7.
- Jackson RA, Schwarz EB, Freedman L. Advance supply of EC: effect on use and usual contraception - a randomized trial. *Obstet Gynecol* 2003;102:8-16.
- Walsh TL, Frezieres RG. Patterns of EC use by age and ethnicity from a randomized trial comparing advance provision and information only. *Contraception* 2006;74:110-17.
- Torun SD, Oner C, Arycan B. Knowledge about post-coital contraception in women attending to three primary health care centers. 4th International Congress of Reproductive Health & Family Planning Book. Bayt Ltd.^{at}, Ankara, 2005.
- Biri A, Aksakal N, Bozkurt N. Level of knowledge of adolescents on EC. 4th International Congress of Reproductive Health & Family Planning Book. Bayt Ltd.^{at}, Ankara, 2005.
- Bromham DR, Cartmill RS. Knowledge and use of secondary contraception among patients requesting termination of pregnancy. *BMJ* 1993;306:556-57.
- Harper CC, Ellertson CE. The EC pill: A survey of knowledge and attitudes among students at Princeton University. *Am J Obstet Gynecol* 1995;173:1438-45.
- Gordon AF, Owen P. EC: Change in knowledge of women attending for termination of pregnancy from 1984 to 1996. *Br J Family Planning* 1999;24:121-22.
- Kosunen E, Sihvo S, Hemminki E. Knowledge and use of hormonal EC in Finland. *Contraception* 1997;55:153-57.
- Sorensen MB, Pedersen BL, Nyrnberg LE. Differences between users and non-users of EC after a recognized unprotected intercourse. *Contraception* 2000;62:1-3.
- Douglass M. EC in the ED. *J Emergency Nursing* 2007;33:2:140-42.
- Uzuner A, Ek'i M^a, Erbölükba^o R. Knowledge level of the reproductive age women about EC. 4th International Congress of Reproductive Health & Family Planning Book. Bayt Ltd.^{at}. Ankara, 2005.
- Chuang CH, Freund KM. EC knowledge among women in a Boston community. *Contraception* 2005;71:157-60.
- Aneblom G, Larsson M, Odland V. Knowledge, use and attitudes towards EC pills among Swedish women presenting for induced abortion. *Brit J Obstet Gynecol* 2002;109:155-60.
- Goulda H, Ellertson C, Corona G. Knowledge and attitudes about the differences between EC and medical abortion among middle-class women and men of reproductive age in Mexico City. *Contraception* 2002;66:417-26.
- Baiden F, Awini E, Clerk C. Perception of university students in Ghana about EC. *Contraception* 2002;66:23-26.