

ASSOCIATION OF ATTITUDE REGARDING EMERGENCY CONTRACEPTION WITH SOCIO-DEMOGRAPHIC VARIABLES

*Ms. Rosie Taprial | **Dr. Parampal Kaur Cheema

* Research Scholar in Himalayan University, Itanagar in Arunachal Pradesh, India.

** Research Supervisor in Himalayan University, Itanagar in Arunachal Pradesh, India.

DOI: <http://doi.org/10.47211/idcij.2023.v10i01.004>

ABSTRACT

Thousands of drugs have been developed throughout the history of medicine, but only one has been influential enough to earn the title simply, the pill. Introduced in May 1950, the oral contraceptive pill is a medical innovation that has dramatically changed generations. Women gained incredible freedom and reproductive autonomy. Birth control pill separated sexual practices from conception, forcing social, political, and religious considerations to be reconsidered and reconsidered. Quantitative Research approach was adopted in this study. A non-experimental research approach and an exploratory research design was used to assess the knowledge and attitude of staff nurses regarding emergency contraception and their relationship with selected variables i.e. age, religion, course, ward, type of family, duration of marriage, health agency facilities and source of information. The study was conducted in Rajindra Hospital, Patiala. Targeted population was the staff nurses working in the hospital. The total sample size was 100 married men of rural areas. The purposive sampling technique was used to select the sample. Relationship of attitude score of staff nurses regarding emergency contraception with socio-demographic variables reveals that there were no significant variables.

KEYWORDS: Contraceptive, autonomy, reproductive, influential.

ABOUT AUTHORS:



Author, Mrs. Rosie Taprial is Research Scholar in Himalayan University, Itanagar, Arunachal Pradesh, India. She has attended various Seminars and conferences.



Author, Dr. Parampal Kaur Cheema is Ph.D. Guide at Himalayan University, Itanagar, Arunachal Pradesh, India. She is active researcher with many publications in her name. She has attended and organised various National and International conferences.

INTRODUCTION

The most commonly used emergency oral contraceptive regimen is the progestin-only pill, which consists of 1.5 mg of levonorgestrel. This product can be purchased over the counter and has been available without age restrictions since 2013. The product using 2 doses of 0.75 mg levonorgestrel has been discontinued in favor of a simpler single-dose regimen that is at least as effective as the two-dose product. The levonorgestrel regimen is indicated for use up to 72 hours after intercourse without protection, but it is best used immediately if possible after unprotected intercourse. (Glasier et al., 2010)

In developing countries like India, overpopulation is a major problem. Despite the progress that has resulted from the widespread availability of contraception, there is a lack of uptake of contraceptive methods, either due to ignorance or fear of complications from their use. The main reasons for non-use are lack of knowledge about the contraceptive methods and incomplete or incorrect information about their use or where to obtain them. adoption of family planning. (Saluja et al., 2011)

Contraception is needed in India because many women become sexually active, marry and start bearing children between the ages of 15 and 19. Many teenage women – 3.4 million – want to avoid pregnancy. This includes 3.2 million married women and 195,000 sexually active unmarried women. Among teenage women who want to avoid pregnancy, only about one million (29%) use modern methods of contraception. (Murro et al., 2021)

Education need about ECP is very important. it can be taken up to 72 hours (3 days) after unguarded sex, but is most effective when taken in first 24 hours – it is less effective as time passes. The ECP has a success rate of 98% for those of average weight when taken within 72 hours after unprotected sex. (Emergency Contraception | Health Navigator NZ, 2022)

Nausea and vomiting are common reactions of estrogen-containing ECPs without antiemetics. To increase the effectiveness of the antiemetic, it can be administered 1 hour before the administration of hormones. Administering an antiemetic after nausea has occurred is not helpful. Adolescent girls who vomit more than 1 hour after taking a dose do not need to take these pills again because they have been absorbed and nausea and/or vomiting are probably due to the treatment. Breast tenderness, headache, and dizziness are less common side effects of ECP. Most teens will get their period within 21 days of treatment. (Emergency Contraception, n.d.-)

TITLE OF THE STUDY

Association Of Attitude Regarding Emergency Contraception With Socio-Demographic Variables

OBJECTIVE

1. To Associate Attitude Regarding Emergency Contraception With Socio-Demographic Variables

REVIEW OF LITERATURE

Arpita Maitra, Sarmila Nath et al. (2021) a cross-sectional study to assess the knowledge and attitude against emergency contraceptives among nurses in 2 tertiary care hospitals. Study sample was 112 nurses. The results show that 38 respondents report correct knowledge of EC types and correct time interval between initial and repeat dose. Only 31% of the participants could correctly answer whether the EC method can be used routinely, the rest had a misconception. The use of EC was considered safe by 42.9% of respondents, 40.2% considered recommending EC to others. Conclusion: The study showed that nursing students do not have very clear knowledge about emergency contraception. It is essential to provide them with sufficient knowledge and training about contraception. This will lead to the spread of knowledge among young girls and women in the society. (Maitra et al., 2021)

Rajiv Kumar Gupta, Bhavna Langer et al. (2018) conducted to measure knowledge about emergency contraceptive among nurses, medical officer's pharmacists in all the health institutions of Jammu. Results: Mos and SNs were found to have better knowledge than pharmacists. A higher proportion of SNs and pharmacists were willing to learn more about EC ($p < 0.05$) Approximately two-thirds of MOs and SNs agreed with the lack of time during the clinic to consult users about EC ($p < 0.05$). The conclusion was that gaps in respondents' knowledge need to be addressed through ongoing on-the-job training along with behavior change communication. (R. Gupta et al., 2018)

Gitonga Isaiah, Eunice A. Odhiambo et al. (2017) conducted a study to determine the levels of knowledge, attitudes and practices of the emergency contraception for female undergraduate health sciences students in Kenya. The study sample size was 203 students. Data collected using self-administered questionnaires created by the researcher. The results show that (27.1%) of the participants were unaware of the existence of the pill. The conclusion shows that the correct knowledge about emergency contraceptive pills among the students was poor. (Isaiah, 2017)

METHODOLOGY

Quantitative Research approach was adopted in this study. A non-experimental research approach and an exploratory research design was used to assess the knowledge and attitude of staff nurses regarding

emergency contraception and their relationship with selected variables i.e. age, religion, course, ward, type of family, duration of marriage, health agency facilities and source of information. The study was conducted in Rajindra Hospital, Patiala. Targeted population was the staff nurses working in the hospital. The total sample size was 100 marriedmen of rural areas. The purposive sampling technique was used to select the sample.

RESULTS

TABLE NO 1 Relationship of attitude score of staff nurses regarding emergencycontraception with age. N=200

Attitude Score				
Age	n	Mean	Mean %	SD
21 – 27	51	18.6	58.09	6.74
28 – 34	68	17.6	55.01	6.43
35- 41	81	17.8	55.75	6.38
42-48	0	0.00	0.00	0.00
		Df		F
Between groups		2		0.466 ^{NS}
Within groups		197		

Maximum Score=32

NS= Non –Significant at $p<0.05$ level

Minimum Score=0

TABLE – 2 Relationship of attitude score of staff nurses regarding emergencycontraception with religion. N=200

Attitude Score				
Religion	N	Mean	Mean%	SD
Hindu	82	17.8	55.75	6.58
Christian	76	17.9	55.92	6.22
Sikh	2	18.0	56.25	1.41
Muslim	4	18.3	57.11	7.01
		Df		F
Between groups		3		0.043 ^{NS}
Within groups		196		

Maximum Score=35

NS=Significant at $p<0.05$ level

Minimum Score=0

TABLE – 3 Relationship of attitude score of staff nurses regarding emergencycontraception with course. N=200

Attitude Score				
Course	n	Mean	Mean %	SD
GNM	39	19.3	60.42	6.61
B.Sc.(N)	76	18.0	56.13	6.20
Post Basic B.Sc.(N)	85	17.3	54.08	6.62
		df		F
Between groups		2		1.318 ^{NS}
Within groups		197		

Maximum Score=35

NS = Significant at $p<0.05$ levelMinimum Score=0

TABLE –4 Relationship of attitude score of staff nurses regarding emergencycontraception with course. N=200

Attitude Score				
Ward	N	Mean	Mean %	SD
OBGYN	80	18.1	56.68	6.27
Pediatric	120	17.8	55.70	6.62
General	00	00	0.00	00
Other	00	00	0.00	00
		Df		F
Between groups		1		0.338 ^{NS}
Within groups		198		

Maximum Score=35 NS = Significant at p<0.05 level Minimum Score=0

TABLE –5 Relationship of attitude score of staff nurses regarding emergency contraception with type of family. N=200

Attitude Score				
Type of Family	n	Mean	Mean%	SD
Nuclear	46	17.9	56.05	6.62
Joint	37	18.4	57.60	6.56
Extended	117	17.8	55.64	6.43
		Df		F
Between groups		2		0.131 ^{NS}
Within groups		197		

Maximum Score=35 NS = Non –Significant at p<0.05 level Minimum Score=0

TABLE –6 Relationship of attitude score of staff nurses regarding emergency contraception with Duration of marriage. N=200

Attitude Score				
Duration of marriage	n	Mean	Mean%	SD
1-3 years	0.00	0.00	0.00	0.00
4-6 years	79	18.4	57.40	6.27
7-9 years	76	18.4	57.44	6.78
10 years or above	45	16.5	51.53	6.21
		Df		F
Between groups		2		1.490 ^{NS}
Within groups		197		

Maximum Score=35 NS= Non –Significant at p<0.05 level Minimum Score=0

TABLE –7 Relationship of attitude score of staff nurses regarding emergencycontraception with Health agency facilities. N=200

Attitude Score				
Health agency facilities	n	Mean	Mean%	SD
Community health centre	37	18.7	58.53	6.83
Primary health centre	124	17.4	54.28	6.37
Sub centre	39	19.1	59.54	6.37
		df		F
Between groups		2		1.333 ^{NS}
Within groups		197		

Maximum Score=35 NS=Non –Significant at p<0.05 level Minimum Score=0

TABLE –8 Relationship of attitude score of staff nurses regarding emergencycontraception with source of information. N=200

Attitude Score				
Source of information	n	Mean	Mean%	SD
Mass media	1	30.0	93.75	00
Health personnel	74	18.8	58.78	6.49
Family and friends	83	16.9	52.94	6.08
Others	42	18.1	56.70	6.87
		df		F
Between groups		3		2.326 ^{NS}
Within groups		196		

Maximum Score=35 NS= Non –Significant at p<0.05 level MinimumScore=0

REFERENCES

1. Glasier, A. F., Cameron, S. T., Fine, P. M., Logan, S. J. S., Casale, W., Van Horn, J., Sogor, L., Blithe, D. L., Scherrer, B., Mathe, H., Jaspert, A., Ulmann, A., & Gainer, E. (2010). Ulipristal acetate versus levonorgestrel for emergency contraception: A randomised non-inferiority trial and meta-analysis. *Lancet (London, England)*, 375(9714), 555–562. [https://doi.org/10.1016/S0140-6736\(10\)60101-8](https://doi.org/10.1016/S0140-6736(10)60101-8)
2. Saluja, N., Sharma, S., Choudhary, S., Gaur, D. R., & Pandey, S. M. (2011). Contraceptive Knowledge, Attitude and Practice among Eligible Couples of Rural Haryana. *The Internet Journal of Health*, 12(1). <https://ispub.com/IJH/12/1/8512>
3. Murro, R., Chawla, R., Pyne, S., Venkatesh, S., & Sully, E. A. (2021). *Adding It Up: Investing in the Sexual and Reproductive Health of Adolescents in India*. <https://doi.org/10.1363/2021.32662>
4. *Emergency contraception | Health Navigator NZ.* (2022). <https://www.healthnavigator.org.nz/health-a-z/e/emergency-contraception/>
5. Maitra, A., Nath, S., Bhattacharyya, S., Mukhopadhyay, S., & Biswas, S. (2021). Emergency Contraceptive Use—Awareness among Nursing Students in Two Tertiary Care Hospitals in Eastern India. *Annals of Community Health*, 9(3), 17–21. <http://annalsofcommunityhealth.in/ojs/index.php/AoCH/article/view/429>
6. Gupta, R., Langer, B., Singh, P., Kumari, R., Akhtar, N., & Gupta, R. (2018). Health care providers' knowledge, attitudes and perceived barriers towards emergency contraception in a sub-Himalayan state of India. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology*, 7, 3244. <https://doi.org/10.18203/2320-1770.ijrcog20183325>
7. Isaiah, G. (2017). Knowledge, Attitudes, and Practices of Emergency Contraception among Female Undergraduate Health Science Students in Kenya. *Annals of Medical and Health Sciences Research*, 7(4), 5