

PROVIDERS ' KNOWLEDGE AND ATTITUDES TOWARDS EMERGENCY CONTRACEPTION

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INTRODUCTION

- **Definition:** specific contraceptive methods used as emergency measures to avoid unwanted pregnancy after unprotected coitus.
- **Indication:** 1. for non-users 2.contraceptive failure from correct or incorrect use 3.unplanned coitus as in coerced sex or rape.
- **Types:**1.Yuzpe 's regime 2. Levonorgestrel-only pill 3. IUCD insertion 4. Mifepristone 5. Danazol (rarely used because of high failure rate.
- **Mechanisms:** the hormones inhibit or delay ovulation and therefore fertilisation. IUD inhibits sperm motility and also prevent implantation

BACKGROUND

- WHO1998: 75 million unwanted pregnancies every year with 45 million abortions and 30 million live births.
- 5 million unsafe abortions in Africa alone.
- 70,000 deaths from unsafe abortions annually and 585 000 deaths from pregnancy-related causes.
- EC could prevent 1.7million unwanted pregnancies in US and have a similar impact in Africa
- EC since 20 years but restricted to developed countries especially Europe.

OBJECTIVES

- To ascertain the impact of providers' knowledge, attitudes and practices on the accessibility and use of EC
- What measures to be taken to popularise EC use amongst providers.

METHODOLOGY

- Literature review of relevant articles from 1990 to date using:
 - Medline search(computer database)
 - Cochrane library
 - WHO Reproductive Health library
 - Library of Obs/Gynae Department, University of Geneva Hospital.

RESULTS

- 20 surveys were selected from USA(10), UK(3), Australia(1), Mexico(1), South Africa(1), Kenya(2), Ghana(1), Zimbabwe(1).
- Research methods: All by questionnaires: direct interview(8), postal(8), and telephone(3), except (1) from Mt. Sinai(USA) by Medline search.
- Providers identified were: Obs/Gynaecologists, Physicians, Paediatricians, General Practitioners (GPs), Family planning doctors and nurses, Speciality housestaffs, Pharmacists, Nurses, Community health workers, Health care providers, Prescribers.

Providers ' knowledge level of EC

		Response to levels of knowledge			
Country	Type of providers	High >70%	Average 40% - 60%	Limited 10% -30%	Minimal/Nil 0% - 20%
U S A References: 5,8,9,10,11,13 15,17,22,30	°Pharmacists °Paediatricians °Physicians °Ob/Gynaecologists °Housestaffs °Prescribers	XXX	X XX XXX X X	X	
U K References: 12,18,24	°General Practitioners °F.Planning doctors °F.Planning nurses °Health workers	X X		XX X	
Australia Reference: 7	°GPs (rural) °GPs (Urban)	X		X	
S.Africa Reference:31	°Pharmacists		X		
Mexico Reference: 16	°Physicians °Nurses °Other health workers		X	X X	
Kenya References: 1,19	°Physicians °GPs °Nurses °Pharmacists °Community health		X	X X X	X
Ghana Reference: 21	°Doctors °Health providers			X	X
Zimbabwe Reference:14	°GPs °Health providers			X	X

Key : 'X' denotes a survey.

Other relevant findings

- Professional responsibility-EC prescribed only on demand(18%California, NSWales; 20%Colorado).
- after positive pregnancy test (64% Pittsburg)
- Limited time -no time for routine counselling (16% NSWales, 28% Pittsburg, 29% Colorado, 21% Kenya,16.7% NYork do routine counselling)
-physicians in private practice have no time to insert IUDs during normal consultations (Chesterfield UK)
- Abortifacient -some providers believe EC is for abortions and therefore don't prescribe (49% Kenya, 16% and 1% California surveys)

Findings

- Adolescents/Teenagers -providers frown on EC for youth in order not to encourage sexual risk taking (only 22% NYork; 29% Colorado; 21% Kenya and Bulawayo will give EC)
- Repeated/Widespread Use -fears it will increase promiscuity and sexually transmitted infections esp. HIV. -fears that conventional methods will not be adhered to strictly and consistently (Mt. Sinai, Pittsburgh and Headington).

Findings

- Teratogenicity -17% of paediatricians in NYork believe that EC failure with continuing pregnancy will cause foetal abnormalities (similarly in Kenya).
- Rape victims -providers will prescribe EC only because the client has been raped (23% NYork, 77% Kenya).
- Personal Use -personal experience is a better means to encourage others on EC use (3.5%Kenya).

Findings

- Religious beliefs -some providers view pregnancy as a blessing and ordained so no need for EC (12% NYork; 18%Mexico)
- Other important non-attitudinal factors:
 - non-availability of specially packaged products (California)
 - concise and informative literature on EC lacking in most surgeries of General Practitioners (67% Tower Hamlets, 91% SAfrica, nearly 100% in Ghana and Zimbabwe)
 - laws on prescriptions only by doctors

MEASURES

1. Education

- comprehensive training on mechanisms of action, safety, efficacy and dosages of EC
(California-gynaecologists 69% to 84%; physicians 34% to 50%; Kenya-providers 15% to 70%; Sri Lanka 66% to 94%)

2. Counselling

- against negative attitudes on time, professional responsibility, on teenagers' use of EC, and rape cases
- misconceptions on repeated and widespread use, as an abortifacient and teratogenicity to be corrected. (Bracken MB 1990)
- target group: General Practitioners in developed, and health care providers in developing countries.

3. Training of more middle-level personnel i.e.. family planning nurses and midwives, to undertake simple procedures.

- deal with illiteracy esp. in developing countries

4. Encourage personal use by providers

Measures

Other measures(outside attitudes)

1. availability of specially packaged products (major problem in developing countries and ?California)
2. concise and informative literature to be available in clinics
3. deregulate restriction on prescription to allow all trained providers to dispense EC

Local setting

- GHANA
- population 18.7million (Census2000).
- growth rate 2.87%
- by 2025, expected population 36.5million
- birth rate 5.7 per woman
- literacy rate(women) <40%
- contraception rate 18%
- maternal mortality 700/100,000
- Conclusion: EC very essential to help reduce these parameters.

CONCLUSION

- Widespread EC use will reduce the number of unintended pregnancies and unsafe abortions.
- EC will reduce the costs, emotional and physical risks to women who have had unprotected sex.
- EC will increase women 's reproductive choice of childbirth or abortions.

FOR THESE TO HAPPEN,

- Adequate and comprehensive education, guidance and training of personnel essential to influence the provision and promotion of widespread EC use.