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Perception, Knowledge and Utilization of University Students-Emergency Contraceptive Methods

M. Reena
Department of Population Studies, S.V. University, Tirupati, AP, India
reenakalavagunta@gmail.com

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Abstract

As defined by the WHO and adopted in the International Conference on Population and Development (ICPD, Cairo), Programme of Action3, "Reproductive health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity in all the matters relating to the reproductive system and its functions and processes. This has also been emphasized in other WHO documents. The researcher has used the multi stage random sampling technique for the study. The total sample was 203. 85.2 per cent of the respondents were belongs to below 25 years of age. 70.8 per cent of the respondents the availability of emergency contraception is easy. More than one-half (55.2 per cent) of the respondents were expressed obsentisum is the good measure of contraception methods.

Keywords: Reproductive Health, Contraception, Adolescent, Family Pllaning, Sexuality.

Introduction

In the world, India was the first country to adopt family planning as an official programme in 1952[1]. From the past 60 years the significant improvement was observed in health and family welfare programmes through various health parameters, although these are not up to the desired or targeted levels[2]. In India, 1/5 of the population is adolescents. Marriage and fertility was highly disturbing the adolescents. At the age of adolescence, nearly 20- 30 per cent of males and 10 per cent of females are sexually active before marriage. Lack of decision-making power in their sexual relationship was major cause for the vulnerable to unprotected sex in both unmarried and married adolescent women. The survey reported that adolescent age is more vulnerable to unprotected sexual activities and this result in unwanted pregnancy and they resort to induced abortion in unsafe conditions due to social stigma.

Emergency contraception is used to protect from unwanted pregnancy but before pregnancy begins. Used within 120 hour after unprotected sexual intercourse, EC reduces the risk of pregnancy by 60-94%.

There are three types of ECPs: combined ECPs containing both estrogen and progestin, progestin-only ECPs, and ECPs containing an antiprogestin (mifepristone). Progestin-only ECPs have now largely replaced the older combined ECPs because they are more effective and cause fewer side effects. Although this therapy is commonly known as the morning-after pill, the term is misleading; ECPs may be initiated sooner than the morning after immediately after unprotected intercourse or later for at least 120 hours after unprotected intercourse[3]. 1.5 mg of levonorgestrel with in the five days of is safe to protect from unprotected intercourse. Emergency contraceptives are increasingly becoming the major mode of contraception among individuals. These pills are cheap, accessible, and available over the counter, but the convenience of buying and using them belies the health risk involved in their usage. In fact, some women say the I-pill is their primary mode of contraception. Now, they are up against the mass advertising effort of the companies that manufacture the morning after pills. The ads, some experts say, use catchphrases such as "tension free" to appeal to young women and do not emphasize that the products are meant for the use in emergencies only. Every advertisement/the insert must explicitly highlight the fact that this does not offer any protection against STD/HIV[4].

Dedicated ECPs are fairly new to India. In January 2001, the Consortium on National Consensus for Emergency Contraception met in New Delhi to discuss the issues involved in the introduction of emergency contraception in India.

The Consortium consisting of the World Health Organisation (WHO), the Ministry of Health and Family Welfare, and the Indian Council of Medical Research recommended that a dedicated product should be introduced as soon as possible with information, education, and counselling for public awareness, and relevant training for providers[5]. By 2002, dedicated ECPs were provided free of charge nationwide by the Family Welfare Programme and available by prescription in pharmacies. However, ECP use especially among public-sector clients was low because of a lack of awareness[6].

In 2005, over-the-counter access was approved and pharmacies and chemist shops began selling dedicated ECPs without a prescription. In 2007, the Drug Controller General of India

granted permission to advertise ECPs, resulting in advertising campaign launches that August by pharmaceutical manufacturers Cipla, Mankind, and Morepen.

These three companies control about 80 percent of the ECP market with their brands, iPill, Unwanted 72, and Option 72, respectively. Aggressive advertising campaigns by radio, television, billboards, and magazines resulted in the sale of 200,000 units of Cipla's iPill every month since August 2007[7]. Overall, the Indian government reported ECP sales of 8.2 million units in 2009, a 250-percent increase from the previous year. Advertisements by the private sector appear to have raised ECP awareness in many urban and rural areas.

Near the end of 2009, physicians raised concerns about an increase in the incidence of menstrual disturbances and sexually transmitted infections among their ECP-using patients. In conjunction with complaints submitted to the Advertising Standards Council of India, these events triggered the Drug Controller General of India's January 2010 ban of all ECP advertisements for at least six months.

Alleged misuse and overuse of ECPs were attributed to inaccurate and misleading advertising by Cipla, Mankind, and Morepen pharmaceutical companies. Indeed, ads were silent on possible sides effects associated with ECP use, as well as its intended use as an occasional not regular method of contraception. Despite calls to revoke the over-the-counter status of ECPs, the Drug Controller General of India allowed continued non-prescription access to ECPs.

A study conducted by the Indian Council of Medical Research found that the majority of ECP users (69.2 percent) did not report any side effects from using the method[8].

Although the latest National Family Health Survey does not include published information on ever-use or current use of ECPs, In India, about 20 percent of men and 11 percent of women reported knowledge of ECPs; These rates are lower than those reported in many developed and developing countries.

India is distinguished by the fact that men in every category adolescents or adults, in rural or urban settings and in all states are more knowledgeable than women about ECPs[9]. And men make most of the calls to manufacturer hotlines requesting information on ECPs[10].

ECPs were first introduced in India's public sector initially provided by physicians and then by trained paraprofessionals in lower-level health facilities. The Indian ECP market is constantly evolving, with an estimated 23 brands of ECPs now available in the country[11].

Objective*:* The main objective of the study is to assess the knowledge level and the utilization of Emergency Contraceptive Methods at University Students.

Methodology

A multi stage random sampling technique has been selected for the study. The total sample was 203. The data was collected by using interview schedule constructed based on the objectives. The collected data was analysed by using SPSS 16.0.

Results and Disscussion

Demographic characteristics of the respondents were shown in the table. The age groups of the respondents were divided into two categories, majority (85.2 per cent) of the respondents were belongs to below 25 years of age. Educational status of the respondents (82.8 per cent) of them was Post Graduates and (17.2 percent) was M.Phil/Ph.D. 58.6 per cent of the respondents were having financial assistance through different financial assistance schemes. 70.4 per cent of the respondents were single and 29.6 per cent of them were married, 86.2 per cent were staying at university hostels.

Table-2 indicates the perception and knowledge of respondents on emergency contraception methods higher proportion (82.8 percent) of the respondents were heard about the Emergency Contraception. Majority (34.5 per cent) of the respondents were expressed they heard about emergency contraception method through media/internet followed by co-sisters (17.2 per cent), pharmacist services (13.3 per cent), paramedical (13.8 per cent), friends/spouses (10.8 per cent) and others (10.3 per cent). The question on feel of accessibility of emergency contraception majority (75.9 per cent) of the respondents the availability of emergency contraception is easy.

More than one-half (55.2 per cent) of the respondents were expressed obsentisum is the good measure of contraception methods.

Conclusion

The findings were indicate that the knowledge on emergency contraception methods were very low. The study suggested some of the recommendations to improve the knowledge and perception of the respondents on emergency contraception methods. Women who have had unprotected intercourse and wish to prevent pregnancy should be offered hormonal EC up to 5 days after intercourse. Emergency contraception provides women with a last chance to prevent pregnancy after unprotected sex. In fact that university student's are relatively having a better educational level on emergency contraception.

Therefore, it is highly recommended that interventions intended to contest maternal mortality through contraceptive usage need to be aware of such information specific to the university students. To change attitude towards emergency contraception and further increase the level of awareness and usage, collaborated health education and similar studies among health through media is also recommended.

Table-1
Demographic characteristics of the respondents (N=203)

Demographic characteristics	Frequency	Percent
Age		
≤ 25	173	85.2
≥ 25	30	14.8
Total	29	100
Education		
P.G	168	82.8
M.Phil/Ph.D	35	17.2
School/College		
Arts	63	31
Science	140	69
Financial Assistance		
No	84	41.4
Yes	119	58.6
Religion		
Hindu	175	86.2
Muslim	14	6.9
Christian	14	6.9
Marital Status		
Single	143	70.4
Married	60	29.6
Living Present		
Hostel	175	86.2
Parents	7	3.4
Boyfriend/Husband	21	10.3

Table-2
Knowledge and perception on emergency Contraception (N=203)

Knowledge and per caption on E. C	Frequency	Percent
Heard about EC		
No	35	17.2
Yes	168	82.8
How know about EC		
Co-Sisters	35	17.2
Media/Internet	70	34.5
Pharmacist Service	27	13.3
Friends/Spouse	22	10.8
Paramedical	28	13.8
Others	21	10.3
Feel of accessibility of EC		
Easily Available	154	75.9
Difficult to get in nearby Place	28	13.8
Don,t Know	21	10.3
Major form of Contraception		
Obsentisum	112	55.2
Pills	21	10.3
Condom	28	13.8
IUD	7	3.4
Others	35	17.2

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