

THE PUBLIC AND OBSTETRICIANS HAVE LIMITED KNOWLEDGE AND PRACTICE OF EMERGENCY CONTRACEPTIVES

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ABSTRACT

Purpose: Assess American knowledge and attitudes About emergency contraceptives and knowledge, Obstetrics and Gynecology Attitudes and Practices Respect for emergency contraceptives. Method: Randomly draw national cross-section samples over 18, including 1,000 women and 1002 men surveyed by phone between October December 12 to November 13, 1994. National representative The sample of 307 obstetricians and gynecologists was named From the Journal of the American Medical Association Master file, survey by phone. Both surveys focus on knowledge and Attitudes towards unplanned pregnancy and contraception Options, including emergency contraception. Despite the response Unweighted ratios are 50% and 77%, respectively The sample closely reflects the population they come from Was drawn.

Outcome: Americans don't know much about emergencies Birth control pills. Only 36% of respondents said They know that "anything can be done" within a few days A few days after unprotected sex to prevent pregnancy. Fifty-five 100% said they "heard" the emergency contraceptive Medically, only 1% have been used. Ninety-nine percent Gynecologist reports "familiar" Emergency contraceptives. 22% is "A bit familiar." Among those who said they were Most people consider this method "very familiar" (77%) Emergency contraceptives are "very safe" (88%) And "very effective" (85%). Overall, 70% of obstetricians and gynecologists Respondents said they have prescribed an emergency Contraceptives used in the past year, but rarely Essential 77% of prescription emergency contraceptives The pill did this five times or less.

INTRODUCTION

Despite more than half of unwanted pregnancies 10% occur in the United States 1.7 million women who do not use contraceptives (47%) of women said "use Method "and may be considered pregnant Due to malfunction or improper use Contraceptive methods. For more than two decades, high doses Availability of oral contraceptives (OCs) In the US and shown to be effective in emergencies Birth control pills. By far the most common form If using emergency contraception under 72 Then, hours of unprotected sex Emergency contraception 12 hours after the

second dose Medications can reduce the risk of pregnancy during pregnancy The most fertile days are about 75% .ie³ Public lack of awareness of this choice This is partly due to its limited use. Learn more This issue of the magazine, commissioned by the Henry Kaiser Family Foundation Two national surveys, one of which is the United States One of the adult and obstetricians. At this In the report, we explored factors related to knowledge General emergency contraception Population, including Discuss birth control with health professionals Patients' knowledge of emergency contraceptives medicine. We also describe the degree of

obstetricians and gynecologists Report that they are familiar with the emergency Birth control pills, discuss this option with them Prescribe patiently.

Little information about emergency knowledge Birth control pill population. Gender survey Student Actively plan to raise awareness and provide Emergency contraceptives, proven High level of knowledge (95%) and use possibilities (74% would use them or recommend them to a friend) In addition Reproductive health provider, family doctor, And emergency doctors Doctor prescribed hormonal emergency contraceptive times average 3.4 times Months. ⁵ We assume there will be a lot Public knowledge gaps and restricted use Among the general public and obstetricians and gynecologists.

METHODOLOGY

We designed a telephone survey to check the public Knowledge and attitudes about scale and knowledge Unplanned pregnancy and various contraceptives Choice, including emergency contraceptives (Also called "Morning Medicine" in the survey To increase visibility). Generate Representative with Number Selection Program Sample of 48 people with phone Consecutive United States (Alaska and Hawaii exclude). It takes an average of 25 minutes to complete the interview Match the gender of visitors and respondents. The surveyor called back potential interviewees Four times and then discarded from the sample. Of the 4,000 men and women contacted, 1,000 are women Overall, 1002 men completed the survey

The response rate is 50%. One hundred and eighty one The survey was completely rejected by 4,000 respondents (4%), and 1868 (46%) terminated the interview before completion. Termination may be related to embarrassment Or dislike survey materials; in addition, they May reflect the time of the interview. The percentage of the analysis is Proportion to U.S. population Regarding the actual demographic characteristics of gender, Race, age, education and health insurance State, while the regression model is unweight. Although the response rate is only 50%, Unweight samples have almost Like the U.S. demographics, Too many suitors Continue

education after graduating from high school. The second survey was a survey of 307 obstetricians and gynecologists. Assess knowledge and attitude Unplanned pregnancy and contraception.

Fact-finder Albany, NY firm draws random national representative Self-identified gynecologist sample (Hereinafter referred to as "physician") Medical Association Physician Master File and contact them by phone and fax to schedule A telephone interview was conducted. They had contacted 15 times before contacting the doctor. Discarded from the sample, the rejection rate was 23%. Respondents were mostly in cities and Suburban and independent or single professional groups Male, age 40 64. The person who refused to answer the survey was Similar to respondents in practice Characteristics, age and gender patterns, and geography Diversity.

RESULTS

We asked interviewees: "If a married woman has just had sex, Do you think she may be pregnant. She can prevent pregnancy in the next few days, whether? After replying, we asked: "You have I heard that taking medicine in the morning is also called first aid Birth control pills? "More than a third among male and female respondents (36%) They know "everything is possible" within a few days To prevent pregnancy after unprotected sex. Women Men have the same positive response. More and more people say they "hear" the emergency Birth control pills or "morning pills" Pay attention to "Can do anything" to prevent pregnancy. 55% say "listen" Emergency contraceptives or morning pills, 25% have heard of emergency contraceptives Medicine, knowing that "anything can be done." Because It may be a better indicator of actual consciousness, because The purpose of our analysis, a positive response to both This problem is called "explicit knowledge." Respondents who have heard of emergency contraceptives Medicine, only 9% know the method works 72 hours after intercourse. 48% chat for a while Birth control by health professionals. Of which 65% Heard of emergency contraceptives, compared 45% of people who have never had such a conversation (Significant difference, $P < 0.001$). Only 1% of respondents Or their partner used an

emergency contraceptive Take your own medicine. We did it once Subsample of 258 female respondents at risk Unplanned pregnancy: someone asked If they have had sex in the past 12 months, Infertile, under 45, and Not pregnant or trying to become pregnant. Only about A third of people know Days after intercourse to prevent pregnancy, while 60% Heard about morning pills or emergency contraceptives medicine. Only 26% of women at risk have a high prevalence Knowledge about emergency contraception. Most women at risk (93%) have Family planning health professionals; 62% of them Women have heard of emergency contraceptives, obviously higher People who don't talk to professionals (40%). Such as In the larger sample, only 1% of women had Unplanned pregnancy used emergency contraceptives medicine.

DISCUSSION

Our survey recommendations must inform patients About the existence of emergency contraception Sources other than doctors before seeking further information Ask your doctor for information or to seek treatment. Our findings suggest a discussion about birth Control and general for health professionals Despite knowing the emergency contraceptive Are these discussions more profitable? Consciousness is unclear. This correlation may be Due to selection bias; some respondents are already knowledgeable About general contraception and emergencies Especially contraceptives May encourage, initiate and remember conversations About birth control. In addition to connecting with the health care system, there are Other factors predicting personal knowledge About emergency contraceptives. Multivariate The model shows gender, age, education, income, Race or race can predict individual pairs Emergency contraceptives have their own characteristics Have a significant impact on different knowledge Impact of related functions. Grand total The effects of age, income, education and race, or Race is very different between races Their knowledge of emergency contraception. E.g, 51% of white college graduates aged 30 or over Outstanding possibilities for emergency

contraception knowledge Option (95% confidence interval [CI] 45.57%), Whether to talk to healthy people About birth control occupations. By contrast, Africans U.S. adults under 30 years old, no University degree with 4% chance to achieve Emergency contraceptives (95% CI 0, 10%). (These ones observe the proportion of weighted frequencies instead of Calculated by regression.) These findings are important because they show Knowledge models may reflect institutions Arrangements and policies and cultural and social networks. Knowledge about emergency contraceptives May depend on people and what people know They can get from sex partners, friends, Family members or school medical services. E.g, Among women at risk for unplanned pregnancy, we Find significant differences in knowledge when comparing Women with a bachelor's degree nobody. Graduating women for a year University is more likely Emergency contraceptives need to be highlighted Knowledge of options. This may be the result Get health care in universities and colleges These universities may provide information systematically Their students are about emergency contraceptives. The "knowledge" reported here usually represents Recognizing the existence of emergency contraceptives, Rather than thoroughly understanding which options The time frame in which they exist and must be used. This distinction is important due to emergencies The environment in which contraceptive methods are used. Knowing "anything can be done" does not mean Have the information you need to use it. Health professionals can play a greater role in notifications Their patients are about emergency contraceptives. According to our survey, many women Unplanned pregnancy (83%) report that they rely on Health professionals get information about joint education. This shows strategies for raising awareness Health care about emergency contraceptives Encourage professionals to discuss emergency situations Contraception is part of routine contraceptive counseling. However, in the rapidly changing healthcare market, More and more time for this type of consultation May be restricted.

REFERENCES

- [1] Landgren BM, Johannson E, Aedo AR, Kumar A, Shi YE. The effect of levonorgestrel administered in large doses at different stages of the cycle on ovarian function and endometrial morphology. *Contraception* 1989;39:275-89.
- [2] Trussell J, Stewart F. The effectiveness of postcoital hormonal contraception. *Fam PlannPerspect* 1992;24(6):262-4.
- [3] Trussell J, Ellertson C, Stewart F. The effectiveness of the Yuzpe regimen of postcoital contraception. Princeton, New Jersey: Office of Population Research, Princeton University, 1994.
- [4] Harper C, Ellertson C. The emergency contraceptive pill: A survey of knowledge and attitudes among students at Princeton University. *Am J ObstetGynecol* 1995;173:1438-45.
- [5] Grossman RA, Grossman BD. How frequently is emergency contraception prescribed? *Fam PlannPerspect* 1994;26(6):270-1.