

Knowledge, Attitude and Practice Toward the Use of Emergency Contraception Methods Among Women in the Kingdom of Saudi Arabia

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Abstract

Unintended pregnancy is a common public health issue worldwide, especially in the MENA region. Unintended pregnancy has two subtypes (unplanned and unwanted).

Emergency contraception (EC) plays a vital role in preventing unintended pregnancy up to 98% by delaying ovulation or preventing implantation. It is available over the counter in most of the Arab world. In our study the investigating group wanted to explore knowledge attitude and practice among women of Saudi Arabia towards EC. To achieve this objective a validated survey was used as study tool. It was found that there is improved knowledge, attitude and practice among women towards EC utilisation.

Key words: Emergency contraception methods, women, Saudi Arabia

Introduction

One of the most common public health issues worldwide is unintended pregnancy (both unplanned and unwanted). It is estimated that in the Middle East and North Africa (MENA) region, one in each four pregnancies are unintended, leading to unsafe abortions and jeopardizing the healthiness and well-being of women and their families (1).

Emergency contraception (EC) can play a vital role in preventing unintended pregnancies.

If used correctly, EC can prevent 98% of unintended pregnancies. It is assumed to work by stopping or delaying ovulation or preventing implantation if fertilization has already taken place. However, it does not interrupt an established pregnancy (2). It is ideally used after unprotected intercourse or a contraceptive accident to avoid unwanted pregnancy (3,4).

There are three major selections available for EC: progestin-only pills (POPs), combination oral contraceptives (COCs), and insertion of an intrauterine device (IUD). Despite its availability, it is not very commonly used (5).

Over the past many years contraceptives have been available in the Arab region (4) however, emergency contraception availability and advice is sparse and not very commonly used.

The current study was designed to assess the knowledge, attitude, and practice towards EC methods among women of childbearing age in Saudi Arabia.

Methodology

A cross-sectional, non-randomised convenient sample was selected to respond to the study survey.

A convenience sample (N=233,) was recruited through an externally validated survey sent online to the participants to which they responded anonymously. The study was conducted in Saudi Arabia for females who are currently living in KSA, and of childbearing age between 15-45. In addition to the supervisor's checks, the research team manually cleaned, verified, and coded all data in order to improve the quality of the research. For further analysis, the survey data was entered into (SPSS) Version 22 software. Level of significance for the present study=0.05. The sample size is based on G power software using effect size =0.3, alpha =0.05 and power=.95 with degree of freedom (5).

Results

The study aimed to assess the awareness of women living in Saudi Arabia regarding the use of emergency contraception methods. In this cross-sectional study, we collected 233 participants for the survey. We analysed data of 232 participants who matched our criteria and excluded 1 participant for refusing to sign the consent form.

As shown in Table 1, most of the participants were aged between 36-45 years (38.8%) and between 15-25 years (35.3%). More than half of the women were married (62.5%). The majority had bachelor's and above degrees and they are Saudi nationals.

Overall, 61 (26.3%) of the participants had good knowledge of EC. 63.4% of the respondents had heard about EC. Only 34.9%, 23.3% answered correctly on the efficacy, and the safety of using EC, respectively. Concerning their knowledge about the types of EC, more than half (62%) answered correctly.

About 16 of the participants (6.9%) have the wrong idea about EC as a method of abortion. Furthermore, eight women (3.4%) believe that using EC is to prevent sexually transmitted diseases. However, twenty-three women (9.9%) were aware of the appropriate quantity of EC pills. In addition, 47.4 percent of participants were aware that EC is allowed to be used in the Islamic religion (Table 2).

Only 25% of the participants received their information about EC from a health practitioner, 21.6% from media, and 20.3% from family and friends. When asked "what are the situations that EC is advised to be taken in?" they responded as follows: 2.2% if condom ruptures during intercourse, 9.5% when they miss taking the regular contraception, 1.3% when raped, 51.3% all of the above (Table 4). Moreover, out of 145 married women, 21 had used EC previously.

Overall, 53% had a negative attitude towards EC. Most of the participants (78 %) agreed our community needs to be more aware of EC. However, ninety-four women (40.5%) would use EC if they had unprotected intimate relations. About 26.3% would suggest EC to other women. In addition, 17.7% of the participants agreed that they would feel shy to ask for EC (Table 3).

Our study showed there was no statistically significant difference between good and poor knowledge, positive and negative attitudes of the participants related to their age, nationality, marital status, level of education, or occupation (Table 5).

Table 1: The sociodemographic data of the participants

		Count	Column N %
Age	15-25	82	35.3%
	26-35	60	25.9%
	36-45	90	38.8%
Nationality	Saudi	208	89.7%
	Non Saudi	24	10.3%
Marital status	Married	145	62.5%
	Unmarried	87	37.5%
Level of education	High school and below	20	8.6%
	Bachelor and above	212	91.4%
Occupation	Unemployed	84	36.2%
	Employed	79	34.1%
	Student	69	29.7%

Table 2: Participant's knowledge concerning emergency contraception

Questions		Count	Column N%
Have you ever heard of emergency contraception?	No	85	36.6%
	Yes	147	63.4%
How effective is emergency contraception in preventing pregnancy?	DK	140	60.3%
	Effective	81	34.9%
	Not effective	11	4.7%
Is emergency contraception safe for its users?	DK	161	69.4%
	No	17	7.3%
	Yes	54	23.3%
Is emergency contraception a method of abortion?	DK	149	64.2%
	Yes	16	6.9%
	No	67	28.9%
Can emergency contraception prevent sexually transmitted diseases?	DK	135	58.2%
	Yes	8	3.4%
	No	89	38.4%
In your opinion is emergency contraception forbidden in our Islamic Religion?	DK	113	48.7%
	Yes	9	3.9%
	No	110	47.4%
What are the types of emergency contraception?	DK	88	37.9%
	Morning after pills	62	26.7%
	Copper intra-uterine device	20	8.6%
	Both	62	26.7%
What is the maximum acceptable time for a woman to take emergency contraceptive pills after an intimate relation?	DK	136	58.6%
	Within 2 days	80	34.5%
	Within 5 days	16	6.9%
What are the recommended number of emergency contraceptive pill doses?	DK	135	58.2%
	One dose	74	31.9%
	Two doses	23	9.9%

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Table 2: Participant's knowledge concerning emergency contraception (continued)

What is the maximum acceptable time for a woman to use the copper intrauterine device after an intimate relation?	DK	184	79.3%
	Within 2d	21	9.1%
	Within 5d	27	11.6%
Where can a woman obtain emergency contraception?	DK	89	38.4%
	Black market	13	5.6%
	Pharmacy	130	56.0%
Total score/23: mean \pm SD	9.1 \pm 5.77 (39.6%)		

Table 3 : Participant's attitude toward emergency contraception

Questions		Count	% Column N
I would use EC if I had an unprotected intimate relation	DK	109	47.0%
	Disagree	29	12.5%
	Agree	94	40.5%
Would you recommend EC to someone?	DK	124	53.4%
	Disagree	47	20.3%
	Agree	61	26.3%
In your opinion does the society need to raise awareness regarding the existence of EC?	DK	41	17.7%
	Disagree	10	4.3%
	Agree	181	78.0%
Would you feel shy to ask for EC	DK	87	37.5%
	Disagree	104	44.8%
	Agree	41	17.7%

Table 4:

Questions		Count	Column N %
What are your main sources of information on emergency contraception?	Family and friends	47	20.3%
	Health practitioner	58	25.0%
	Media	50	21.6%
	I never heard	77	33.2%
What are the situations that emergency contraception is advised to be taken in?	DK	83	35.8%
	If condom ruptured during intercourse	5	2.2%
	When you misstake your regular contraceptives	22	9.5%
	Raped	3	1.3%
	All of the above	119	51.3%

Table 5: Comparison between good and poor knowledge, positive and negative attitude related sociodemographic data of the participated

		POOR knowledge	GOOD knowledge	P value	NEG attitude	POSITIVE Attitude	P
Age	25-15	(%32.7) 56	(%42.6) 26	383.	(%37.4) 46	(%33) 36	507.
	35-26	(%26.9) 46	(%23) 14		(%22.8) 28	(%29.4) 32	
	45-36	(%40.4) 69	(34.4) 21		(%39.8) 49	(%37.6) 41	
Nationality	Saudi	(%88.3) 151	(%93.4) 57	0.258	(%87) 107	(%92.7) 101	157.
	non Saudi	(%11.7) 20	(%6.6) 4		(%13) 16	(%7.3) 8	
Marital status	Married	(%61.4) 105	(%65.6) 40	564.	(%58.5) 72	(%67) 73	185.
	Unmarried	(38.6) 66	(%34.4) 21		(%41.5) 51	(%33) 36	
Level of education	High school and below	(%9.4) 16	(%6.6) 4	504.	(%7.3) 9	(%10.1) 11	452.
	Bachelor and above	(%90.6) 155	(93.4) 57		(%92.7) 114	(%98.9) 98	
Occupation	Unemployed	(%38) 65	(%31.1) 19	617.	(%35.0) 43	(%37.6) 41	891.
	Employed	(%32.7) 56	(%37.7) 23		(%34.1) 42	(%33.9) 37	
	Student	(%29.2) 50	(%31.1) 19		(%30.9) 38	(%28.4) 31	

Discussion

Our study aim was to assess the awareness of women living in Saudi Arabia regarding the use of emergency contraception methods. As per the current study, our findings showed a minor improvement in the knowledge of the study sample regarding EC compared to earlier studies done in Saudi Arabia.

It suggests that women are more aware of EC and its execution.

However, there is still need for action to be done in terms of disseminating information within the community.

The majority of the information on EC comes from a family practitioner, according to our results.

There are still obstacles for attendants and their patients to discuss contraception alternatives.

For health-care practitioners, it will take extra effort to raise awareness. According to the findings, even among those who are aware that the EC service is accessible, its use is extremely limited.

There was little difference from prior studies, which could indicate that a new awareness methodology is needed to demonstrate the efficacy and safety of such an approach in avoiding unintended pregnancy. According to our study results, there is still a long way to go before we recognize EC's important role in family planning.

Several interventions are needed among health care providers and society members, especially among women.

Utilization of social media may help in distributing the correct knowledge to the required sectors, including community scholars which may help in the acceptance of the EC concept from a religious perspective.

Finally, the fact that this study did not allow for healthcare practitioner views is a constraint to consider when interpreting the findings. Another restriction of this study is its cross-sectional design, which prevents the investigation of causal links between the variables studied

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