



Emergency contraception – lack of awareness among women presenting for termination of pregnancy

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To the Editor: Emergency contraception (EC) when used after unprotected intercourse, within defined time limits, can reduce the risk of an unwanted pregnancy. In South Africa EC is available free of charge in public sector clinics and over the counter, i.e. without prescription, in private sector pharmacies. Termination of pregnancy services have been legal in SA since 1996 and have resulted in a marked decrease in abortion-related morbidity and mortality.¹ However, abortion services remain inaccessible for many women because of stigma, provider resistance and lack of trained providers and designated facilities.² An increased use of EC could lead to a reduction in both legal and illegal abortion. In this article we report on the awareness and use of EC among women presenting for a termination of pregnancy.

This study was part of a broader cross-sectional study, conducted in 2004, on the timing and patterns of pregnancy confirmation in the Cape Town area.³ Consecutive consenting women booking for first- and second-trimester termination of pregnancy (TOP) at public sector health facilities in two urban districts were interviewed using a standardised, pre-tested questionnaire. Data analysis was conducted using Stat 9.0 (Stata Corporation, College Station, Texas, USA). Ethical approval was granted by the Ethics Review Committee at the University of Cape Town.

A total of 164 women participated in the study – 82 women presenting for first-trimester and 82 for second-trimester terminations. The participants were young women (median age 24 years; range 15 - 39). Most participants (68%) spoke Xhosa as their main language. Forty-three per cent of the participants had Grade 12 or higher level of education. Sixty-three per cent were married or in a stable relationship.

The majority of women (68%) had had previous pregnancies. Twenty-one per cent reported that they were using a method of contraception when they fell pregnant, namely the condom (53%), the pill (35%) and the injection (12%). All women reported that the current pregnancy was unplanned.

Overall 35.4% of clients had heard of emergency contraception: 40.2 % of first-trimester and 30.5% of second-trimester clients ($p = 0.322$). Few women ($N = 12$) had ever

used EC. Of those who used EC, 7 had done so once and 5 more than once. Among those who ever used EC 4 had obtained EC from a public clinic and 8 from a pharmacy. For this current pregnancy, 9 clients had considered and 7 had actually used EC. Women who were younger than 20 years ($p = 0.033$), more educated ($p = 0.019$) and spoke either English or Afrikaans as opposed to Xhosa ($p = 0.014$) were more likely to have heard of EC. There was no association between condom use and awareness of EC.

EC awareness reported in our study was lower than that recorded in studies among clients awaiting TOP in other countries.^{4,5} The awareness level in our study was similar to that reported previously for the urban Western Cape province.⁶ However, the latter study was conducted among women attending public sector clinics for any primary level service. Our study was conducted among women attending TOP services, all of whom mentioned that their current pregnancy was unplanned. Furthermore the majority of the women in our study had had previous contact with reproductive health services, either for contraceptive services or during a previous pregnancy. Clearly there have been missed opportunities for improving EC knowledge and use among clients attending reproductive health services.

Our finding that younger and more educated women had greater awareness of EC is consistent with other investigations. Further investigation is needed to better understand why women who spoke English or Afrikaans were more aware of EC than those who spoke Xhosa. EC is increasingly being advocated as a back-up method for condom failure. Disappointingly, we found no association between awareness of EC and condom use.

A limitation of our study is that it was a relatively small survey conducted in one part of the country. Furthermore we did not explore the level of client EC knowledge. Our study indicates a worrying lack of awareness of EC among women attending TOP services.

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