

Women's knowledge of and attitudes towards emergency contraception in Hong Kong: questionnaire survey

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Objective. To study the level of knowledge of and attitude towards emergency contraception in a group of women requesting the termination of pregnancy.

Design. Structured questionnaire survey.

Setting. Family Planning Association and university teaching hospital, Hong Kong.

Participants. Two hundred women who requested the termination of an unplanned pregnancy between May 1997 and March 1998.

Main outcome measures. Demographic data, basic knowledge of contraception, reasons for terminating the pregnancy, and knowledge and usage of emergency contraception.

Results. A substantial proportion (33.0%) of women were ignorant of the existence of emergency contraception. Only 10.0% of women had used emergency contraception before and only 2.5% had used it in an attempt to prevent this pregnancy. Of the 134 women who knew about emergency contraception, the main reason (41.8%) for not using it was risk-taking behaviour. More nulliparous women (88.5% versus 57.6%; $P < 0.001$) and women younger than 20 years (84.0% versus 61.3%; $P < 0.01$) had heard of emergency contraception. Women who were educated beyond secondary school level (71.0% versus 37.5%; $P < 0.01$) and unmarried women compared with married, cohabiting, or divorced women (87.1% versus 49.5%; $P < 0.001$) were also more likely to have heard of emergency contraception. Women younger than 20 years were more likely to have used this form of birth control in the past (18.0% versus 7.3%; $P < 0.05$).

Conclusion. There is a need to improve women's education about emergency contraception in Hong Kong.

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Key words: Contraception; Contraceptives, postcoital; Knowledge, attitudes, practice; Pregnancy, unwanted; Sex behavior

Introduction

The consequences of an unplanned pregnancy can be serious and include induced abortion or the birth of an unwanted baby; these may in turn lead to social and psychological problems. Emergency contraception, however, can be used to prevent pregnancy following unprotected sexual intercourse. Alternative but less appropriate terms for emergency contraception are postcoital and 'morning after' contraception.¹ Despite the fact that emergency contraceptives are readily available, they are effective only if women use them at the

appropriate time. The decision to use emergency contraception will also depend on women's attitudes to this form of birth control. This study aimed to investigate the knowledge of and attitude towards emergency contraception among women who had requested the termination of an unplanned pregnancy.

Methods

Two hundred women who attended the Family Planning Association of Hong Kong and the Queen Mary Hospital between May 1997 and March 1998 to request the termination of an unplanned pregnancy were interviewed using a structured questionnaire. Each woman was asked about her basic knowledge of contraception, the reasons for terminating the pregnancy, any contraceptive method that was currently being used, experience with emergency contraception, and her knowledge of and attitude towards emergency

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contraception. Demographic data such as age, duration of residence in Hong Kong, religion, education, family income, marital status, and number of children were also collected. Participants were encouraged to give additional comments after the questionnaire had been completed.

For certain demographic categories, participants were classified into two groups and the numbers of respondents in each section of the questionnaire were compared using the Mann-Whitney *U* test. The cut-off level for statistical significance was taken as $P=0.05$.

Results

Demographic data

The mean age of the 200 women interviewed was 28 years (range, 14-44 years). The duration of residence in Hong Kong ranged from 1 to 44 years. Fourteen (7.0%) women had received tertiary education, 103 (51.5%) secondary education, 59 (29.5%) form 3-level education, and 23 (11.5%) primary school-level education. Only one woman had not received any education. Ninety-three (46.5%) women were single, 103 (51.5%) were married, one (0.5%) woman was cohabiting with her boyfriend, and three (1.5%) were divorced. Ninety-seven women (48.5%) were nulliparous. The response rate was 100% and all questions were answered; however, additional comments were rarely made.

Knowledge of and attitudes towards emergency contraception

Of the 200 women who were surveyed, 134 (67.0%) had heard of emergency contraception while only 20 (10.0%) had used emergency contraception before. Only five (2.5%) women had used emergency contraception in an attempt to prevent the unwanted pregnancy. Among the 134 women who had heard of emergency contraception, 56 (41.8%) did not use it

because they were willing to take the risk of starting a pregnancy; 30 (22.4%) thought that their current contraceptive method would work; 20 (14.9%) thought that they might not get pregnant that easily; 11 (8.2%) knew about emergency contraception only after getting pregnant this time; four (3.0%) knew little about emergency contraception; four (3.0%) thought that it was not readily available; four (3.0%) could not explain the reason for not using emergency contraception; and three (2.2%) were worried about the severe side effects of taking emergency contraceptives. In addition, one (0.7%) woman claimed that she was not confident in using emergency contraceptives and one (0.7%) woman thought that menopause had already occurred.

Sixty-five (33.0%) women claimed that they knew the correct time-frame of using emergency contraceptives, but only 22 (33.8%) of these women answered correctly. One hundred and ten (55.0%) women indicated that the Family Planning Association was the preferred place for obtaining emergency contraceptives. Only 28 (14.0%) of the women were likely to obtain emergency contraceptives from pharmacies, and 17 (8.5%) preferred to purchase them over the counter.

Sex behaviour

The contraceptive methods that were used by the women during their cycle of conception are shown

Table 1. Contraceptive methods used

Contraceptive method	Respondents, n=200 No. (%)
Condom	115 (57.5%)
Oral contraceptive	8 (4.%)
Injectable contraceptive	4 (2.0%)
Spermicide	7 (3.5%)
Intrauterine contraceptive device	0
Rhythm	17 (8.5%)
Withdrawal	6 (3.0%)
None	43 (21.5%)

Table 3. Respondents' knowledge of emergency contraception*

Response	Previous pregnancy	
	No, n=61	Yes, n=139
Have heard of emergency contraception	54 (88.5%)	80 (57.6%) [†]
Ever used emergency contraception	5 (8.2%)	15 (10.8%)
Used emergency contraception during month of conception	2 (3.3%)	3 (2.2%)
Would use emergency contraception after knowing about it	57 (93.4%)	123 (88.5%)

* Data are presented as No. (%) for pairs of characteristics; the Mann-Whitney *U* test was used to compare data within each pair

[†] $P<0.001$ (two-tailed)

[‡] $P<0.01$ (two-tailed)

[§] $P<0.05$ (two-tailed)

Table 2. Reasons given to explain the unplanned pregnancy

Reason	Respondents, n=200 No. (%)
No contraceptive method used	43 (21.5%)
Forgot to take pills or have injections	11 (5.5%)
Breakage or slippage of condom	23 (11.5%)
Misuse of condom	1 (0.5%)
Only occasional use of condom	64 (32.0%)
Only occasional use of spermicide	6 (3.0%)
Misuse of rhythm method	22 (11.0%)
Don't know, but condom was used	27 (13.5%)
Don't know, but withdrawal method was used	1 (0.5%)
Don't know, but spermicide was used	1 (0.5%)
Don't know, but injectable contraceptive was used	1 (0.5%)

in Table 1. The reasons why the women thought they had the unplanned pregnancy are summarised in Table 2. The most common causes were related to condom usage. Seventeen (39.5%) of the 43 women who did not use any contraceptive method during the month of conception stated that the intercourse was unpremeditated. Three (7.0%) of the 43 women claimed that they did not know about contraception; three (7.0%) claimed that they did not have access to any contraceptive methods; three (7.0%) said that their partner refused to comply with contraception; and nine (20.9%) believed that they would not get pregnant easily because of various reasons such as older age, health problems, or having sex only occasionally.

Statistical analyses (Table 3)

More nulliparous women had heard of emergency contraception (P<0.001) than did women who had a history of pregnancy. Differences in the experience of using emergency contraception were not significant. More of the younger women knew about emergency contraception than did older women (P<0.01); the younger age-group were also more likely to have used emergency contraception than older women (P<0.05). A greater proportion of women who had received secondary to tertiary education knew about emergency contraception (P<0.01) compared with those who had received no or only primary education.

However, the proportions of women who had used or intended to use emergency contraception in the two groups were similar.

Among the 93 unmarried women, 81 (87.1%) knew about emergency contraception, whereas only 53 (49.5%) of 107 cohabiting, married, or divorced women had heard about emergency contraception (P<0.001). The experience of using emergency contraception was similar between these two groups of women. Twelve (12.9%) of the unmarried women and eight (7.8%) married women had used emergency contraception previously. When women were told of the availability and accessibility of emergency contraception, 86 (90.3%) unmarried women and 94 (87.9%) married, cohabiting, or divorced women indicated that they would consider using it.

Discussion

Although emergency contraception is not recommended as a routine family planning method, it is a useful method after unprotected sexual intercourse to reduce the chance of unwanted pregnancies. Emergency contraception is most useful when there is failure of barrier methods such as slippage and breakage of condoms, or when sexual intercourse was unpremeditated. However, women need to know about

Age		Level of education		Marital status	
≤20 years, n=50	>20 years, n=150	None or primary, n=24	Secondary to tertiary, n=176	Unmarried, n=93	Married, cohabiting, or divorced, n=107
42 (84.0%)	92 (61.3%) [‡]	9 (37.5%)	125 (71.0%) [‡]	81 (87.1%)	53 (49.5%) [†]
9 (18.0%)	11 (7.3%) [§]	2 (8.3%)	18 (10.2%)	12 (12.9%)	8 (7.5%)
1 (2.0%)	4 (2.7%)	1 (4.2%)	4 (2.3%)	2 (2.2%)	3 (2.8%)
46 (92.0%)	134 (89.3%)	20 (83.3%)	160 (90.9%)	86 (92.5%)	94 (87.9%)

emergency contraception and should be willing to use emergency contraception before it can be effective. This study shows that many women are ignorant of emergency contraception. Only 67.0% of women had heard of the method and the majority of them did not know that the drugs have to be administered within 72 hours of the unprotected intercourse.

Results of a similar survey performed in Scotland showed that although teenagers were well informed about the existence of emergency contraception, many did not know when and how to use it.² Even among the student population at Princeton University, United States, where basic awareness to emergency contraception was found to be sound, more precise knowledge was lacking.³ The students were confused about the time when emergency contraceptive pills should be taken, how the regimen works, and its effectiveness in reducing the chances of pregnancy occurring.³ The present study confirms that there is a need to improve women's knowledge about emergency contraception.

Women who had no history of pregnancy were more likely to know about emergency contraception than were those who had had a previous pregnancy. Nulliparous women may possess more general knowledge about contraception, including emergency contraception, which may account for their preventing unplanned pregnancies in the past. In addition, younger women were more likely to know about emergency contraception than older women. This difference might

be because younger women are better informed by their peer groups and the media about emergency contraception. The recent introduction of sex education in the school curriculum might also explain the difference. This study also found that unmarried women had a better knowledge of emergency contraception than married women, which may be because of the younger age of the unmarried women (mean, 22.4 years versus 32.8 years; range, 14-39 years versus 18-44 years).

It is disturbing to note that among the 134 women who had heard of emergency contraception, only five (3.7%) had used it in an attempt to prevent the unplanned pregnancy. It is thus important to educate women about the risk of an unplanned pregnancy occurring. This study showed that most women would prefer obtaining emergency contraceptives from health care professionals at the Family Planning Association (55.0%) or from pharmacies (14.0%). Hence, it is important for these services to be made more user-friendly and easily accessible—for example, by being open during holidays.

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