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EMERGENCY CONTRACEPTIVES AMONG ADOLESCENT GIRLS; A STUDY

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ABSTRACT

The researcher tries to find out the awareness of contraception amongst college going girls in the remote districts of the country. The present article is based upon secondary data collected from books and reports related to the awareness knowledge and perception regarding emergency contraception amongst of adolescent girls in the Firozpur District of Punjab.. It is clear from the study that the number of girls using emergency contraception is rising. Further, their attitude and perception towards sex is changing fast.



KEY WORDS: Sex Contraception , Adolescent girls.

INTRODUCTION

Presently sex is happening earlier; adolescent girls are at greater risk of unwanted pregnancy because of their poor knowledge about contraceptive technology. Young adolescent girls in the reproductive age group are not aware of the use and working methods of contraceptive procedures including emergency contraception. Married young girls, because of their poor perception- about contraceptive methodology, lack of communication of the issues related to reproductive health with their elders in the family, are more prone to have unwanted pregnancy. Because of rural and lower economic background, young girls have misconception about the facts of reproductive health like they are not aware that ECP is a contraceptive and not abortifacant.

OBJECTIVES:

The primary Objective of this research work was

1. To explore the attitude, Knowledge and perception of girl students about reproductive health
2. Attitude and knowledge of Girls about the use of contraceptive methods
3. Knowledge of girl students about the working mechanism of contraceptive methods including emergency contraceptives
4. Knowledge of girl students about unprotected sex and the use of emergency contraceptives
5. To explore the knowledge of college girls about the conception after sexual act even by using emergency contraceptives

CONCEPTUALIZATION OF EMERGENCY CONTRACEPTION

Emergency contraception also known as morning after pill, vocational pill or plan B pill is a regime of steroid (s) taken within 72 hours of unprotected sex. Emergency contraception include IUCD which should be inserted within 5 days of unprotected sex.

Any women of reproductive age group may need emergency contraception at some point of time to avoid unwanted pregnancy in the situations such as

- i) After voluntary sexual intercourse that took place with no contraceptive protection.
- ii) After incorrect or inconsistent use of regular contraceptive methods or when there has been an accidental failure of other contraceptive methods like
 - (a) Condom breakage or slippage
 - (b) Miscalculation of the infertile period when using periodic abstinence or failure to abstain from sexual intercourse during the fertile days.
 - (c) Expulsion of an IUCD
 - (d) Failed coitus interrupts, when ejaculation has occurred in the vagina or on the external genitalia.
 - (e) Failure to take oral contraceptives for more than 3 days in a row.
 - (f) Being late for a contraceptive injection.
 - (g) Failed vasectomy.

iii) When a women has been a victim of rape (this includes all the aspects of rape under India Penal Code i.e., sexual intercourse without consent, sex after intoxicating the women, sex under threat, sex with mentally retarded women). (Holmes, 1996, Stewart &Trussell, 1992)

Adolescents Health in India: demographic status

India is the second most populous country in the world with a total population of over 1103 million. About 28% of the population lives in urban areas. The Crude Birth Rate (CBR) declined from 29.5 in 1991 to 23.8% in 2002 while the Crude Death Rate (CDR) fell from 9.8 to 8.5% per thousand population over the same period. The annual population growth rate declined from 1.97 in 1991 to 1.51 in 2002. The population, however, continues to grow as the decline in the birth rate is not as rapid as the decline in the death rate. The Human Development Index improved from 0.476 in 1985 to 0.602 in 2003. Infant mortality rate has declined from 127 per thousand live births in 1970 to 63 in 2003 and maternal mortality ratio from 540 per 100,000 live births in 1985 to 407 in 2002 which is still second highest in the region. The adult literacy rate is 61% with female literacy pegged at just 45%.

Reproductive Health of Adolescents

World Wide, 70,000 women aged 15-19 years die each year of pregnancy and childbirth-related complications. More than 18 million young women give birth to a baby each year and 9 in 10 of them are in developing countries. This October Asian woman (Philippine) gave birth to a Seventh Billion Child. India, Bangladesh and Vietnam were the probable countries where the child could have been born. Also, in developing countries about 30% women give birth to the first child before their 20th birthday (Kanojia and Others, 2002). About 19% of the population in India is constituted of adolescents, of which 90 million are between 15 and 19 years of age (Puri and others, 2007).

The population of adolescent and youth, in the age group of 15-24 years, is 19% (almost 190 million people) of the total population of India. Adolescent sexuality is on the increase all over the world (Ottersen and other, 2002) and India is not an exception (Puri, 2011). As a consequence of this corresponding increase in pregnancy, childbirth and abortion, as well as increase in STD has been reported. Nearly 44% of women get married between the age of 15-19 years and almost 17% of them start bearing children by the time they are 20 years old.

Sexual Behavior of Adolescent Group

The rate of premarital sex has been reported to be 18.5% among young females in the typical north Indian population respondents. Sexarche (age of first coitus) is happening earlier nowadays resulting in younger adolescent engaging in sexual intercourse. The average age of first sexual encounter in India is 17.4 years for boys and 18.2 years for girls (Sharma, 2001). This includes college students. It is rather disappointing to know that majority of college students lack awareness of the harms of unsafe sexual encounters. This ignorance takes them to quacks or untrained medical service providers for abortion when they get pregnant leading to unnecessary morbidity and mortality. It is not out of place to mention here that women in the younger age group are twice as likely to be affected by complications related to childbirth compared to other age groups. (Foreit and Foreit, 1978, Gorgen and others, 1998, Erenel and Golbasi, 2001, Condard and Gold, 2004, Parker, 2005, Puri and others, 2007).

Reproductive Health knowledge

One very important aspect of adolescent group is reproductive health education. The UNESCO and UNFPA define reproductive health education as "an educational experience" that allows children to understand their sexuality and gives the ability to make responsible reproductive health decisions. The Second National Family Health survey conducted in 1998 to 1999, surveyed approximately 90,000 ever married women from all across India. It demonstrated that little less than 40% of these women had ever heard of AIDS what to talk of emergency contraception. It is heartening to note that there has been increase in knowledge perception in the Third National Family Health Survey conducted in 2005-06. It is evident that reproductive health knowledge is lacking significantly among both in men & women, in India. This is due to gender disparity in the society that results in women having limited access to health care and limited knowledge than men. A further increase in knowledge perception is worth appreciating in reproductive health. This reinforces the importance of education in ensuring that the population is lacking knowledge about reproductive health issues.

Cultural Perception of Reproductive Health in India

Despite recent Government efforts to increase knowledge perception of AIDS and other aspects of reproductive health, the country remains a conservative one. Until the 1980s, sexuality was completely hidden from the public view. But nothings have changed significantly. Television and opening of new channels have contributed significantly in enhancing the knowledge pool of ordinary Indian men and women. One has to agree that country has patriarchal society in which men are clearly defined as the dominant sex, an almost acceptable norm of the society. Based on large amount of data available in the country one cannot escape from drawing the conclusion that it is abundantly clear that sexuality and reproductive health are severely under addressed in Indian Society. This has contributed to a lack of knowledge on reproductive health issues, an inability to protect and preserve reproductive health and unplanned pregnancy. An effort has to be made to change cultural perception of reproductive health so that all population, especially adolescent women highly vulnerable to SIDS and unplanned pregnancy can make responsible reproductive health decisions.

Adolescent population and knowledge of Contraception

In India, a survey of 1125 urban and 575 rural women in the reproductive age group showed that only 8% and 3% of women in the two groups, respectively, knew about emergency contraceptives (Bhatt, 1996). Similar observations have been made in a study made after a decade (Puri and others 2007). Even in countries where overall contraceptive prevalence rate is high, knowledge about emergency contraceptive is rather low (Graham and others, 2003).

Although women requesting emergency contraception come from all age groups and life circumstances, a number of studies have shown that young women under 25 years, who are single and

nulliparous are in the majority. It is this group who tend to be at highest risk of unprotected intercourse and unwanted pregnancy (Leung and others, 2010).

In spite of the fact that emergency contraceptive (EC) is feasible, is safe and its use can help avert a large number of unintended pregnancies, it is not yet widely available through the National Family Welfare Programm of the country. Is it that women in the reproductive age group are not aware that contraception even after coitus is possible? Is it that misconception that ECP is an abortion pill and its use promotes irresponsibility and a promiscuous life style particularly among adolescents discourages utilization of EC to prevent unwanted pregnancies? Is it that male partner is absolutely unaware of its effectiveness? Is it that the health care providers are not aware of EC methods and their appropriate use? Is it that the services and supplies of EC are not readily available?

CONCLUSIONS FROM THE STUDY.

- i) That despite the improvement and increased enrollment of girls in education, perception about reproductive health is not satisfactory.
- ii) The perception about the contribution of the Government in the management of family health particularly from family planning to postpartum is very low.
- iii) Young adolescent girls in the reproductive age group are not aware of the use and working methods of contraceptive procedures including emergency contraception.
- iv) Presently sexarche is happening earlier, adolescent girls are at greater risk of unwanted pregnancy because of their poor knowledge about contraceptive technology.
- v) The girls reported various side effects of contraception like Nausea, vomiting, breast tenderness etc.
- vi) Married young girls, because of their poor perception- about contraceptive methodology, lack of communication of the issues related to reproductive health with their elders in the family, are more prone to have unwanted pregnancy.
- vii) Because of rural and lower economic background, young girls have misconception about the facts of reproductive health like they are not aware that ECP is a contraceptive and not abortificant.
- viii) Sexual behavior among adolescents is influenced by many factors such as the culture , traditions; customs and socio-economic condition of the society. In the wider perspective, sexual issues are still regarded as taboo in the society and sexuality is not discussed freely in the family.
- ix) Policy makers, on the basis of the data generated from the studies on reproductive health and perception about emergency contraception should develop a model on how to effectively reach adolescent youth. Emergency contraception could develop a model on how to effectively reach adolescent youth, a greater population in the country, to operationalize the goals of health mission.

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