

## EMERGENCY CONTRACEPTIVES: PROVIDERS PERSPECTIVES FROM UTTAR PRADESH, INDIA

**Rajiva Prasad<sup>1</sup>**  
**Mohan Tiwary<sup>2</sup>**  
**G. Rama Rao<sup>3</sup>**

The International Conference on Population and Development (ICPD) held in Cairo in 1994 emphasized the importance of responding to women's needs for reproductive health and family planning. To honor their reproductive rights, couples and individuals need to have access to information and services they require to lead healthy, responsible, satisfying sex lives and freedom to decide when and how many children to have. At present, unwanted pregnancy is an extremely common event. Tackling these problems requires important changes in the education and empowerment of women and in the reproductive health care provided by society (ICPD, 1994).

The fertility regulations methods that available today are not only safe but effective too. It helps the couples in taking decisions about the number of children they should have i. e. family formation. Women want to use contraceptives that are safe, efficient, acceptable, easily available and cost effective as well (Barnes, 1988). The obstacles in the use of contraceptives are that the method is harmful to the health of the users and it is often believed that the method is ineffective and lacks awareness about family planning services (Bogue, 1975).

Khanna et al (1994) in one of their studies estimated that around 120 million women in developing countries, who do not want to become pregnant do not use any family planning methods. The failure of contraceptives has serious consequences on the women who are involved, the children they bear and family planning programmes. Bogue (1983) observed that induced abortions are often outcomes of pregnancies occurring due to contraceptive failures. Abortions are often conducted in many settings and this increases maternal morbidity and mortality in developing countries. (Measham et. al, 1981). A study by Fathalla (1995) indicated that every year around 40-60 million women seek termination of pregnancy /abortion. A large proportion of the induced abortions particularly in developing countries are performed by unqualified persons under unsafe conditions. As a result, the women faces a risk of death perhaps hundred times greater than the woman who have access to a skilled operator working in aseptic conditions. Unsafe abortion is one of the greatest neglected problems of health care in developing countries and a serious concern to women during their reproductive lives. A late abortion is always distressing for the woman as well as the professionals involved in her health care. Society and the health care providers should help in preventing abortions.

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<sup>1</sup> Reader, International Institute for Population Sciences, Deonar, Mumbai.

<sup>2</sup> Research officer, International Institute for Population Sciences, Deonar, Mumbai.

<sup>3</sup> Director, International Institute for Population Sciences, Deonar, Mumbai.

In spite of knowledge and availability of different contraceptive methods, which can be used on a regular basis, there is a need to provide methods, which an individual could use in case of an unwanted and unplanned pregnancy. Such a need arises in case of situations like rape, unprotected intercourse, mistake in calculation of ovulation and contraceptive failure. On realization of emergency, there is a need to make available a contraceptive method to be used post-coitally, which will reduce the incidence of unplanned pregnancies and consequently induced abortions. Emergency contraception is an essential part of the treatment for women who are exposed to the risk of accidental pregnancy. Use of emergency contraception is different from planned use of contraceptive methods in several important ways.

Emergency contraception refers to the prevention of pregnancy through use of contraceptive methods after unprotected intercourse. Contraceptives that can be used for emergencies include Copper T or IUD and a variety of hormonal methods. Emergency contraception is so little used or understood can be visualized due to the factors such as legal and regulatory obstacles, cultural influences, service delivery obstacles and lack of knowledge. Mason's research (1993) suggests that many women who sometimes opt for unprotected intercourse would prefer to use emergency contraception if it were well known and easily available rather than resort to abortion. WHO (1994) reports that every year around 70,000 to 200,000 women die from complications related to abortion.

According to Van Look (1993) the idea of today's emergency contraception was visualized sometime in 1920s, when it was observed that estrogenic ovarian extracts interfered with pregnancy in mammals. This research was first applied by veterinarians when, dogs and horses were administered estrogens who had mated when their owners did not want them to do so. The first use of estrogens after unprotected sex was not known until 1960s when a thirteen year old raped girl was administered post coital estrogen by the physicians in Netherlands (Haspels, 1994). Emergency contraception is widely used today in the United Kingdom, Netherlands, Mexico, Nigeria and China. In some countries it has been officially accepted in family planning programmes. Glasier (1996) in his six countries study found that emergency contraceptives is available with the general practitioners in the United Kingdom and Netherlands whereas in Malaysia it is available with both pharmacies as well as private physicians.

In India although different brands of contraceptive pills are available to be used regularly, their use as emergency contraceptives has not yet been officially included in the country's family welfare programme. The government's documents related to the Reproductive and Child Health programme also do not have any mention of emergency contraceptives. The government's (MOHFW, 2000) new social marketing policy refers to emergency contraception as an option to be provided to clients. During 1997-98, Government of India conducted some training programmes for health workers to develop training protocol on emergency contraception. In

collaboration with WHO, comparative trials to assure acceptability of emergency contraceptives were conducted by Indian Council of Medical Research, New Delhi and All India Institute of Medical Sciences, New Delhi. In 2001, a national consensus on emergency contraception was held in New Delhi. (Nayyar, 2001). Very few non-government organizations (NGOs) have included emergency contraception in their service package. According to CHETNA (2000), in a training programme on media advocacy considerable interest among grass roots NGOs was observed but very few knew about emergency contraception. Parivar Seva Sanstha(PPS, 2000), another NGO made a concerted effort to train doctors, counselors and outreach staff and develop information, education and communication materials. The government of India provided them duly bottled appropriated dosage of oral contraceptive pills to be used as emergency contraception. The population council (1997) workshop provided information about emergency contraceptives, more importantly it offered a forum to discuss the appropriate niche for emergency contraception in India.

Now that emergency contraception is made known and is also available in one way or the other, many women who are subjected to unprotected intercourse would rather use them than resort to abortion later. It is therefore, important for reproductive health care manager to ensure that such methods are available and delivered to the beneficiaries. Emergency contraception needs be reserved for emergency situations and it should not be used as a substitute for regular contraception. Since emergency contraception offers a last chance rather a secondary method of contraception to prevent unplanned pregnancy Puri and Van (1996) have referred it as the *casualty department of family planning*. The women should have knowledge about emergency services and methods should also be available to them either in advance for use, or shortly after the need arises. Offering the methods over the counters, through health staff or pharmacies may be more convenient to women and may offer them privacy too.

The role service providers and other types of health care personnel play in ensuring availability and use of emergency contraception cannot be underestimated .An Australian study indicated that 5 per cent of rural and 22 percent of urban general practitioners did not have any knowledge about emergency contraception .It further emphasized that the need for emergency contraception usually occurs at the weekends when general practitioners, pharmacies and clinics mostly remain closed. Keeping in view the reasons and the potential demand of emergency contraception for reducing unwanted pregnancies, it is being discussed in United Kingdom, New Zealand and Norway to make it available with the pharmacists (Van Look, 1996). At present no pharmaceutical company in India is marketing emergency contraceptives. It may be due to ignorance regarding emergency contraceptives among most of the persons of medical fraternity and among the users. Awareness about emergency contraception in India is low not only among the clients but also among the health care providers. Bhatt(1996) observe in an Indian study that among 342 gynecologists surveyed only 30

percent had some awareness about availability of emergency contraception. Weisberg et.al (1995) in an Australian study to determine the knowledge, attitude and prescribing practices concerning emergency contraception amongst general practitioners found that a substantial number of them did not have adequate knowledge about emergency contraception. Another study of 284 doctors revealed that though ninety percent of them had heard about emergency contraception only sixty seven per cent of them have ever prescribed and approved it (Prasad, 2003). The findings of a New Zealand study show that among the women who reported for termination of pregnancy around 62 would have used emergency contraceptives if their physicians had provided them such a pill to be used after unprotected intercourse, while 57 per cent said if such pills were available over the counters at pharmacies they could have purchased from the market. (Young et. al 1995). The emergency contraception providers whether they are medical / paramedical or non-medical such as pharmacists need to have proper knowledge about emergency contraceptives, the methods available, their mode of action and risk of failure must be known to them. The knowledge of emergency contraceptives and its contradiction is very much necessary. The attitude of the client in case of failure should also be explored. In case of failure of emergency contraception, proper counseling regarding the pregnancy is very much necessary.

## **Methodology**

The data for this study was collected from three districts of Uttar Pradesh in early 2001. The rationale behind taking Uttar Pradesh was that the socio economic and demographic parameters in this state are quite low and from anecdotal references it is understood that in rural areas women do use some traditional methods as emergency contraceptives. In all 315 paramedics and 348 pharmacists were interviewed through stratified systematic random sampling. Majority of paramedical staff interviewed were females and the pharmacists were males. To obtain a random sample of paramedics and pharmacists, paramedics at most of the government hospitals and dispensaries were contacted. In case of pharmacists, the list of shopkeepers/pharmacists was obtained from the pharmacists association of the respective districts. The hospitals staff and the pharmacists were informed well in advance about arrival of the survey team. The information from the paramedics and the pharmacists were collected through a well-designed pre-tested questionnaire. Separate interview schedules were prepared for paramedics as well as pharmacists. The questionnaires included information about knowledge, perception, attitude and service delivery factors of emergency contraceptives of the paramedical staff and the pharmacists residing in rural and urban areas. The providers were enquired about the use, the working, legal status and contraindication etc. of emergency contraceptives. Chi-square test was applied to know whether knowledge about emergency contraceptives differed significantly by subgroups.

The present paper aims to study the knowledge, awareness and perception of emergency contraceptives among the health providers who are not medical doctors known as paramedical staff and the pharmacists who sell the emergency contraceptives.

## **Findings**

The median age of the paramedics and pharmacists was found to be 43 and 38 years respectively. It is evident from table 1a and 1b that 78 per cent paramedics and 59 per cent pharmacists were aged 31 to 50 yrs. Among the emergency contraceptive providers majority of the paramedics were females while all the pharmacists were males. Two fifth paramedics and three fourth pharmacists were having urban residence background. In case of level of education, around sixty per cent paramedics were having high school and above education and fifty five per cent were having graduation and above level education. Most of the paramedics have obtained some professional training/qualification related to health but such proportion was only thirty nine percent among the pharmacists. Various categories of paramedics/health workers were interviewed such as thirty six percent auxiliary nurse and midwives (ANMS), twenty-nine per cent male block health workers and twenty three percent lady health workers. Among the pharmacists more than half were shop owners and around thirty six percent were sales men. Location of shop plays an important role in providing/supplying emergency contraceptives. It can be observed from table 1b that forty three percent shops were located in the commercial area and twenty eight percent near private dispensary. One of every fourth paramedics and one of every seventh pharmacists have heard about emergency contraceptives. Larger proportions of paramedics (than pharmacists) have heard of emergency contraceptives.

It can be observed from table 2 that larger proportion of paramedics knew about emergency contraceptives through formal training and pharmacists through informal sources. In case of knowledge about working of emergency contraceptives most of the paramedics as well as pharmacists opine that emergency contraceptives prevents pregnancy only. A significant proportion of paramedics as well as pharmacists are of the view that emergency contraceptives should be used after unprotected intercourse or after pill/condom use has been missed. The popular method of emergency contraceptives to be used according to these providers is Pills which is available in the market branded as 'Mala D' and 'Mala N'. Eighteen percent paramedics mention Copper T as emergency contraceptives while thirty three percent pharmacists mention, estrogen and progesterone hormones as another source of emergency contraceptives in the form of pills. A quarter each of paramedics and pharmacists have mentioned nausea and vomiting as side effects of use of emergency contraceptives. The other side effects known to them is breast tenderness and abdominal pain. It is a well-known fact that the efficacy of the oral pill is around 50 percent and that of IUD/Copper T is 70 percent. When asked about efficacy level of emergency contraceptives, one out of every four paramedics stated that to be 50-75 percent or 81-90 percent. On

considering pharmacists, it was found that around three fourths do not have any idea about the efficacy level and another ten percent pointed out the efficacy level to be 76-80 or 81-90 percent.

The emergency contraceptives providers appear to have varied opinion about its legal status. Around forty six percent paramedics are of the view that use of emergency contraceptives is legal and included in the family planning programme. Sixty four percent pharmacists opine that use of emergency contraceptives is legal but not included in the family planning programme. It is worth mentioning that another thirty three percent think that use of emergency contraceptives is legal.

Among the paramedics and pharmacists who have heard of emergency contraceptives 55 percent paramedics and all the pharmacists have ever prescribed emergency contraceptives. A larger proportion of paramedics as well as pharmacists say that currently there is not much demand of emergency contraceptives. However, only twenty two percent paramedics and only four percent pharmacists report that there is a lot of demand of emergency contraceptives. Fifty five percent paramedics and sixty six percent pharmacist agree that pill as an emergency contraceptive is in great demand but 34 percent paramedics say IUD is also in demand while twenty seven pharmacists agree that there is demand of Injectables too. To understand the popularity of emergency contraceptives it is necessary to know who all approach the providers for emergency contraceptives. It is apparent from Table 3 that according to the paramedics three of every four women alone approached them for emergency contraceptives while pharmacists say that 2 of every three women alone visited their shops to demand emergency contraceptives. It is worth mentioning that according to the pharmacists in around twenty five percent cases couples together have approached them for emergency contraceptives. In case of frequency of recommendation i.e. how often do they prescribe emergency contraceptives? It is found that larger proportion of paramedics (71 percent) have rarely recommended emergency contraceptives while around forty five percent pharmacists have rarely or sometimes recommended the use of emergency contraceptives. Emergency contraceptives cannot be used any time. It must be used within few hours of sexual relationship. Around fifty percent paramedics say that the patients approached them within six months of having a sexual relationship. In case of pharmacists, around thirty five percent say that the clients have approached them within a week of having unsafe sex while another thirty three percent are of the opinion that it can be used even after a month.

Now that the clients approach the providers for emergency contraceptives, it must also be known where and with whom emergency contraceptives would be available in case of approval. Forty two percent paramedics and eighty five percent pharmacists feel that it should be available only with the clinicians. Another one-third paramedics recommend that emergency contraceptives should be made available with out reach workers. Since every coin has two faces, there are some pitfalls/reasons for not

approving emergency contraceptives like increase in promiscuity, adverse impact on HIV/AIDS programmes, high abortion rates. Forty percent paramedics are of the opinion that approval of emergency contraceptives would adversely affect regular family planning programmes and eighty four percent pharmacists feel that it would increase promiscuity. It is a well-known fact that any news can be propagated within no time through electronic media. It appears that keeping this fact in mind around half of the pharmacists feel that emergency contraceptives can be promoted through television/radio. On the other hand half of the paramedics i.e. persons involved in the health promotion are of the opinion that emergency contraceptives can be better promoted through health workers/doctors. Regarding failure of emergency contraceptives around two third of paramedics as well as pharmacists opine 'No'. It indicates greater efficacy of emergency contraceptives.

Chi-square test was applied to know if there exists any significant difference between different groups of emergency contraceptives providers paramedics and pharmacists by age, residence background, professional qualification and designation/status. It is evident from table 4a that paramedics who are aged enough i.e. who have greater working experience and those who have rural residence background are significantly more different than other emergency contraceptives providers, paramedics. However, no significant difference in prescribing emergency contraceptives is found according to professional qualification and designation. In case of pharmacists (Table 4b) a different picture emerges where it is found that young pharmacists (aged less than 45 yrs) and those having urban residence background and sales person are significantly different than other emergency contraceptives providers, the pharmacists. However, no significant difference in providing emergency contraceptives is found according to professional qualification obtained by the pharmacists.

## **Discussion**

In addition to doctors paramedical staff and pharmacists often provide suitable advice to the clients for using different contraceptive devices. It appears these providers have learnt about emergency contraceptives by their experience either while working with the doctors or by selling different contraceptive devices. Majority of paramedics are females but pharmacists are males. The paramedics are mainly from rural areas while pharmacists are from urban areas. Not many of these providers have heard of emergency contraceptives. They know that emergency contraceptives prevent pregnancy only and can be used after unprotected intercourse when oral pills/condom use has been missed. They are of the opinion that pills are the most popular method of emergency contraceptives, which are available under brand name Mala D & Mala N. They know that the side effects of use of emergency contraceptives are nausea and vomiting but its efficacy is well above eighty

percent. They have mixed opinion about the legal status of emergency contraceptives.

According to the providers there is not much demand of emergency contraceptives in Uttar Pradesh. Paramedics provide pills and IUD as emergency contraceptives while pharmacists provide pills & Injectables. Women alone approach these providers to demand emergency contraceptives but they rarely recommend it. Those who approve are of the opinion that emergency contraceptives should be made available only with the clinicians. The use of emergency contraceptives would increase promiscuity and adversely affect regular family planning programme. Its failure rate is very low and should be promoted through health workers.

### **Conclusion**

The main purpose of using emergency contraceptives, a post coital method is to avoid occurrence of pregnancy. A study among 315 paramedics and 348 pharmacists indicates that twenty four percent paramedics and fifteen percent pharmacists have heard of emergency contraceptives. They have proper knowledge of working of emergency contraceptives i.e. it prevents pregnancy. They are very much aware of the situations when emergency contraceptives can be used. They have good knowledge of different methods of emergency contraceptives, its common brand name of sales, its side effects, level of efficacy and legal status about inclusion in the country's family planning programme. There is not much demand of emergency contraceptives and it is in available mostly in the form of oral pills. Women alone approach the providers for it but the providers rarely recommend them. It needs to be made available with the clinicians. The emergency contraceptives, which has low failure rate would increase promiscuity and adversely affect country's regular family planning, should be promoted through health workers or media.

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**Table 1a: Distribution of emergency contraceptives (EC) providers  
(Paramedics) by selected characteristics**

<b>Characteristics of EC providers</b>	<b>Paramedics (N=315)</b>
<b><u>Age (in years)</u></b>	
Less than 30 years	2.5
31 - 50	78.4
51 years and above	19.1
<b><u>Sex</u></b>	
Male	3.2
Female	96.8
<b><u>Residence Background</u></b>	
Rural	61.6
Urban	38.4
<b><u>Educational Level</u></b>	
Less than High School	40.7
High School and Above	59.3
<b><u>Any Professional Qualification Obtained (Training Attended)</u></b>	
Yes	95.9
No	4.1
<b><u>Designation</u></b>	
Auxiliary Nurse and Midwife	35.5
Block Health Worker (Male)	28.9
Lady Health Worker	22.9
Dai	5.1
Other Health Worker	7.6
<b><u>Heard About Emergency Contraceptives</u></b>	
Yes	23.5
No	76.5

**Table 1b: Distribution of emergency contraceptives providers**

**(Pharmacists) by selected characteristics**

<b>Characteristics</b>	<b>Pharmacists (N=348)</b>
<b><u>Age (in years)</u></b>	
Less than 30 years	29.9
31 - 50	58.9
51 years and above	11.2
<b><u>Sex</u></b>	
Male	100.0
Female	–
<b><u>Residence Background</u></b>	
Rural	24.7
Urban	75.3
<b><u>Educational Level</u></b>	
Less than Graduation	45.7
Graduation and Above	54.3
<b><u>Any Professional Qualification</u></b>	
Yes	39.1
No	60.9
<b><u>Status</u></b>	
Shop Owner	56.3
Sales Person	35.9
Govt. Pharmacist	7.8
<b><u>Location of Shop</u></b>	
Near private dispensary	27.9
Near private maternity home	12.9
In commercial market area	42.5
Other places (Near Govt. Hospital, public school)	16.7
<b><u>Heard About Emergency Contraceptives</u></b>	
Yes	14.9
No	85.1

**Table 2: Distribution “Providers” who have heard about emergency contraceptives by knowledge and perception**

	<b>Paramedics (N=74)</b>	<b>Pharmacists (N=52)</b>
<b><u>Source of Knowledge/Information</u></b>		
Informal Sources	8.1	62.5
Formal Training	70.3	15.4
Professional meetings	21.6	23.1
<b><u>Knowledge about Working of Emergency Contraceptives</u></b>		
Prevents Pregnancy only	86.4	92.2
Induces Abortion only	4.1	2.0
Prevents pregnancy and Induces abortion	9.5	5.8
<b><u>Situations for use of Emergency Contraceptives</u></b>		
After unprotected intercourse	37.7	26.9
Infrequent intercourse	11.8	23.7
Inconsistent use of contraceptives	12.3	14.2
After OP/Condom missed	35.4	26.3
Peru-menopausal women	2.8	8.9
<b><u>Popular methods of Emergency Contraceptive</u></b>		
Pills	68.8	55.4
IUD	31.2	44.6
<b><u>Brand Name of Emergency Contraceptives</u></b>		
<b><u>Known</u></b>		
Mala D	35.1	31.0
Mala N	44.6	31.0
Copper T	17.6	5.3
E and P	2.7	32.7
<b><u>Side Effects of Emergency Contraceptives</u></b>		
Nausea	26.9	26.0
Vomiting	26.9	25.0
Breast Tenderness	12.9	12.0
Abdominal pain	11.3	11.0
Headache	15.6	9.0
None	6.4	17.0
<b><u>Efficacy level (Percent)</u></b>		
50 – 75	27.0	2.5
76 – 80	9.4	10.0
81 – 90	28.4	10.0
Above 90	20.3	5.0
No idea	14.9	72.5
<b><u>Legal status of Emergency Contraceptives</u></b>		
Legal but not included in F.P. Programme	17.6	63.5
Legal and included in F.P. Programme	45.9	3.8
Illegal	12.2	32.7
Do not know	24.3	–

**Table 3: Distribution of providers who approve and have ever-prescribed emergency contraceptive and their perception about it**

	<b>Paramedics (N=41)</b>	<b>Pharmacists (N=52)</b>
<b><u>Current Demand of EC</u></b>		
Not much	70.2	88.5
A lot of demand	21.6	3.8
Not sure	8.2	7.7
<b><u>Demand of EC (Type)</u></b>		
Pills	55.2	65.7
IUD	34.4	4.3
Injectable	4.3	27.1
Condom	6.1	2.9
<b><u>Clients who approached them</u></b>		
Women alone	75.5	65.4
Men alone	4.8	2.0
Couple	9.9	23.0
Unmarried	9.8	9.6
<b><u>Frequency of Recommendation</u></b>		
Rarely	70.7	46.2
Sometimes	26.8	44.2
Always	2.5	9.6
<b><u>Period when clients approached (After having sex)</u></b>		
Within a week	26.8	34.6
More than a week but within a month	24.4	32.7
More than a month	50.8	32.7
<b><u>Place/Person for availability of EC (in case of approval)</u></b>		
Only with clinicians	41.7	84.5
Across the counter	24.4	15.5
Out reach worker	33.9	–
<b><u>Reasons for not approving EC</u></b>		
It would increase Promiscuity	20.0	83.7
It would adversely affects HIV/AIDS programme	20.0	2.3
It would adversely affect regular family planning programme	40.0	4.6
It would lead to high abortion rates	20.0	9.4
<b><u>Source to Promote Emergency Contraceptives</u></b>		
Television/Radio	38.8	50.4
Health Workers/Doctors	49.5	29.6
Pharmacists	8.0	15.0
Others	3.7	5.0
<b><u>Failure of cases known/reported</u></b>		
Yes	10.7	11.4
No	75.3	80.0
Not sure	14.0	8.6

**Table 4a: Percent of paramedics who are aware of emergency contraceptives by selected characteristics**

<b>Characteristics</b>	<b>Paramedics</b>
<u>Age (in years)</u>	
Less than 45	50.4
45 and above	71.3**
<u>Residence Background</u>	
Rural	60.3**
Urban	45.7
<u>Professional Qualification obtained</u>	
Yes	57.4
No	54.3
<u>Designation</u>	
Auxiliary Nurse and Midwife	59.3
Lady Health Worker	50.7

P\*\*<0.01

**Table 4b: Percent of pharmacists who are aware of emergency Contraceptives by selected characteristics**

<b>Characteristics</b>	<b>Pharmacists</b>
<u>Age (in years)</u>	
Less than 45	64.7**
45 and above	39.4
<u>Residence Background</u>	
Rural	49.3
Urban	62.6*
<u>Professional Qualification obtained</u>	
Yes	58.4
No	57.0
<u>Status</u>	
Shop Owner	56.3
Sales Person	69.3*

\*P<.05, \*\* P<0.01