

ABSTRACT

Introduction

Emergency contraception is methods of contraception that can prevent pregnancy after sexual intercourse. (WHO, 2018) In Sri Lanka knowledge on any contraception is 99.6% but knowledge on emergency contraception method is only 53.1% which is the second lowest from the modern family planning method other than female condoms. Sri Lankan contraceptive prevalence in the currently married women age 15-49 years is 65% and current use of emergency contraceptives is low. Based on development, density of population, opportunities and amenities human settlement can be divided in to two groups as urban and rural. These two human settlements are very different. In Sri Lanka no comparative study has been done for this topic.

Objectives

To compare knowledge, myths, accessibility and practices on emergency contraception among post-partum mothers with babies aged two to twelve months, attending Child Welfare Clinics in two selected urban and rural Medical Officer of Health areas in the Western Province.

Methods

A descriptive cross-sectional study; comparison of urban and rural settings. Clinic based study. Study population was Child welfare clinic attendees for vaccination in Battaramulla and Baduraliya MOH area with babies aged 2 months to 12 months. Study done using 295 of clinic attendees in Baduraliya and 291 clinic attendees in Battaramulla. In Baduraliya systematic sampling technique was applied and in Battaramulla all the clinic attendees were included in the sample. Study instrument was Pre-tested interviewer administered questionnaire. It was prepared with the supervisor and experts in the subject. Two population were compared by chi square value.

Results

Rural mothers (Baduraliya) had low knowledge on emergency contraception than urban(Battaramulla)($p < 0.001$). There was no significant difference on myths on emergency contraception in both rural and urban groups. Accessibility of the emergency pills were significantly low in rural population than urban population. Baduraliya group need to travel more than 10 km for a service provider. There is significant difference in affordability of emergency contraception due to price in rural population compared to urban population. Rural population was less affordable for emergency contraception. ($p=0.006$). Compared to urban population rural population had significantly missed more emergency pills when they needed. Lack of knowledge is the main reason for missed pills. ($p= 0.02$). When comparing practices urban population had practiced emergency contraception more than rural population. But there was no statistical significance. ($p=0.41$). There was no statistical difference between frequency of usage of emergency contraception. There was no difference

of experiencing side effects of emergency contraception between two groups. There was no difference in comparing the decision of emergency contraception. More people in the urban group has used emergency pills due to, not using regular contraceptive pills. ($p < 0.001$)

Conclusions and recommendations

There are gaps in lack of knowledge, accessibility and practices in emergency contraception in rural community than urban community. Therefore, mechanism should be developed to address these issues in health care sector and non-health sector.

Key words

emergency contraceptives, knowledge, myths, accessibility, practices, comparison