

REVIEW

Call to Improve Women's Awareness Regarding Emergency Contraception in Arab Societies

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ABSTRACT

Birth spacing means allowing three years or more between two children or two pregnancies. Globally, contraceptive prevalence among married women has increased from 30 percent in the early 1960s to 58 percent in 1998. In ISLAM, the Quran had clearly Indicated the proper time span which should elapse between the birth of one child and the next. The carrying of the child (pregnancy) to Fissal is (weaning) a period of thirty months.

1. Birth spacing OR Family planning

It means allowing three years or more between two children or two pregnancies. You deserve to get the amount of kids you deserve when you want them.

2. In ISLAM



The Quran had clearly Indicated the proper time span which should elapse between the birth of one child and

the next. The carrying of the child (pregnancy) to Fissal is (weaning) a period of thirty months.

2.1 Historical Overview & Key Trends in Family Planning

(1) The family planning program started in developing countries in the 1960s.

(2) Over the past 40 years, the acceptance of family planning has been very drastic.

(3) Globally, contraceptive prevalence among married females has increased from 30 percent in the early 1960s to 58 percent in 1998.

(4) In developing countries, this rise was highest, from 9 percent to 55 percent over the same period.

(5) Contraceptives are used in almost all regions of the world by the majority of women who are married or in a marriage in the reproductive age group (15-49 years). Six-

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- (4) Remain free of disease, disabilities or death associated with reproductive.
- (5) Bear & raise healthy children.

2.4 Importance of Birth Spacing Program



- (1) Reduction of maternal morbidity rate.
- (2) Reduction of child morbidity rate.
- (3) Reductions of low birth weight babies.

2.5 Three Key Factors in Family Planning Counseling

- (1) Make sure that family planning is not contraindicated.
- (2) Present to the couple the various techniques from the medical point of view that you think they can use safely.
- (3) Assist couples, together, to select the best appropriate method.

2.6 Factors Affecting Choosing Methods



- (1) Personal values.
- (2) Ability to use a method correctly.
- (3) How the methods will affect sexual enjoyment.
- (4) Financial factors.
- (5) Status of the couple relationship.
- (6) Prior experience.
- (7) Future plan.
- (8) Safety and Prevention of sexually transmitted diseases.

2.7 Ideal Contraceptive

- (1) Safe.
- (2) Efficient 100 percent.

- (3) Free of side effect.
- (4) Obtainable Easily.
- (5) Affordable.
- (6) Appropriate to the sexual partner & customer.
- (7) Free of repercussions for future births.

3. Emergency Contraception (EC)

Why is there a need for emergency contraception?

Every night, about 10 million couples have sexual contact. About 27,000 crack or slip condoms. Even perfect contractors will experience contraceptive failure & do it.

3.1 What is Contraception for Emergencies?

The use of such procedures after unprotected sex to avoid pregnancy is emergency contraception.

- (1) Any form of birth control used after intercourse but before implantation (conception)
- (2) Intended to be last chance to prevent pregnancy
- (3) Not alternative to regular contraception
- (4) Not protection from STDs / HIV
- (5) It (EC) is a type of backup birth control that can be taken up to a few days after unprotected intercourse, often referred to as “the morning-after pill.”

3.2 Unprotected Intercourse Situations

- (1) No method used, including coercive sex.
- (2) Sex without using a contraceptive
- (3) Contraceptive method failure as:
 - (a) Condom slippage, leakage or breakage.
 - (b) IUD was partially or totally expelled.
 - (c) Missed 2 or more birth control pills.
 - (d) Where 2 or more days late starting pill pack.
 - (e) Diaphragm or cervical cap slipped.
 - (f) Missed your regular contraceptive shot.
 - (g) More than two weeks of a three-month contraceptive injection were skipped.
 - (h) A one-month contraceptive injection for more than three days was skipped.
- (4) Forced to have intercourse or harassed sexually & raped
- (5) To minimize the risk of unwanted pregnancies, women need emergency post-coital approaches.

3.3 Possible Mechanism of Action

Depending on when used during cycle, pills may:

- (1) EC works by delaying or inhibiting ovulation.
- (2) Disrupting follicular development.
- (3) ECPs can prevent fertilization by disrupting the sperm movement and its ability to fertilize an egg.
- (4) Have effects after ovulation, interfering with the

maturation of the corpus luteum

(5) ECPs can affect the lining of the uterus so that a fertilized egg cannot implant (implantation interferes)

In brief:

- (1) When given PRIOR to ovulation
 - (a) Inhibits LH surge
 - (b) Delays or inhibits ovulation
- (2) When given AFTER ovulation
 - (a) Effect on endometrium
 - (b) Effect on cervical mucous
 - (c) Ineffective once implantation has occurred
 - (d) Will not abort an established pregnancy: i.e. post-implantation



3.4 Options for Emergency Contraception

Special contraceptive pill regimens were started as soon as possible, but not more than 72 hours after unprotected intercourse.

- [1] *Progestin-only pills (POPs) regimen.*
- [2] *Combined oral contraceptives (COCs) regimen (known as Yuzpe Regimen) .*
- [3] *Copper IUDs.*

3.4.1 Progestin-only Pills (POPs)

- (1) A single pill containing a 1.5 mg dose of a hormone called levonorgestrel (LNG) is the most common method of emergency contraception.
 - (2) Reduces pregnancy risk by 89 percent
 - (a) In the 2nd or 3rd week of their period, 100 women have sex without defense.
 - (b) Without emergency contraceptives, 8 becomes pregnant
 - (c) 1 will become pregnant with progestin-only ECPs (reduction of 89 percent)

Dose

- (1) The first 0.75 mg dose of levonorgestrel should be given as soon as possible, but not later than 5 days (120 hours) after unprotected intercourse. However, it is often most effective when taken 1-3 days (72 hours) after unprotected sex.
 - (2) Repeat dose: Same amount taken 12 hours after the first dose.
 - (a) When pills containing 0.75 mg of levonorgestrel are used, 1 pill should be taken for each dose.
 - (b) When pills containing 0.0375 mg of levonorgestrel are used, 20 pills should be taken for each dose.
 - (c) When pills containing 0.03 mg of levonorgestrel are used, 25 pills should be taken for each dose.

3.4.2 Combined Oral Contraceptive Pills Regimen (Yuzpe Regimen)

- (1) A mixture of combined oral contraceptive pills consists of an earlier form of emergency contraception known as the Yuzpe form.
 - (2) This solution is less efficient than the LNG-ECP.
 - (3) It is only recommended if there is no available LNG-ECP.

Reduces the risk of pregnancy by 75%

- In the 2nd or 3rd week of their period, if 10 women have sex.
 - (a) Without emergency contraceptives, 8 becomes pregnant
 - (b) Using combined ECPs, 2 will become pregnant (75 percent reduction)

Dose

- (1) At least 0.1 mg ethinyl estradiol & 0.5 mg levonorgestrel should be included in each dose, which is equivalent to four tablets of the normal low - dose COCs.
 - (2) After unprotected sex, the first dose must be taken within 72 hours.
 - (3) Repeat dose: the same amount taken 12 hours after the first dose has been obtained.
 - (a) When low-dose COCs are used, 4 pills should be taken for each dose.
 - (b) When high-dose COCs are used, 2 pills should be taken for each dose.

Effectiveness of ECPs

- (a) POP regimen is more effective than COC regimen.
 - (1) POP regimen is more effective than COC regimen.
 - (b) Progestin-only pills: 85 percent of pregnancies avoided during normal use, 89 percent avoided when properly used.

(c) Combined pills: 57% of pregnancies avoided in normal use, 76% avoided when correctly used.

(2) The earlier EC pills are taken, the more effective they are.

Side Effects

(1) Nausea & vomiting are the most common side effect.

(2) Less common: headaches, dizziness, fatigue, breast tenderness, irregular bleeding & spotting.

(3) Side effects are more common for COCs regimen than for POPs regimen.

	Levonorgestrel EC	Yuzpe regimen
Nausea	23.1%	50.5%
Vomiting	5.6%	18.8%
Dizziness	11.2%	16.6%
Fatigue	16.9%	28.5%

3.4.3 Copper IUD for Emergency Contraception

(1) Implanted after unprotected intercourse within 5 days (120 hours).

(2) Extremely successful (0.1 percent rate of pregnancy).

(3) Cramping, excessive menstrual bleeding and spotting are side effects.

(4) It can be used as continuous contraception after insertion.



Comparison with other EC

Time	Postinor-2	YUZPE	Copper IUD
0 - 24 hrs	95%	77%	99%
24 - 48 hrs	85%	36%	99%
48 - 72 hrs	58%	31%	99%
72 → 7 days	Up to 5 days	-	99%

Barriers to Effective Use

(1) Lack of access to EHC

(a) Limited access to GP, clinic or ER

(b) Work or travel schedules, Cost

(2) Lack of awareness of EHC

(a) Most women don't know about the method

(b) Think that it can only be "morning after"

(c) Most health care providers do not routinely discuss EC with their clients

(3) Lack of understanding - patients and medical

(a) Not know about EHC, not understand how it works

(b) Moral beliefs (patient, medical)

(c) Fear of adverse effects

(d) Failure to provide EHC in advance of need

Key Messages for Clients

(1) 72-hour time span (but it is easier sooner)

(2) Safe, reliable, and effective

(3) No potential childbearing effect

(4) Mechanism of action (informed choice)

(5) Do not cause abortion

(6) Side effects: vomiting and nausea

(7) Not as successful for periodic use as other contraceptives

(8) Potential bridge to intermittent contraception

(9) ECPs do not safeguard against STDs,

(10) Outlets to access ECPs

(11) Religion (the religious history of the person, not always predictive of EC interest).

(12) ECPs expenses (covered by Medicaid)

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