



LETTER TO THE EDITOR

Knowledge, Attitudes and Practices Regarding Contraception Among Physicians in a Tertiary Care Centre in Urban India

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Respected Editor-In-Chief,

Approximately 225 million women in the world's developing countries have an unmet need for contraception. With reasonable longevity and an acceptable quality of life, reproductive concerns come into focus. However, the treatment successes of major medical disorders can be beset by pregnancy and the cumulative efforts of a physician/specialist physician become futile due to pregnancy. The burden of medical disorders and the resultant need for intensive care is huge [1]. A complex situation in this context is referral for termination of pregnancy for medical disorders.

Physician-friendly documents such as the WHO medical eligibility criteria for contraceptive use are available and updated regularly [2, 3]. This lets the physicians decide which method of contraception would be ideal for a given medical condition.

However, if the patient and the physician knew that she suffered from a major medical disorder, why was pregnancy

allowed to occur? The “unmet need for contraception” stands magnified.

This begs answers to the research question “What is the knowledge level, what are the attitudes and what are the practices by the physicians regarding contraception?”

A Likert-scale questionnaire (strongly disagree to strongly agree) was developed, validated, and after institutional ethics committee clearance, was administered to doctors working in the speciality and the super-specialty departments at a tertiary care referral hospital, and the following were the results. • In a period of around 1 month, responses were obtained only from 45 physicians (26 males and 19 females). The average number of years of experience was 5.68 years.

- In the initial items, it was ascertained that most (82%) physicians had encountered patients with medical disorders at least few times in a week. Ninety-eight per cent had referred at least one patient for MTP for a purely medical reason.
- One item which asked about whether “advice regarding contraception was exclusive to gynaecologists”. Eighty-two per cent disagreed, indicating the possibility of willingness for collaboration in the matter of contraception between physicians and gynaecologists. This item was not influenced by sex, seniority or the speciality.
- The next item highlighted an important finding of the study. While menstrual history is almost always never

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missed (16%), contraception history is commonly missed (55%). Seniors appear to be eliciting contraceptive history more when compared to juniors.

- The next item tested the “practice” of the physicians in terms of ensuring that contraceptive advice. While a dismal 4% were referring “all” women to gynaecologists, 36% were referring women to gynaecologists for contraceptive advice “only if the patient asked for it”.
- There was an overwhelming 100% response to the item “Do you think the overall health of women with chronic medical conditions will benefit by reproductive and contraceptive advice?”
- Only 6 out of 45 respondents could expand “WHO-MEC” correctly as “WHO-Medical Eligibility Criteria for contraception”
- Starting of a specialized contraception clinic came up as a prominent suggestion for improving contraceptive usage among women with medical disorders.

This small study shows that objective knowledge of physicians regarding contraception in medical disorders is lacking and represents an area of improvement and has been demonstrated elsewhere also [4, 5]. While it is not expected that physicians recall accurate options for contraception, for each medical disorder, they can easily refer to the customized charts/applications [2, 3] that give appropriate advice. It is recommended through this study, that institutions should find ways and means to develop a specialized contraception clinic. This can ensure close coordination between obstetrician/gynaecologists and physicians, with patients benefitting the most.

Through this correspondence, the authors would like to re-highlight that the effective use of contraceptive methods cannot be the prerogative of only the obstetrician–gynaecologists. It requires an involvement of other specialists also.

Thanking You.

Compliance with ethical standards

Conflict of interest All the authors declare that they have no conflict of interest.

Ethical approval All procedures followed were in accordance with the ethical standards of the responsible committee on human experimen-

tion (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2008 (5).

Informed consent Informed consent was obtained from all participants who were included in the study. This is a questionnaire study, and this article does not contain any studies with animal subjects.

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