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# FEMALE REPRODUCTIVE CANCERS: PREVENTION, TREATMENT AND CONTROL

PROCEEDINGS OF THE 42<sup>ND</sup> SCIENTIFIC CONFERENCE AND  
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*Amakhu C.O.*  
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## SUB-THEMES:

1. GENDER ISSUES
2. FAMILY PLANNING AND ITS CONTRIBUTION  
TO THE ATTAINMENT OF MDG 5
3. PREVENTION OF MOTHER-TO-CHILD  
TRANSMISSION OF HIV/AIDS

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**FEMALE REPRODUCTIVE CANCERS:  
PREVENTION, TREATMENT AND CONTROL**

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## **AWARENESS AND USE OF EMERGENCY CONTRACEPTIVE METHODS AMONG INTERN MEDICAL DOCTORS AT IBADAN**

Morhason-Bello, IO<sup>1</sup>, Adesina OA<sup>1</sup>, Ifemeje AA<sup>1</sup>, Okunlola MA<sup>1</sup>, Adedokun BO<sup>2</sup>,  
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### **BACKGROUND**

- Each year, approximately 20 million unsafe abortions are performed worldwide resulting in nearly 80,000 maternal deaths and hundreds of thousands of disabilities.
- Complete information and counseling as well as a wide choice of modern contraceptives, including emergency contraception (EC) should be part of a comprehensive programme that addresses other sexual and reproductive health needs
- As some author put it – “so long as Condoms break, Men rape women, inclination and opportunity unexpectedly converge; women will need morning after birth control (EC). ....Health care professionals who don't offer emergency contraception shortchange their patients.”

### **OBJECTIVE**

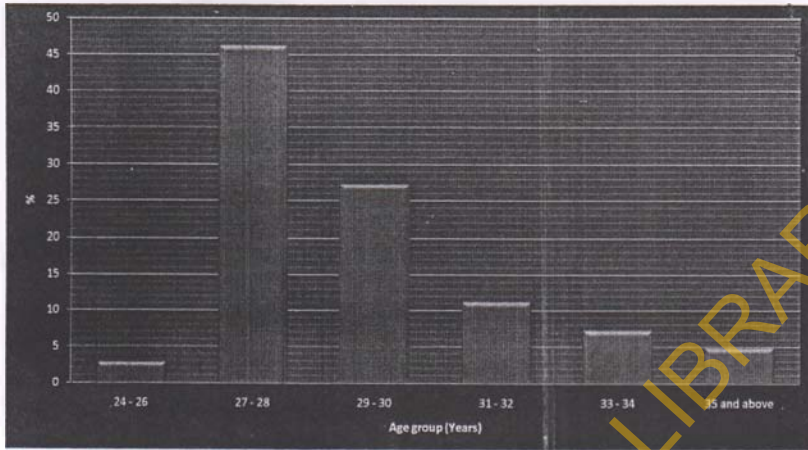
- To determine the awareness and use of emergency contraception (ECP) among medical doctors on internship training at the University College Hospital, Ibadan.

### **Material and Method**

- This was a cross-sectional study conducted between February and June 2007 at UCH, Ibadan among 205 newly graduated doctors undergoing the mandatory one year internship.
- The respondents were selected using multistage random sampling and information was obtained with self administered questionnaire.
- The content included biosocial variables, knowledge about ECP use and factors that may influence them.
- Data obtained were analysed using SPSS 11.0. The level of statistical significance was 0.5%.

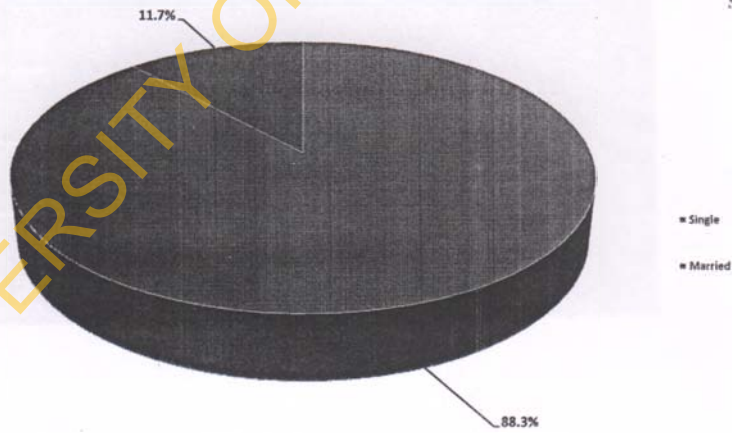
RESULTS

Age distribution

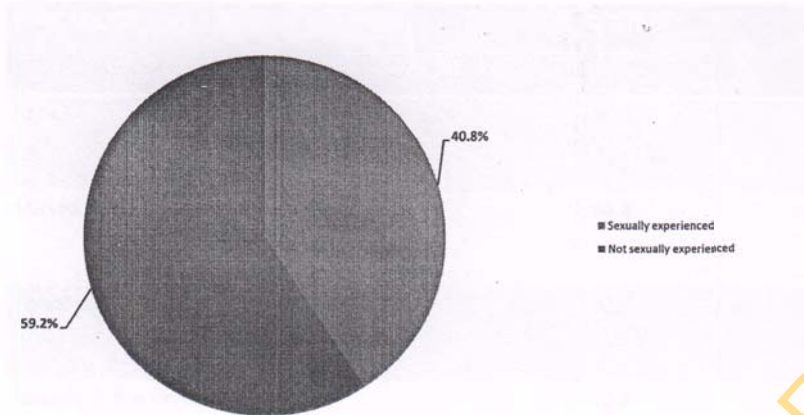


The mean age group is 27.2 (SD 2.1years)

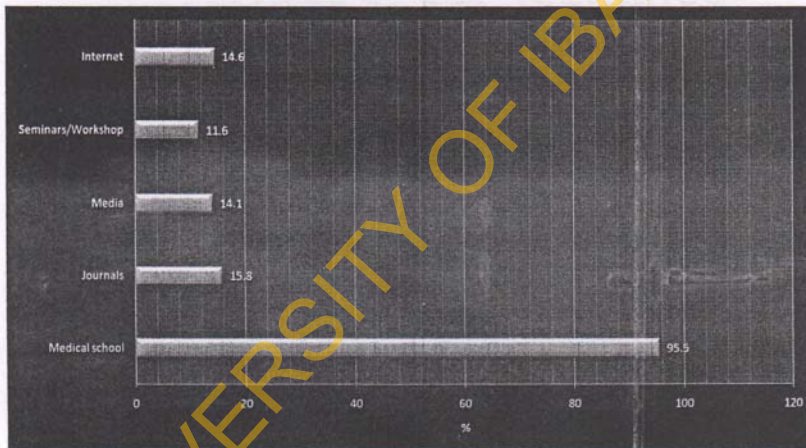
Marital status



## Sexual activity



## Sources of information about ECP





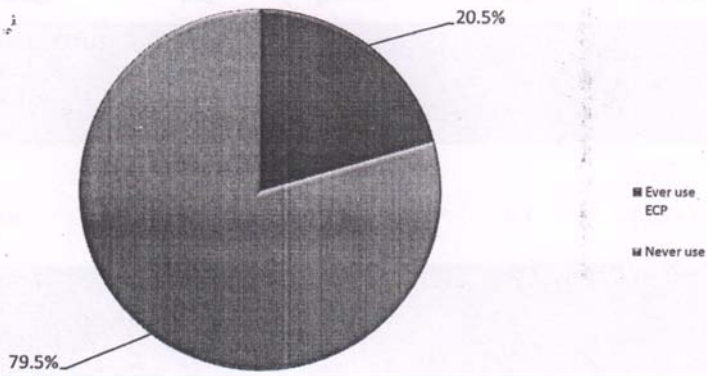
## Indications mentioned (n = 205)

INDICATIONS	PERCENTAGE
Rape	96.5
Missed pills	69.8
Condom rupture	92.7
Sexually active unmarried	72.7

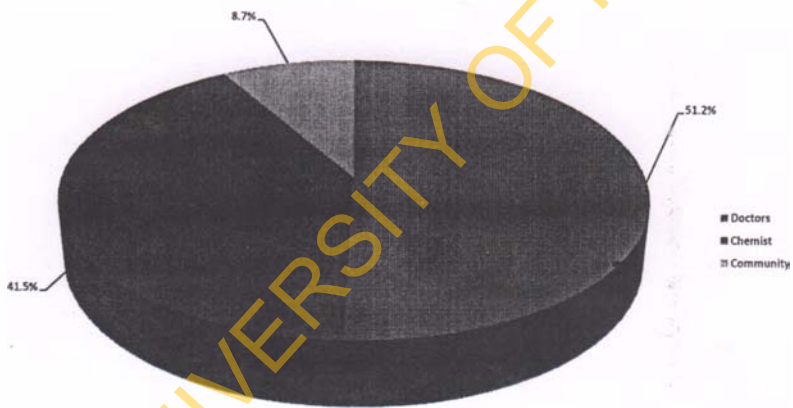
## Types of ECP Identified

ECP TYPES	PERCENTAGE
Postinor	81.0
IUD	76.6
Mifepristone	44.4
Prostaglandin	27.3
Vaginal douching	14.5
Depo provera	14.1
Spermicidal jelly	14.6

### Use of ECP



### Prescription of ECP



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Association between biosocial variables & ECP use

VARIABLES	Use	p-value	OR	95% CI
<b>MARITAL STATUS</b>				
Single	18.5	0.009		
Married	41.7			
<b>SEX</b>				
Male	28.7	0.001	0.7	0.65 – 0.93
Female	9.3			
<b>RELIGION</b>				
Christianity	16.8	<0.001	4	1.57 – 10.01
Islam	51.7			

**Conclusion**

Although, the awareness is high among respondent, however, some still have poor knowledge.

The perception of the respondents about modalities of ECP promotion is at variance with the current policy within the country