

are lost to follow-up. In this study, parents were contacted initially by letter and subsequently by each of the telephone numbers provided at the child's index presentation. Due to concerns over breaches of confidentiality, ethical approval did not allow us to contact the family GP or catchment area CAMHS to try and ascertain correct contact details. While contacting CAMHS services would provide valuable and accurate information on the child's diagnosis, repetition of self-harm and attendance at services post index episode, the importance of confidentiality was felt to outweigh the benefits of data collection. Additionally concern was expressed about contacting individuals who at the time of FU would be over the age of 18. This had a negative impact on the study in terms of duration of FU and the inclusion of over 18 year olds. Obtaining consent from parents and adolescents at index episode to be contacted in the future with regard to possible research studies should have a positive effect on recruitment. It may also improve the recording of contact details and hence reduce numbers lost to follow-up.

Due to the small sample size and data collection by telephone interview rather than clinical assessment, this study can only be regarded as a pilot study. More research is needed in this area. Despite their young age, 1 in 5 children repeated DSH over a brief period of time, and 1 in 10 had repeated more than once. In this study, clinician assessment of risk status at index episode did not predict subsequent attempts. It is imperative that all clinicians are aware of the seriousness of any suicidal behaviour or ideation and that a full mental health assessment is carried out. Parental concern is predictive of risk and needs to be considered carefully.

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Usage of Emergency Contraception Between Medical Related and Non-Medical Related Students

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Abstract

Teenagers and young adults have the most risk of unplanned pregnancy, due to lack of awareness to see a family planning provider after unprotected sexual intercourse.¹ In addition, nearly one in five physicians is reluctant to provide information regarding Emergency Contraception (EC) to women and this may contribute to their lack of awareness.^{1,2} This study was conducted to assess the knowledge, attitudes and practices regarding the use of EC between medical related students compared to non-medical related students. Data collection was done using questionnaires distributed among students in University College Cork (UCC). 93% of medically related students were aware of EC compared to only 73.5% of non-medically related students. Medical related students also were more aware about the mechanism of action and detailed knowledge of EC compared to the non-medical students. This study has proven that medically related students have more detailed knowledge regarding EC compared to non-medical related students. However, there was no significant difference noted regarding the attitude and practice between the two groups.

Introduction

Unplanned pregnancy occurs mostly among teenagers and young adults as they are unlikely to see a family planning provider immediately after unprotected sexual intercourse.¹ The rate of teenage pregnancies in Ireland has increased from 2.11% in 1991 to 2.2% in 2005. The number of abortions among Irish women aged below 20 in the United Kingdom (UK) also showed an increase since 1975.²

Emergency contraception (EC), also known as "the morning after pill", can prevent unplanned pregnancy after unprotected sexual intercourse. This can be used as one of the strategies to lower the incidence of unplanned pregnancies.³⁻⁵ It can reduce the risk of

unplanned pregnancy after unprotected sexual intercourse by at least 75-89% if taken within 72 hours of the sexual activity.⁶ Apart from using the pill, insertion of an intra-uterine device (IUD) within five days of unprotected intercourse is an alternative to the woman if she has missed the correct time frame for the pill.⁷ Despite the fact that the term "the morning after pill" is widely recognized, the usage of EC after unprotected intercourse is still poor among women worldwide. The problem is due to lack of knowledge about the existence and proper usage of EC, lack of access to EC and misconceptions about the difference between EC and abortion.⁸⁻¹¹ A study of physicians' intention to educate about EC in the United States showed that almost one in five respondents were reluctant to provide education to sexually active

Table 1 Sources of knowledge about emergency contraception among participants who were familiar with it. *Percentages exceed 100 because students were allowed to choose more than one.

Sources of knowledge	Total Students (n=195)		Medical related students (n=120)		Non-medical related students (n=75)		Test and p
	n	%*	n	%*	n	%*	
School/ College	116	59.5	76	63.3	40	53.3	$\chi^2 = 1.915$; df = 1; p=0.166
Health Institution/ Journal	22	11.2	16	13.3	6	8.0	$\chi^2 = 1.312$; df = 1; p = 0.252
Media	84	43.0	52	43.3	32	42.7	$\chi^2 = 0.008$; df = 1; p = 0.927
Parents	13	6.6	8	6.7	5	6.7	$\chi^2 = 0.000$; df = 1; p = 1
Internet	19	9.7	14	11.7	5	6.7	$\chi^2 = 1.312$; df = 1; p = 0.252
Others	55	28.2	27	22.5	28	37.3	$\chi^2 = 5.015$; df = 1; p = 0.25

adolescent.^{12,13} Most women will consider healthcare workers as their most reliable source and failure to provide sufficient information will result in lack of knowledge regarding EC among women.^{14,15} Therefore physicians have to play their role in educating women, in order to reduce the number of unplanned pregnancies.¹²

This study was done to assess the difference in level of basic and detailed knowledge, attitudes, personal usage and practice of EC between medical related students compared to non-medical related students. In a few years time, the medical related students will play a vital role in educating the public; hence they should have a better insight regarding EC compared to the non-medical related students.

Methods

This was a quantitative and analytical cross-sectional study. The data were collected using validated questionnaires based from several studies.^{6,10,13} The three-page questionnaire aimed to explore knowledge, attitudes, and practices relating to EC was distributed to medical related students and non-medical related students enrolled full-time for the academic year (September 2007-June 2008) at UCC. Medical related students were medical students while non-medical related students were psychology, commerce, arts and law students. A total of 300 questionnaires were distributed where both groups of students received 150 questionnaires each. Questionnaires were distributed randomly between the students in each group irrespective of year of study. Only 231 students completed the questionnaires, giving an overall response rate of 77%.

Results

A total of 231 students responded where 129 were

medical related students (55.8%) and the remaining 102 were non-medical related students (44.2%). For both groups of students, the majority were female, Irish and single. Out of the 231 students who participated in the study, 195 students were familiar with the term "the morning after pill". 120 were medical related students (93% of students in the group) and 75 were non-medical related students (73.5% of students in the group). The difference between the two groups was statistically significant (p<0.001). Students who had heard of EC (195 of them) were asked further questions regarding knowledge, attitudes and practice of EC. No further questions were asked for the 36 students who were not familiar with EC. For those who have heard of EC, school or college was the main source of information. The information regarding the sources of knowledge is summarized in Table 1.

The difference in basic knowledge about EC is summarized in Table 2. 76.7% of medical related students knew the mechanism of action of EC, compared to only 53.3% of non-medical related students. 9.2% of the medical students and 25.3% of the non-medical students answered it wrongly. Nearly all students (97% in both groups) knew the indication of EC after unprotected intercourse, with no clear dispute between the two groups. The medical related students were slightly more aware of the effective time frame for using EC compared to non-medical related students, but the overall rate in both groups were high.

More detailed questions about EC were then asked, and the findings are summarized in Table 3. 40% of the medical related students knew what is contained in the levonorgestrel pill while only 6.7% of the non-medical related students knew about it. The difference between the two groups was statistically significant. Only 10.8 % of the medically related students and 8% of the non-medically related students answered correctly regarding yuzpe regimen where most students in both groups were not sure about it. A statistically significant difference was

Table 2 Basic knowledge of emergency contraception pills (ECP) between the two groups

Basic knowledge	Total Students (n=195)		Medical related students (n=120)		Non-medical related students (n=75)		Test and p
	n	%	n	%	n	%	
How does emergency contraception work?							
It prevents implantation	132	67.7	92	76.7	40	53.3	Fisher's exact p=0.002
By interrupting a pregnancy	30	15.4	11	9.2	19	25.3	
Not sure	33	16.9	17	14.2	16	21.3	
Emergency contraception is indicated during							
1 week before an unprotected intercourse	5	2.6	3	2.5	2	2.7	Fisher's exact p=1
After unprotected intercourse	190	97.4	117	97.5	73	97.3	
Not sure	-	-	-	-	-	-	
"The morning after pill" will be effective if taken within							
72 hours	174	89.2	108	90	66	88	Fisher's exact p=0.263
168 hours	2	1	-	-	2	2.7	
Not sure	19	9.7	12	10	7	9.3	

Table 3 Detailed knowledge of EC between the two groups

Detailed knowledge	Total Students (n=195)		Medical related students (n=120)		Non-medical related students (n=75)		Test and p
	n	%*	n	%*	n	%*	
The pill levonogestrel contains							
Progestin only	53	27.2	48	40	5	6.7	Fisher's exact P < 0.001
Estrogen and progestin	30	15.4	19	15.8	11	14.7	
Not sure	112	57.4	53	44.2	59	78.7	
The pill called Yuzpe regimen contains							
Progestin only	12	6.2	8	6.7	4	5.3	Fisher's exact P = 0.789
Estrogen and progestin	19	9.7	13	10.8	6	8	
Note sure	164	84.1	99	82.5	65	86.7	
Do you know what an IUD is?							
Yes	116	59.5	101	84.2	15	20	$\chi^2=78.852$ df = 1; p < 0.001
No	79	40.5	19	15.8	60	80	
IUD should be inserted during							
End of cycle	22	19.0	20	19.8	2	13.3	Fisher's exact P = 0.766
First half of menstrual cycle	44	37.9	39	38.6	5	33.3	
Not sure	50	43.1	42	41.6	8	53.3	

noted where 84.2% of medical related students answered "yes" for the question asking if they knew about IUD, compared to only 20% of the non-medical students. As for knowledge regarding IUD, 19.8% of the medical related students answered correctly about the timing of IUD insertion compared to only 13.3% of the non-medical related student.

The support from both groups of students to use EC in this country was high at 85.1%. 57.5% of the medical related students and 77.3% of the non-medical related students approved the sale of EC over the counter (OTC). Between the groups, there was no obvious difference regarding the students' attitude and practice of EC relating to condoms and sexually transmitted diseases (STDs). 50% of the medically related students and 65.3% of the non-medically related students stated that they would use EC if it were available at home. Most students in both groups disagreed with the statement that in the hospital, information regarding EC should be given only to women who ask about EC. All these findings are summarized in Table 4.

Discussion

This study showed that there was a significant difference regarding the knowledge of EC between medically related students and non-medically related students. Most medically related students were familiar with the term "the morning after pill" compared to non-medically related students. This could be due to the fact that they had learnt about EC as part of their school curriculum. This is also reflected by the high percentage of medical students to recognize their school or college as the primary source of knowledge regarding EC compared to non-medically related students. This finding is similar to a previous study which demonstrated that most GPs knew about EC from medical school.¹³ Surprisingly, only a small percentage of students in both groups learned about EC from health institution such as GP clinics or hospitals, indicating the need for improvement as they may be the most accurate source of knowledge about EC. An

important source of knowledge about EC mentioned in both groups was media such as TV or radio. In both groups, parents were the least common source of knowledge regarding EC where the rate was only 6.6%.

However, the percentages of students who were familiar with the term "the morning after pill" in both groups were high at 84.4%, indicating a healthy awareness among UCC students compared to other studies involving general university students.^{1,16} Further questions among students who were familiar with EC showed that medical related students had better understanding regarding the mechanism of action of EC compared to the non-medical students. However, one fifth (23.4%) of the medical related students and almost half (46.6%) of the non-medical related students could not identify the mechanism of action of EC, which is different from the abortion pill that interrupts an established pregnancy. This percentage however is lower compared to a report from a study done in the United States.⁸ The knowledge regarding the indication and correct timing of EC usage in both groups was also good compared to other studies.^{17,18}

Next, questions about detailed knowledge of EC were asked regarding commonly used ECs such as levonorgestrel, the yuzpe regimen and IUD. Levonogestrel is a synthetic gestagen that contained only progestin, working with moderate efficacy to prevent about 80% of pregnancies without the use of EC.¹⁹ On the other hand, yuzpe regimen contains a combination of estrogen and progestin, reported to prevent 75% of pregnancies that would have occurred if EC were not used.²⁰ The IUD is the most effective method among the EC, capable to prevent 98% of pregnancies if no EC had been used.²¹ The medical related students were more aware regarding detailed knowledge of the levonorgestrel pill compared to the non-medical students. In both groups, knowledge regarding yuzpe regimen were poor. Most students were not sure what is contained in the regimen. The medical related students were more aware about IUD as another method of EC.

The next section of the questionnaires was to assess the attitude and practices of EC between the two groups. Generally, there was no obvious difference regarding these aspects between the two groups. Most students from both groups supported the use of EC in this country. Currently in Ireland, EC has to be prescribed by doctors and it is not available OTC despite its potential to reduce health care cost if it is available OTC.²² More than half of the students from both groups approved the suggestion of OTC sale of EC, higher among the non-medical students (77.3%) compared to the medical related students (57.5%). The proportion of medical related students who disagreed with the suggestion was higher than the non-medical related students. This may be due to their concern of the issue that OTC sale of EC can increase the probability of contracting sexually transmitted diseases (STDs) as a result of a decrease in the use of condom. This is also reflected in the result obtained for the following question whereby in both groups, most students agreed that the usage of EC will increase the probability of contracting STDs as a result of a decrease in the use of condoms. However, a study has shown that there is no difference in the rate of STDs with usage of EC.²³ Students from both groups generally disagreed with the statement that usage of EC will increase the probability of young people to have unprotected sex.

More non-medical related students stated that they would use EC

Table 4 Attitudes and practices of EC between the two groups

Detailed knowledge	Total Students (n=195)	Medical related students (n=120)	Non-medical related students (n=75)	Test and p
	n %*	n %*	n %*	
Do you support the use of EC in Ireland?				
Yes	166 (85.1)	99 (82.5)	67 (89.3)	Fisher's exact p=0.435
No	13 (6.7)	9 (7.5)	4 (5.3)	
Not sure	16 (8.2)	12 (10.2)	4 (5.3)	
Do you approve of OTC use of EC?				
Yes	127 (65.1)	69 (57.5)	58 (77.3)	Fisher's exact p=0.008
No	45 (23.1)	36 (30.0)	9 (12.0)	
Not sure	23 (11.8)	15 (12.5)	8 (10.7)	
Would increased of availability of EC decrease the use of condoms?				
Yes	91 (46.7)	55 (45.8)	36 (48.0)	Fisher's exact p=0.622
No	74 (37.9)	44 (36.7)	30 (40.0)	
Not sure	30 (15.4)	21 (17.5)	9 (12.0)	
If young people know about EC, they will start to have unprotected sex				
Agree	75 (38.5)	44 (36.7)	31 (41.3)	Fisher's exact p=0.754
Disagree	99 (50.8)	62 (51.7)	37 (49.3)	
Not sure	21 (10.8)	14 (11.7)	7 (9.3)	
Use of EC will make it easier to contract STDs and HIV				
Agree	107 (54.9)	66 (55.0)	41 (54.7)	Fisher's exact p=0.786
Disagree	68 (34.9)	43 (35.8)	25 (33.3)	
Not sure	20 (10.3)	11 (9.2)	9 (12.0)	
Will you use EC if it is available at home?				
Yes	109 (55.9)	60 (50.0)	49 (65.3)	Fisher's exact p=0.093
No	34 (17.4)	25 (20.8)	9 (12.0)	
Not sure	52 (26.7)	35 (29.2)	17 (22.7)	
In the hospital, information should be given only to women who ask about EC				
Agree	60 (30.8)	33 (27.5)	27 (36.0)	Fisher's exact p=0.313
Disagree	112 (57.4)	74 (61.7)	38 (50.7)	
Not sure	23 (11.8)	13 (10.8)	10 (13.3)	

if it were available at home compared to the medical related students. Most students from both groups disagreed with the statement that in the hospital, information regarding EC should be given only to women who enquire about EC. The rate was higher among the medical related students at 61.7% compared to the non-medical students at 50.7% which indicates that medical related student had positive attitude for educating women about EC. This study has proven that medically related students have

more detailed knowledge regarding EC compared to the non-medical related students. However, there was no significant difference noted regarding the attitude and practice of EC between the two groups as the support from both groups of students to use EC in this country was high.

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Occupational Injuries in Foreign-National Workers Presenting to St James's Hospital Plastic Surgery Service

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Abstract

This study was undertaken to investigate our impression that migrant foreign-national workers were more at risk of sustaining work place injuries requiring referral to our Plastic Surgery service than their indigenous Irish counterparts. Data were collected prospectively from August 2006 to February 2007 on all work-related injuries presenting to the Plastic Surgery service in St James's Hospital, Dublin. 201 work-related injuries were recorded during the six month study period. 40% (n = 81) of the study group were foreign-national workers. Foreign-national workers account for only nine percent of the total Irish workforce. 31% (n = 25) of the study group required a translator. Over half (55%) of all the foreign-national workers in the current study had been in their present job for less than six months at the time of injury compared to only nine percent of Irish workers. This study highlights that foreign-national workers in Ireland are at a disproportionately high risk of occupational injury when compared to their Irish colleagues and emphasises the need for targeted occupational health and safety measures in this vulnerable group.

Introduction

An economic boom in Ireland over the last decade coupled with expansion of the European Union (E.U.) and labour shortages in some industries has resulted in a large influx of foreign-national workers to Ireland. As a result Irish society has become increasingly multicultural with an estimated 136 different ethnic minority groups now living and working here. An increasing proportion of immigrants are from the new E.U. accession states arising from the Union's expansion on 1st of May 2004¹. Foreign-national workers now account for nine percent of the Irish labour force² but concerns have been raised that the rate of work related injuries is disproportionately high in this group³. Injuries sustained in the workplace account for a large number of referrals to the Plastic Surgery service. Our impression was that there had been a dramatic increase in the number of foreign-nationals presenting to the service. We undertook this study to investigate our suspicion that this group was substantially over represented and to attempt to understand the reasons for this.

Methods

Data were collected prospectively from August 2006 to February 2007 on all work-related injuries presenting to the Plastic Surgery service in St. James's Hospital, Dublin. Information relating to the mechanism and type of injury and the need for admission was collected for all work place injuries. Questionnaires were completed by the attending Doctor and information pertaining to age, nationality, English language ability based on their need for translator services was documented. The length of time in the current employment and their previous occupation was also recorded.

Results

201 work-related injuries were recorded during the six month study period. The age range was 16-77 years. The mean age for Irish workers was 36 years compared to 29 years in the foreign-national group. 95% (n = 191) of the study group were male. 40% (n = 81) were foreign-national workers from 27 different countries. 73% (n = 59) of these came from inside the E.U. and of these 90% (n = 53) were from the new accession states (Figure 1). Almost one third (31%, n = 25) of foreign-national workers required a translator during their hospital attendance on at least one occasion. 41% (n = 82) of all injuries were sustained in the

Figure 1 Breakdown of Patient Origin

