

# What are Jordanian medical students learning about emergency contraception?

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## Study Objectives

This study aimed to:

1. Explore Jordanian medical students' didactic and clinical exposure to reproductive health issues;
2. Identify gaps in curricular inclusion; and
3. Understand better medical students' need for and interest in curricular expansion/reform.

The findings will be used by different stakeholders to inform curriculum reform efforts in the Kingdom.

## Background

Medical school offers an important window of opportunity for educating future physicians about comprehensive sexual and reproductive health (SRH) issues. Recent studies have shown that physician training in SRH care is directly linked to improving access to high quality family planning and abortion services as well as intimate partner violence screening. Physicians with greater understanding of SRH issues are key in reproductive health care promotion.

The first faculty of medicine in the Hashemite Kingdom of Jordan was established in 1971 at the University of Jordan in Amman, followed thirteen years later by a second medical school at Jordan University of Science and Technology in Irbid. In order to better meet the health needs of the geographic south, a third school of medicine was founded in 2001 at Mu'tah University in Karak . Most recently, in 2006 Hashemite University in Al-Zarqa established a medical school. An increasing number of physicians now enter directly into general practice after graduating from medical school and thus exposure to SRH issues during this period is especially critical.

Although the Jordanian government established a national family planning program in 1973, there are no published studies that explore the reproductive health content of medical education. This study aimed to address this gap.

## What is EC?

Emergency contraception (EC) refers to medications and devices that can be used after sex to reduce the risk of pregnancy. Globally, progestin-only pills constitute the most widely used method. There are no absolute contraindications to post-coital use of progestin-only EC and when taken within five days of unprotected or under-protected intercourse this medication can reduce the risk of pregnancy by up to 89%. Progestin-only EC is not abortifacient and will not disrupt an established pregnancy.



## Methodology

In 2010, the study team conducted in-depth interviews with 32 medical students at all four accredited programs. Students were asked to report on the pre-clinical and clinical inclusion of a variety of SRH content areas including contraception, abortion, and intimate partner violence. We conducted content and thematic analyses of the transcribed interviews. In this poster we focus on the results related to students' exposure to emergency contraception (EC). We provide direct quotes to illustrate key findings. The study received ethics approval from Allendale Investigational Review Board (Old Lyme, CT).

## Results

The findings reveal that:

- Exposure to EC is limited in both pre-clinical and clinical training.
- Students from all medical schools and stages of training reported misinformation about the mechanism of action, timing, and/or efficacy of EC.
- Respondents identified an explicit need for more theoretical and practical training in post-coital contraceptive methods.

## Quotes

Interviewer: Did you get exposure to emergency contraception or the morning after pill?

Respondent: No. That has never been mentioned. First time I hear about it.

Interviewer [I] : Yes. What about emergency contraception?

Respondent [R] : Do you mean abortion?

I : No, not abortion. Medicine that is taken after sex to prevent pregnancy?

R : We don't have [like] that in our country. We are so close to [God], we don't have illegal sexual activity. We are so strict about [this] things. I don't hear about them.

Interviewer : What did they [the teachers] say about emergency contraception?

Respondent : It was just really a 5 minute talk. They told us about the methods that are available, mostly which are legal. And the best of them [were] the pills, or the IUDs, they told us, [were] considered as emergency. Some student asked what differs from abortion. Doctor just answered that for sure it's so much different because there's no pregnancy in the first place.

Interviewer : Did you get exposure to emergency contraception when you were in medical school? Or post-coital contraceptive methods?

Respondent : In theory, yes. None of it in practice. Well, that's another problem. We got [it] during the OB/GYN rotation, it's very sensitive to deal with women who have come to the clinic...we usually get the boot especially the guys. Girls get to stay. Guys hit it. [...]

## Other Information

### References

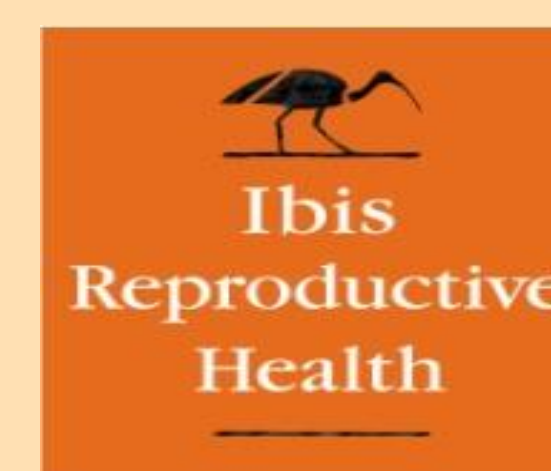
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## Conclusion

Although dedicated emergency contraceptive pills have not been registered in Jordan, women do have considerable access to both combined and progestin-only oral contraceptive pills that can be used post-coitally to reduce the risk of pregnancy. However, women's knowledge of and access to EC is highly dependent on health service providers. Identifying avenues for incorporating EC into routine pre-clinical and clinical medical education in Jordan appears warranted.