

ORIGINAL ARTICLE

Knowledge, attitudes, and practices towards emergency contraception among female Jimma University students, Jimma, Southwest Ethiopia

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Abstract

Background: There are inadequate reproductive health (RH) services especially for female university students in the country.

Objective: To assess knowledge, attitudes and practices of emergency contraception (EC) among female students of Jimma University.

Methods: A cross-sectional survey among female university students to find out their perception on EC was carried out. Data was analyzed using SPSS computer program. Frequency distribution and association of variable using χ^2 and p-value was checked.

Results: In this study, 283 female students participated, out of which only 150 (53%) had heard about EC and 72 (48%) mentioned the correct recommended timing for oral EC use (i.e. within 72 hrs .after unprotected sex). With regard to attitudes, 56% of respondents had positive attitude about EC. In general, awareness, attitude and practice of EC were significantly associated with faculty of respondents. Students from health faculties are more likely to have information and more positive attitudes towards EC than others. Nearly half of the respondents had no awareness about EC and had poor knowledge of specific details like timing of use and dosage of the method. Some respondents also have negative attitudes towards EC and only few were practicing these contraceptives.

Conclusion: Intensive educational campaigns to university students, providing training and making available guidelines to health care providers, and ensuring the accessibility of EC are crucial steps to be taken. Furthermore, incorporating EC provision in RH programs in the country is recommended.

Keywords: Emergency contraception, university students, family planning.

^{1,2}Jimma University, Jimma, Ethiopia

Introduction

Globally, there are 1.7 billion young people today and 85% of them live in developing countries comprising nearly 30% of the population (1). Each year, about 15 million adolescents aged 15-19 give birth, and 4 million obtain an abortion (2, 3). An estimated 500,000 maternal deaths occur every year and over 99% of deaths take place in developing countries (4). In Ethiopia, about 22-54% of direct obstetric deaths are due to unsafe abortion (5). In Kenya, 10,000 girls drop out of school every year because of pre-marital pregnancies (6).

Emergency contraception (EC) can be used to prevent pregnancy after an unprotected sex. They are sometimes called "morning after", "post coital" or "second chance" pills. There are several reasons why women need EC. The commonest according to recent research is couples did not use a contraceptive method during intercourse 45%-67%, failure of a barrier method in 25% - 48% including failed coitus interrupts, vomiting of contraceptive pills and rape in 7% - 14% of cases. (7)

EC is regarded as a reasonably effective (85%) drug in the prevention of unwanted pregnancy and has been available since the development of oral contraceptive technologies in the 1960s. However, knowledge and use of EC has been unsatisfactory.

It is been observed that while adolescents attitude towards premarital sex are becoming liberal and unintended pregnancies rates are high; their awareness of EC remains poor (8, 9, 10).

The objective of this study is to assess knowledge, attitude and practices (KAP) of EC among Jimma University female students. It also aimed at retrieving basic information to help potentials stakeholders who are engaged on provision of family planning services to develop a strategy to improve EC utilization and prevent the consequences of unintended pregnancy.

Subjects and Methods

This study was conducted at Jimma University in Jimma town, South West Ethiopia from September 12-20, 2006. Jimma town has a population of 160,000 and is located 335 km southwest of Addis Ababa. A cross sectional descriptive survey was carried out to assess KAP towards EC among female students of Jimma University. A probability sampling method was employed and 283 female students enrolled using stratified random sampling. The calculated sample size was allocated to each faculty by probability proportional to size method.

A structured self-administered questionnaire consisting of socio demographic, sexual history, KAP on EC was used to collect data from each participant.

The following definitions were used:

Knowledgeable: scoring of 75% -100% from knowledge measuring questions if the participant answered > 3 knowledge measuring questions.

Fairly knowledgeable: scoring from 50%-75% of knowledge measuring questions/ answered 2 knowledge measuring questions.

Non-knowledgeable: scoring < 50% of knowledge measuring questions/answered <1 knowledge measuring questions.

The data was processed manually and using SPSS statistical software package and was summarized using statistical procedures like frequency distribution, chi-square and p-value.

Results

A total of 283 university students were included in the study. The socio-demographic profiles of female students involved in this study are shown in Table 1. Approximately, three quarter, 211 (74.6%) of the respondents were in the age group 20-24 years and about a quarter, 63 (22.3%), in the age group of 15-19 years.

The majority, 257 (90.8%), were not married and were Orthodox Christians 169 (59.7%). Fifty-five (19.4%) were found to be sexually active, seven (2.5%) had a history of abortion and 39(13.8%) of the respondents reported to have used modern methods of contraception.

Table 1: Socio-demographic characteristics of female students at Jimma University, Jimma, Ethiopia, March 2006 (n=283)

Characteristics	No (%)
Age	
15-19	63 (22.3)
20-24	211 (74.6)
25-29	8 (2.8)
> 30	1 (0.4)
Marital status	
Single	257 (90.8)
Married	25 (8.8)
Divorced	1 (0.4)
Residence	
Urban	224 (79.2)
Rural	59 (20.8)
Religion	
Orthodox	169 (59.7)
Muslim	35 (12.4)
Protestant	70 (24.7)
Other (specify)	9 (3.2)
Faculty	
Medical	42 (14.8)
Public health	34 (12.0)
Technology	23 (8.1)
Education	105 (37.1)
Economics	55 (19.4)
Law	24 (8.5)
Year at university	
Year 2	157(55.5)
Year 3-4	113(39.0)
Year 5-6	13(4.6)

Among a total of 283 respondents, 150 (53%) had heard about EC. Out of these, forty one (27.3%) identified combined oral contraceptives as a possible method of EC, followed by progesterone only pills (16.7%) and intra-uterine contraceptive devices (22.0%).

Less than half 72 (48%) of the respondents have correctly identified the recommended 72 hours as a time limit for the method use, 82(54.7%) were also able to identify the recommended dose and 43 (28.7%) identified the recommended hours apart between the doses (Table 2).

Table 2: Percentage of female university students who gave selected response to questions regarding EC, Jimma, Ethiopia, March 2006 (n=150).

Questions	N_(%)
<i>Which drugs can be used for EC?</i>	
Combined oral contraceptive	41 (27.3)
Progesterone only pills	25 (66.7)
IUCD	33 (22.0)
Antibiotics like ampicillin , chloroquine	23 (15.3)
I don't know	28 (18.7)
<i>What is the correct recommended time to take EC</i>	
Within 24 hrs after sex	29 (19.3)
Within 72 hrs after sex	72 (48.0)
After missed period	18 (12.0)
I don't know	31 (20.7)
<i>The recommended dosage of EC</i>	
One dose	40 (26.6)
Two dose	82 (54.7)
I don't know	28 (18.7)
<i>The recommended between the doses</i>	
12 hrs apart	43 (28.7)
24 hrs apart	41 (27.3)
I don't know	62 (41.0)

Table 3: Percentage of female university students by their source of information about EC, Jimma, Ethiopia, March 2006.

Source of information about EC	No (%)
Schools	31 (20.7)
Friends	29 (19.3)
Health professional	30 (20.0)
Mass media	26 (17.3)
Others	10 (6.7)
Both health professionals and schools	10 (6.7)
Both health professionals and friends	14 (9.3)
Total	150 (100.0)

Overall half (50%) of them were knowledgeable; whereas 30 (20%) were completely non-knowledgeable regarding EC. With regard to the sources of EC information, 38 (20.7%) reported from schools followed by health professionals 20.0% and friends 19.3% (Table 3).

General awareness about EC was significantly associated ($p < 0.001$) with faculty; respondents from health faculty were more likely than other faculties to have ever heard about EC and also with being sexually active (Table 4).

Table 4: EC general awareness of female university students by department (faculty), Jimma, Ethiopia, March 2006.

Faculty	Ever heard of EC		Total N (%)	X ²	P-value
	Yes N (%)	No N (%)			
Medical	34 (22.7)	8 (6.01)	42 (14.8)		
Public Health	22 (14.7)	12(9.0)	34(12.0)		
Technology	6 (4)	17(12.8)	23 (8.1)		
Education	57(38.0)	48(36.56)	105 (37.1)	28.41	P< 0.001
Business & Economics	20(13.3)	35(26.3)	55 (19.4)		
Law	11(7.3)	13(9.8)	24(8.5)		
Total	150 (100)	133(100)	283(99.9)		

No significant association was found between knowledge of EC and age, history of contraceptive use and induced abortion.

Negative attitudes include; encourages promiscuity and sexual irresponsibility and discourages use of more reliable contraceptive method (23.3%). There were no major differences of attitude by faculty.

Table 5 summarizes respondents' perception towards EC. Positive and negative attitudes towards EC were 56% and 44%, respectively. Positive attitudes include: help for management of rape victims (35.3%), EC is effective in preventing pregnancy (27.9%) and EC has few side effects (28.3%).

Table 5: Percentage of female university students' attitude for selected statements regarding EC, Jimma, Ethiopia, March 2006.

Statement	Attitude towards EC			
	Agree No (%)	Disagree No (%)	Neutral No (%)	Total No (%)
Access to EC encourage promiscuity and sexual irresponsibility	66(23.3)	54(19.1)	30(10.6)	150(53.0)
EC cause abortion	47(16.6)	76(26.9)	27(9.50)	150(13.0)
Use of EC discourage the use of more reliable contraceptives	66(23.3)	52(18.4)	32(11.3)	150(53.0)
EC can cause birth defect	55(19.4)	13(18.7)	42(14.8)	150(53.0)
If they knew their partner can use EC men will be less likely to use condom	73(25.8)	51(18.0)	26(9.2)	150(53.0)
EC help for mgt of rape victims	100(35.3)	30(10.6)	20(7.5)	150(53.0)
Especial package dedicated only EC is beneficial	65(23.0)	45(15.9)	40(14.5)	150(53.0)
The available EC are effective to prevent pregnancy	79(27.9)	28(9.9)	43(15.2)	150(53.0)
The available EC carry few side effects	80(28.3)	37(13.1)	34(12.0)	150(53.0)

Only six (2.1%) of the respondents have ever practiced EC, of which two used EC frequently. The main reason for not using EC was found to be fear of side effect (45.5%), less commonly cited reasons include lack of knowledge about the source and fear of going to clinics.

Discussion

In this study, 53% of university students had heard about EC which is lower compared to studies done in Sweden (83%) and Jamaica (84%) (11, 12). This difference indicates that the information about EC is not made available for potential users. Of those who had heard about EC, 48 % identified the correct timing of use (72hours). This is greater than a study done in Sweden (10,11). Incredibly, some respondents (15.3%) believed that antibiotics and anti malarial drugs can be used as EC. On the other hand, they reported school, health professionals, and friends to be the major sources of information. This finding strongly suggests that health care providers and schools are not conveying the correct information to clients.

The fact that respondents from health faculty were more likely to have heard not only about EC but also the corresponding reproductive health (RH) information than other faculty students is self explanatory. Among the total respondents, 19.4% were sexually active and 2.5% had a history of induced abortion, This may be due to under reporting or due to better awareness about the risk of unwanted pregnancy.

The higher number of having negative attitude (44%) towards EC among the highly educated segment of the population (university students) is alarming and needs appropriate interventions. In this study the practice of EC was found to be 2.1%. It is quite low when compared to the studies done in Sweden (22%) and Jamaica (10%) (11,12). This may be due to lack of knowledge, limited familiarity of family planning providers and lack of an effective IEC program.

In conclusion, there is an urgent need for intensive family planning and EC educational campaigns in university campuses. Similarly providing trainings in health care providers and preparing guidelines on EC use has to be conducted.

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