

EMERGENCY CONTRACEPTION: KNOWLEDGE AND PRACTICE AMONG FEMALE STUDENTS IN DILLA UNIVERSITY, SOUTHERN ETHIOPIA, 2018

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ABSTRACT

INTRODUCTION: Globally, despite the availability of effective contraception methods, the number of unintended pregnancy is high among an adolescent that leads to a higher risk of morbidity and mortality. Taking emergency contraceptive within the recommended time is highly effective to prevent unintended pregnancy. In Ethiopia, the high rate of unwanted pregnancy among female students in the Universities is a community and government concern. Thus, this study is aimed to determine the level of knowledge and practice of emergency contraceptives among female students in Dilla University, Southern Ethiopia, 2018.

METHODS: Descriptive cross-sectional quantitative study was conducted and multistage sampling technique was employed to enroll a total of 672 study participants. A systematic simple random sampling was used to enroll study units. Data was collected using structured self-administered questionnaire. The data was analyzed using the SPSS-20 software.

RESULT: Only 150(40.3%) had used emergency contraceptives after having unprotected sexual intercourse. However, from the total respondents, 372(29.4%) were sexually active, 84(22.5%) had a history of unintended pregnancy and eighty (95.2%) of pregnancy ended up with abortion.

CONCLUSION: This study showed that the utilization of emergency contraceptives after unprotected sexual practice was low among female students in the University. Therefore, more effort is needed to access emergency contraceptives in the university, mainstreaming reproductive and sexual issues and community awareness on adolescents' reproductive and sexual rights may alleviate this burdened health risk of female students in the Universities.

KEY WORDS: Knowledge, emergency contraception practice, students, Dilla University

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BACKGROUND

Each year, 126,000 abortions had occurred due to unintended pregnancies regardless of availability of effective contraception methods worldwide. An unintended pregnancy can cause serious consequences for women, their families and countries¹⁻³. In 2008, a small-scale survey in eighty countries have shown that the 208 million pregnancies have occurred; 41 percent were estimated as unintended⁴⁻⁵.

In Africa, studies have shown that the annual number of induced abortion increased from 5.6 million to 6.4 million from 2003 to 2008. Most abortions occurred in Eastern Africa (2.5 million), followed by Western Africa (1.8 million), Northern and Middle Africa (0.9 million), and Southern Africa (0.2 million)⁶⁻⁸.

According to the Demographic and health survey in Ghana, Kenya, Namibia and Brazil the proportion of unintended pregnancy among adolescent female were 46 percent, 50 percent, 55 percent and 58 percent respectively and in Ethiopia 2014, a total number of pregnancies were 4.93 million and an unintended pregnancy accounted for 38% of pregnancy⁹⁻¹¹.

Globally, advocacy has been sought to improve access to emergency contraception for over a decades. However, in Africa, the successful utilization of emergency contraception service remains limited. The customer's level of knowledge towards emergency contraception among the population ultimately undermines the impact of such provision strategies. In the Zambia, and Senegal, about 10 percent of women reported that they have ever heard of emergency contraception. In the many of Africa countries, less than 1% of all women have reported ever using emergency contraception after having unprotected sexual intercourse¹²⁻¹⁴.

Even though, studies revealed that the total number of unintended pregnancies has decreased over in the past few decades, the percentage remains high among adolescents¹⁵, that could be due to a discrepancy in awareness, attitude towards contraception, low accessibility of emergency contraception or as a result of forced sexual intercourse¹⁶⁻¹⁸.

In Ethiopia, studies conducted among undergraduate female students in different university revealed that only 41.9% heard or had awareness about emergency contraception; but, only 6.8% used emergency contraception even though 28.9% of the students had practiced unprotected sexual intercourse¹⁹⁻²². Studies revealed that correct and consistent utilization emergency contraception can prevent unintended pregnancy and its complication. Emergency contraception service utilization also helps as a link to other sexual and reproductive health service for adolescents²³.

Therefore, determining the level of knowledge and practice on emergency contraception is important for all concerned bodies to prevent unintended pregnancy among female students and to create insight on how community taboo on adolescent reproductive right and sexuality hinders emergency contraception practice among adolescents.

Thus, this study was aimed to determine the level of knowledge and practice on emergency contraception among female students Dilla University, Southern Ethiopia 2018.

METHODS AND MATERIALS

Study design and population

A descriptive cross-sectional quantitative study was conducted among female students in Dilla University, Southern Ethiopia from March to April, 2018. All female students who were attending their study during data collection period were considered as source population. All undergraduate female students during actual data collection period were included in the study and postgraduate female students were excluded.

Sample size determination

Sample size was determined using a single population formula with assumption; $p=69.9\%$ of prevalence of knowledge on emergency contraception (24), 95% CI and 5% of marginal error. The sample size was 324. But total female students in the University were less than 10,000; we considered correction formula, design effect 2 and 10% nonresponse rate. The final sample size was 672.

Sampling Procedure

A multistage sampling technique was used to enroll 672 study participants. To draw study participants, sample size was distributed to all faculties in the university proportionally. And then, from each faculty, department were selected using simple random sampling method. Finally, a total of 672 undergraduate female students were enrolled using systematic random sampling technique from selected departments.

Data collection tools and quality assurance

A structured self-administered questionnaire was used to collect data. A questionnaire contains information about female students' socio-demographic characteristics, reproductive and sexual characteristics, knowledge and practice on emergency contraception. Questionnaire was developed in English by reviewing literatures used in this study. The questionnaires were checked for completeness and accuracy before data entry.

Data analysis

The data was entered and analyzed using Statistical packages for Social Science (SPSS) version-20 IBM Armonk, NY, USA. Simple descriptive statistics was done to describe socio demographic characteristics, sexual characteristics, and practice and knowledge of participants on emergency contraception. The result was described using tables and descriptions.

ETHICAL CONSIDERATION

Ethical approval for study was obtained from research Ethical committee of College of Health Science and Medicine, Dilla University. A research ethical committee was dedicated to approve all ethical issues of the research in the college. An informed written consent was obtained from study participants during data collection and the confidentiality was maintained by avoiding identifiers in the data collection tool.

RESULT

Socio-demographic characteristics of respondents

A full response was obtained from 600 female students (response rate 89percent). From the total respondents (n=600), 385(64.2%) were the age range of 17-20 years.

Three hundred seventy-two (62%) among respondents (female students) were from the rural area of the country. Regarding respondents' family educational status; three hundred fifty (58.4%) of respondents' fathers were uneducated and three hundred ninety-five (65.8%) of their mother were uneducated respectively [Table_1].

Table-1: Socio-demographic characteristics among respondents Dilla University, Southern Ethiopia, 2018 [n=600]

Variables		Frequency	Percent(%)
Age (n=600)	17-20	385	64.2
	21-25	191	31.8
	> 25	24	4
Year level (n=600)	First year	183	30.5
	Second and above year	417	69.5
Residence (n=600)	Rural	372	62
	Urban	228	38
Father's educational level (n=600)	Uneducated (can't read and write)	350	58.4
	Educated	250	41.6
Mother's educational level (n=600)	Uneducated	395	65.8
	Educated	205	34.2

Reproductive and sexual characteristics of respondents

From respondents [n=600], 92(15.6%) age of menarche ranges 11-13 years. Three hundred seventy-two (62%) of respondents had sexual intercourse. From those who had a history of sexual intercourse practice (n=372), One hundred eight (29%), had it unwillingly/forced by their peer/students, intimate partners and an unknown person. From respondents who ever had sexual intercourse practice (n=372), eighty-four (22.5%) had an intended pregnancy and 80 (95.2%) of these pregnancies were ended in abortion [Table-2].

Table -2: Reproductive and sexual characteristics of female students in Dilla University, Southern Ethiopian, 2018 [n=600]

Variables		Frequency	Percent(%)
Age at menarche [n=600]	11-13	92	15.6
	>14	508	84.4
Ever had sexual intercourse practice [n=600]	Yes	372	62
	No	228	38
Practiced sex by [n=372]	Consent	264	71
	Forced	108	29
Forced sex performed by [n=108]	Peers/students	60	55.5
	An intimate relatives	12	11.1
	I didn't known	2	1.85
	No answer	34	31.45
Ever confronted unwanted pregnancy [n=372]	Yes	84	22.5
	No	288	77.4
Outcome of unwanted pregnancy [n=108]	Gave birth	4	4.8
	Induced abortion	80	95.2

Knowledge on emergency contraception

From the total respondents (n=600), 420 (70%) had heard about emergency contraception and from those who knew about emergency contraception, 168(40%) of heard about emergency contraceptives from health worker and 156 (37.1%) from media (radio,

Television and social media). Regarding right time to use emergency contraceptives after having unprotected sexual intercourse; 193(44.9%) of respondents didn't know right time to take emergency contraceptives to prevent unwanted pregnancy [Table_3].

Table-3: Knowledge on emergency contraceptives among undergraduate female students in Dilla University, Southern, Ethiopia, 2018 [n=600]

Variables		Frequency	Percent(%)
Ever heard about emergency contraception [n=600]	Yes	420	70
	No	180	30
Source of information on emergency contraceptives [n=420]	Health professionals	168	40
	Friends/peers	84	20
	Media (Television, Radio, social media)	156	37.14
	leaflet	12	2.8
Time emergency contraceptive to be taken after unprotected sexual intercourse [n=420]	Within first 3 days	206	49
	Within first 5-7 days	176	41.9
	After one week	17	4
	Not sure	21	5
Types of emergency contraceptive methods you know [n=420]	Oral contraceptives	360	85.7
	Intrauterine contraceptive device	50	8.4
	Not sure	10	1.6
Time frame in which emergency contraceptives to be effective [n=420]	Within 3-5days	288	68.6
	Within 10 days	48	11.4
	Not sure	84	20.8

Practice of emergency contraceptive

Only 150(40.3%) had practiced emergency contraceptives after having unprotected sexual intercourse. However, from participants who had experienced unprotected sexual intercourse (n=372), two hundred twenty-two (59.7%) did not use emergency

contraceptives consistently. The reason that respondents didn't use emergency contraception; they didn't know about emergency contraception 120(54%), a fear of social dishonor 90(40.5%) and no access to emergency contraceptives 12(5.5%) [Table_4].

Table_4: Practice of emergency contraceptives methods among undergraduate female students in Dilla University, Southern, Ethiopia, 2018 [n=372]

Variables		Frequency	Percent(%)
Emergency contraception's used consistently after unprotected sexual intercourse [n=372]	Yes	150	40.3
	No	222	59.7
Type of emergency contraceptives used consistently [n=150]	Oral contraceptive pills	150	100
	Intrauterine contraceptive device	-	-
Time ECs to be taken or used [n=150]	Within first 3-5 days	70	46.7
	After 10 days	80	53.3
	Not sure	-	-
Reason for not using emergency contraceptives after unprotected sexual intercourse constantly [n=222]	Don't know about emergency contraceptives	120	54
	Fear of social dishonor	90	40.5
	Not available	12	5.5

DISCUSSION

This study was aimed to assess the knowledge and practice of emergency contraceptive among undergraduate female students in Dilla University, Southern Ethiopia. Knowing the level of practice and knowledge on emergency contraceptives among female students is essential to improve contraceptive service of adolescents. This study revealed that the practice and knowledge of respondents on emergency contraceptive was 40.3% and 70% respectively.

In this study 420 (70%) of respondents had heard about emergency contraception which is high as compared to a study conducted in South Africa among female public sector primary health care clients only 22.8% and 20% in Kenya, Nairobi; but lower than a study conducted comprehensive school in Oxford shire, UK and a study conducted in Lothian, Southeast Scotland that is 85% and 93% respectively^{18,19}. This is difference may be due to the socio-demographic difference of the study respondents.

Study done in Addis Ababa University shown that 19.5% had unprotected sexual intercourse from which 35.1% of them had unintended pregnancy and 71.8% of pregnancy was ended in abortion. But, in this study 62% of respondents had unprotected sexual intercourse and 22.5% had intended pregnancy and 95.2% pregnancies were ended in induce abortion²⁰⁻²⁴. The study finding is inconsistent with previous study finding. In this study there a high number of unprotected forced sexual intercourse.

This finding discrepancy might be due difference in time and size of study population.

In this study, 150 (40.3%) respondents used emergency contraception's after unprotected sexual intercourse to protect unintended pregnancy which is high as compared to study done Jimma University (11.6%)²⁵⁻²⁷.

This discrepancy in finding may be due to difference in level of awareness on emergency contraception among students' and time of research done in different universities.

In this study, the result shown that the main reasons for not using emergency contraception after having unprotected sexual intercourse among female students were; lack knowledge on the emergency contraception, lack of access to emergency contraception and fear of community humiliation. These study findings were supported by other studies result.

CONCLUSION AND RECOMMENDATION

The magnitude of utilization of emergency contraception was relatively low among female students in Dilla University Southern Ethiopia. There were also frighteningly high unintended pregnancies that ended in abortion among female students.

Thus, all stakeholders must work hard to create awareness about emergency contraception, increasing access to emergency contraception in the Universities and community mindfulness on adolescents' reproductive and sexual issues may alleviate this burdened health risks of female students in the universities.

Increasing access to emergency contraception and creating awareness in the community on the adolescent and youth right on sexual and reproductive health may help to minimize the level of social stigma towards emergency contraception utilization among female students in the university.

Limitation of study: This study was simple description on knowledge and practice of emergency contraception among undergraduate female students in University.

DECLARATION

Author's contributions: Authors contributed equally in the research work and manuscript write up.

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