

1 Knowledge, Attitude and Practice on Emergency Contraception 2 and Associated Factors among Female Students of

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6

7 **Abstract**

8 In Ethiopia more than 60

10 **Index terms**— malaria, knowledge, attitude, practice, insec-ticide treated net utilization.

11 Objective: The aim of the study is to assess the knowledge, attitude and practice of emergency contraception
12 and associated factors among female regular undergraduate students of Debre-markos University.

13 Method: A cross-sectional study design was employed from March 26 to 30/2013, on 624 regular undergraduate
14 female students of Debre-markos University. Self administered questionnaires were used for data collection and
15 analyzed using logistic regression. OR with 95% CI was taken as statistically significant association.

16 Results: A total of 599 voluntary students were participated in the study with overall response rate of
17 96%. 374(62.5%) of respondents had good knowledge and 322(53.8%) had favorable attitude towards EC. Only
18 68(11.4%) used the method.158 (26.4%) of students were sexually active, 32(78%) had history of unwanted
19 pregnancy of this 30 (93.7%) had history of induced abortions. Residence (AOR: 2.3, 95% CI: 1.3, 4.3), Year of
20 study (AOR: 2.1, 95% CI: 1.1, 4.1), Mather's educational status of the student (AOR: 4.4, 95% CI: 1.1, 17.8) and
21 ever use of regular contraceptive (AOR: 3.2, 95% CI: 1.0, 9.6), showed significant association with knowledge of
22 EC. Age (AOR: 9.0, 95% CI: 1.4, 20.0), Marital status (AOR: 6.5, 95% CI: 2.5, 17.3), father's educational status
23 of the students (AOR: 4.5, 95% CI: 1.1, 17.6) and knowledgeable on EC ??AOR: 23.97, ??5%CI: 3.19, ??5.83)
24 showed significant association with practice of Ec.

25 Conclusion: Knowledge and attitude of EC among female regular undergraduate students in this University
26 was good , but utilization of EC was very low There was misinformation among these students such as correct
27 indication of EC.

28 Introduction ne fourth of world population is between age 10 and 24. One third of the total population of sub
29 Saharan Africa is aged between 10-24 years (1). Ethiopia has a predominantly young population that makes up
30 to 30% of the total population (2). Young people today marry later, and more start sex before marriage. Thus
31 they face more risk of unwanted or unintended pregnancy results in unsafe abortion (3).

32 Behavioral factors that frequently put adolescents at greater risk of unintended pregnancy include experi-
33 mentation and risk taking, as well as limited ability to plan ahead. The nature of relationships and frequency
34 of intercourse are often different during adolescent years than later in life. Shorter relationships, sometimes
35 with long intervals in between, are not uncommon, and sex may be infrequent and sporadic. This may lead to
36 reluctance to adopt a regular family planning method or make it harder to plan to use one (4). For many youth,
37 sex is largely unplanned and sporadic yet few young people know about the option of emergency contraception,
38 contraceptives after unprotected intercourse (5).

39 World health organization (WHO) estimates that every year, nearly 5.5 million African women have an unsafe
40 abortion, as many as 36,000 of these women die from the procedure, while millions more experience short-or long
41 term illness and disability Moreover, 59 % of all unsafe abortions in Africa are among young women aged 15-24
42 years (6).

43 Despite the technological advancements in modern contraception methods, unintended pregnancy is still a
44 big problem in Ethiopia. More than 60% of the pregnancies in adolescents are unintended; ones which result
45 from contraception non-use, contraception method failure and rape. The incidence of unintended pregnancy and
46 unsafe abortion, particularly among adolescents, remains high. In Ethiopia, abortion emanating from unintended

4 C) CONTRACEPTIVE HISTORY OF RESPONDENTS

47 pregnancy is one of the most significant causes of maternal morbidity and mortality; it is also a major medical
48 and public health problem ??7).

49 EC uses the same hormones that regular oral hormonal contraceptives contain, but EC is administered in
50 higher doses and within a defined period of time.

51 EC is a method that is safe for women's health there are no known medical conditions under which ECPs
52 should not be used. From a medical perspective, EC does not interrupt pregnancy; therefore it does not induce
53 abortion (8).

54 In 2001, the Family Guidance Association of Ethiopia (FGAE) in collaboration with the Population Council
55 initiated for the time a pilot project to introduce EC in selected youth center clinics in the country. In this project
56 EC was provided in a repackaged attractive brand for adolescents and youth by cutting the regular contraceptive
57 pills though the services were limited in scope and coverage. Emergency contraception was officially introduced
58 in Ethiopia by the Ministry of Health in 2005 with the aim of improving sexual and reproductive health (SRH).
59 The method, however, remained poorly known and unavailable (9).

60 Studies showed that there was a gap on knowledge, attitude and practice of emergency Contraception in the
61 studies conducted in different countries. Different studies conducted in Ethiopia indicated that awareness of EC
62 is less than 50% and utilization is less than 10% ??10, 11, 12, and 13). Thus, this thesis was tried to assess
63 knowledge, attitude and practice of emergency contraception and its associated factors among female students of
64 Debre-Markos University. The information attained from this study could help to improve reproductive health
65 services for young people and to apply appropriate interventions based on the findings.

66 1 II.

67 2 Methods

68 Institution based cross-sectional study was employed at Debre-Markos University from March 26 to
69 30/2013. Debre-Markos University is found in Debre-Markos town, East Gojam zone of Amhara regional state
70 and is located 300 km North West of Addis Ababa. Debre-Markos University began its operation in 1993. It
71 has 33 departments under seven colleges these are College of Agriculture, College of Business and Economics
72 (CBE), College of Engineering (CE), College of Law and Governance (CLG), College of Language and Social
73 Science (CLSS), College of Natural and Computational science (CNCS) and College of Health Sciences (CHS).
74 According to the statistics obtained from student service center, in Debre-Markos University in the seven colleges,
75 the total number of regular undergraduate students enrolled at the time of survey were about 8094 and 2176
76 (26.9%) of them were females. The university has one clinic in campus which provides health services to the
77 university students and there is one referral hospital in the town owned by the town which provides service to
78 the population of Debre-Markos and the university students.

79 The study population was comprised of all female regular undergraduate students of, Debre-Markos University
80 attending their education during time of data collection. A two-stage sampling technique was used; where first
81 18 departments were selected from the total of 33 departments using lottery method,. The number of study
82 participants from the selected departments was determined using probability proportionate-to-population size
83 allocation methods depending on their educational year. The sample size was determined by using a single
84 population proportion formula considering the following assumptions: proportion of students with positive
85 attitude towards Emergency contraception to be 53 % ($p = 0.53$), 5% level of significance ($\alpha = 0.05$) and 2
86 design effect. The final sample size was adjusted for none response rate of 10% and the total samples arrived at
87 was 624.

88 Two diploma nurses and Eight 12 th grade completed female student were assigned and trained for supervisor
89 and data collection respectively. Data analysis was performed using SPSS version 16.0 software package. Variables
90 found significant (p -value < 0.2) on bivariate analysis was included in multiple logistic regression analysis. The
91 results were presented in the form of tables, figures and text using frequency and summary statistics such as
92 mean, standard deviation and percentage. The degree of association between the independent and dependent
93 variables was analyzed using odds ratio with 95% confidence interval.

94 Ethical clearance was obtained from Midwifery department, College of medicine and Health sciences, University
95 of Gondar review board. Both written and verbal permissions were secured to undertake the study from
96 Educational Office of Debre-Markos University III.

97 3 Result a) Socio-demographic characteristics of respondents

98 A total of six hundred twenty four (624) female students were included in which 599 female students were willing
99 to participate in the study with overall response rate of 96%

100 4 c) Contraceptive history of respondents

101 Five hundred fifty (91.8%) of respondents have heard about regular modern contraceptive methods. Oral
102 contraceptive pills were the most commonly known method 86.3% followed by injectables (81.4%). From those
103 who heard about regular modern contraceptive methods 132 (24%) of the respondents used regular contraceptive
104 methods and of these the most commonly used methods was pills 74 (56%) followed by Injectables (42.4%)

105 (Table 3). The prevalence of ever use of emergency contraception among female students was only 68(11.4%).
106 Emergency contraceptive pills were the commonest EC method used which accounted for 65(95.6%) and IUCD
107 only 3(4.4%) (Table ??).

108 **5 f) Factors associated with Knowledge of EC**

109 Among variable showed association on bivariate logistic regression analysis , only Residence, Year of study,
110 Mather's educational status of the student and ever use of regular contraceptive showed significant association
111 with knowledge of EC in multivariate logistic regression analysis.

112 Female students who came from urban area were 2.34 times more likely to have knowledge of EC when
113 compared to those who came's from rural area (ARO: 2.34, 95% CI: 1.27, 4.29). Female students who are third
114 year and above were 2.13 times more likely to have knowledge of EC when compared to first year female students
115 (AOR: 2.13, 95% CI: 1.08, 4.19).

116 Female student's whose mother's educational status college and above were 4.37 times more likely to have
117 knowledge of EC when compared to who their mother's do not read and write (AOR: 4.37, 95%CI: 1.07, 17.84).

118 Female students who ever used modern contraceptive were 3.17 times more likely to have adequate knowledge
119 of EC when compared to those who were not ever used (AOR:3.17, 95% CI: 1.04, 9.55)(Table 6). g) Factor
120 associated with practice of EC Among Factors associated with practice of EC during Bi-variate analysis ,only
121 Age, Marital status, father's educational status of the respondents and having adequate Knowledge of EC showed
122 significant association with student's practice of EC in Multivariate analysis.

123 Students age 25 and above were 9 times more likely practice EC than who are age between 15-19years old(AOR
124 :9.00,95%CI:1.448, 20.040).

125 Students who are married were 7 times more likely practice EC than not married (AOR: 6.51, 95% CI: 2.455,
126 17.279).

127 Respondents whose father's educational status secondary school and above were 4 times more likely practice
128 EC when compared to who their father's do not read and write (AOR:4.493, 95% CI: 1.146, 17.619). Students
129 who has adequate knowledge of EC were 24 times more likely practice EC than who has inadequate knowledge of
130 ??C (AOR: 23.97, ??5%CI: 3.19, ??5.83).(Table 7) . b) Factors associated with knowledge and practice of EC In
131 this study students who come from urban area were 2 times more likely to have knowledge of EC than who comes
132 from rural area (AOR : 2.33, 95% CI: 1.27, 4.29). In a situation where use of any modern family planning is
133 low (23%) in most areas of the rural Ethiopia, it is likely that female students with rural background know little
134 about such rarely available contraception. A study conducted on Finnish adolescents also documented that girls
135 from rural villages or sparsely populated areas were less often aware of EC than those from city areas. Similarly,
136 the result is consistent with the study conducted at Haramaya University ??28, 29 & 13).

137 Moreover, as the year of study in campus increases, there appears to be an increase on emergency contraceptive
138 knowledge. Respondents who are third year and above were 2 times more likely to have knowledge of EC than
139 first year students (AOR: 2.13, 95% CI: 1.08, 4.19). The reason of this result may be as the year of study in
140 campus increases students are more exposed to RH education in Campus and difference in educational level. The
141 result is consistent with similar studies conducted in Haramaya and Adama University (13 and 11).

142 Student's whose mother's educational status college and above were 4 times more likely to have knowledge of
143 EC than who had mother's do not read and Wright (AOR: 4.37, 95%CI: 1.07, 17.84). The reason may be most
144 of the time educated mother may discuss sexual issues with their daughter more openly about matters related
145 to health including EC. Result is consistent with similar studies conducted in Kampala University, Uganda and
146 Haramaya University (24, 13).

147 Knowledge of EC was 3 times higher among the respondents who had ever used regular contraceptives than
148 those who had no experience of it (AOR: 3.16, 95% CI: 1.04, 9.55). Those respondents who already use some
149 method of regular contraceptive are more likely to know the importance of EC. Because when giving service of
150 family planning, health personnel gives information to clients about different type of contraception , where EC
151 is a part, it is likely that using some method of contraception may help access knowledge on others. Result is
152 consistent with similar studies conducted in Haramaya University (13).

153 In this study, students age 25 and above were 9 times more likely practice EC than who are age between 15-
154 19years old (AOR: 9.00,95%CI:1.44,20.04) its consistent study done in Adama University and Addis Ababa and
155 Unity University College(11,10).The reason may be Younger girls may have less information about the availability
156 and indication of EC due to the fact that difference in educational level and life experience.

157 Married respondents were 7 times more likely utilize EC than those never married respondents (AOR: 6.51,95%
158 CI:2.45,17.27).It's similar to the study conducted in Adama University and Addis Ababa and Unity University
159 College (11,10). The possible reason may be that the service sites may not be convenient to non married clients.

160 Respondents whose father's educational status secondary school and above were 4 times more likely practice
161 EC than who has illiterate fathers (AOR: 4.49, 95% CI: 1.14, 17.61). Discussion of RH issue in the house hold
162 and economic difference could be the possible explanation for this difference.

163 In this study, female students who had adequate knowledge about EC were found 23 times more likely practice
164 EC than their counterparts ??AOR: 23.97, ??5%CI: 3.19, ??5.83). The possib le explanation may be as students
165 become exposed to information regarding emergency contraceptive, their knowledge become improved. As a
166 result, they practice EC if they face risk of unprotected sexual intercourse.

6 CONCLUSION

167 V.

168 6 Conclusion

169 Knowledge and Attitude towards EC among the regular under graduate female students in this University was
170 good. But there was misinformation among these students such as correct indication of EC.

171 Residence, Year of study, Mather's educational status of the student and ever use of regular contraceptive are
172 determinant factors for knowledge of EC.

173 Utilization of emergency contraceptive was very low and determinant factors for practice of EC are Age, Marital status, father's educational status of the respondents and having adequate knowledge of EC.

2

438(73.1%) belongs to age group of 20-24years. The
mean
540(90.1%) were not currently married, 527(87.9%) were
Orthodox Christian followers, 477(79.6%) of students
were Amhara in ethnicity, 408(68.1%) were originally
from urban area and 583(97.3%) students were studying
undergraduate 3rd year and below .Regarding Parent
Educational Status 495(82.6%) of the respondents'
fathers were alive and of them 29.9% were do not read
and write. Similarly, 546 (91.1%) of the respondents'

. Majority of the respondents

age was 20.29 years ($\pm 1.4\text{SD}$). Majority

[Note: © 2015 Global Journals Inc. (US)]

Figure 1: Table 2 :

3

Undergraduate Debre-Markos University students,

March 2013

Variables Number Percent

Ever heard about regular modern
contraceptive (n=599)

	of regular	modern
Yes	550	91.9
No	49	8.2

Types
contraceptive ever heard
Pills

Pills	475	86.3
Injectable	448	81.4

Injectable

Figure 2: Table 3 :

174

Condom	396	72
Implant	336	61
IUCD	303	55
Ever	used regularly	

d) Knowledge of EC among female regular undergraduate Debre-Markos University Students.

while 225(37.5%) had poor knowledge about the method. When asked about specific types of emergency contraceptives, among those who have ever heard about EC, 419(98.3%) and 101 (23.7%) mentioned pills and IUCDs respectively. Of those who have heard about pills as an EC method, 262 (61.5%) could tell the correct timing of administration of pills, while, of the respondents who have heard about IUCDs, only 38 (8.9%) could tell the correct timing of administration of the IUCD. When asked about the indication of EC, majority of them mentioned the correct indication, 321 (75.4%) after unprotected sexual intercourse and 229(53.8%) when slippage of condom. And others gave different incorrect responses like after unwanted pregnancy 83(19.5%). Two hundred sixty eight (62.9%) respondents stated that they could get EC from government hospitals/health centers, 203 (47.6%) from pharmacy.

An overall 374 (62.5%) had good

Figure 3: Table 6 :

Characteristics	Practice of EC		COR(95%CI)	AOR(95%CI)
	n(Yes)	n(no)		
Age in groups				
15-19	10	141	1.00	1.00
20-24	53	385	1.87(.80,4.36)	1.31(.48,3.61)
25 +	5	5	10.17(1.89,17.73)	9.00(1.44,20.04)
Marital status				
Single	47	493	1.00	1.00
Married	21	38	5.67(2.57,12.52)	6.51(2.45,17.27)
Residence				
Urban	59	349	3.47(1.43,8.42)	
Rural	9	182	1.00	
Year of study				
First year	25	260	1.00	
Second year	19	150	1.33(.62,2.85)	
Third year and above	24	121	2.33(1.11,4.87)	

Figure 4: Table 7 :

6 CONCLUSION

.1 Discussion a) Knowledge, attitude and Practice among female

175 IV.

.1 Discussion a) Knowledge, attitude and Practice among female

176 Debre-Markos University Students. Although emergency contraception is not recommended as a regular family
177 planning method it is a useful method after unprotected sexual intercourse to reduce the chance of unwanted
178 pregnancies. Emergency contraception is most useful when there is a failure of barrier methods such as slippage
179 and breakage of condoms, or when sexual intercourse was unplanned (8).

180 The overall prevalence of awareness among the study participant was 426(71.1%). It's greater than studies
181 conducted in Adama University (46.8%), Jimma University (41.9%) and Kampala University, Uganda (45.1%)
182 ??11, 12 and 24). This difference might be due to difference in study setting, time variation related with currently
183 accelerated RH promotion activities and youth friendly programs in some health institutions of the study area.

184 In this study the most common sources of information for EC were health institution/personnel's which is in
185 agreement with studies from Bahirdar University and Nigeria, in tertiary schools ??25, and 22). But different
186 from Jimma University which is the most common source of information were peers/friends and for Addis Ababa
187 and UUC students, mass media ??12, ??0). This difference may be due to the method they use for education of
188 EC.

189 The efficacy of EC is dependent on how soon after the unprotected intercourse treatment is administered. If
190 women are to benefit from EC, they need to have prior knowledge and easy access to the method since it has
191 a time limit. Two hundred sixty two (61.5%) of them had identified the correct timing of administration of the
192 pills after unexpected sexual contact with in 72 hrs, which is higher than reports from Jimma University(30%)
193 and Addis Ababa and Unity University college (26.2%)(12, 10). The possible reason may be linked to the source
194 of information; health personnel/institutions that have good information on the subject than peers/friends and
195 time difference may also be one reason.

196 In this study, 62.5% of the study participants had adequate knowledge about EC when overall summary index
197 for knowledge is computed which is nearly similar to the studies conducted in Cameroon and USA (62.7% and
198 64.7% respectively) (23 and 16). But higher than that of Adama University (27.2%), Jimma University (50%)
199 and Addis Ababa and UUC (43.5%) (11, 12 and 10). The possible reason may be due to time variation related
200 with the currently accelerated RH promotion activities in the country and youth friendly programs in some health
201 institutions of the study area.

202 Most of the respondents 53.8% had positive attitude towards EC. It is comparable to studies from Addis
203 Ababa and Unity University College (53%)(10). But lower than the studies on Haramaya University (76.5%)(13).

204 This difference might be due to difference in study setting and socio-demographic variation of study
205 participants. Majority of participants (88.9%) had agreed that I would use EC if I have unsafe sex and (90.6%)
206 support use of EC after unsafe sex by all female which is higher than the results of Jimma University (71.2%)(12).
207 Eighty-three point seven percent of students believed that emergency contraceptives are important and they
208 should be available for all females.

209 The ever use of EC in this study was 11.4% which is comparable to a study conducted among university
210 students in Cameroon(12.7%) and Kampala, Uganda (14.5%) ??23, ??4). Its higher than reports from Jimma
211 University (6.8%), Addis Ababa and Unity University college (4.7%) and Adama University (4.7%)(12,10 and
212 11). The possible reason for such higher prevalence of EC use in this study could be also time variation, related
213 with the currently accelerated RHs promotion activities in the country and increasing availability of EC in many
214 Gov't and non Gov't health institutions.

215 Findings from this study showed that the prevalence of regular contraceptive use was