

ORIGINAL ARTICLE

ASSESSMENT OF KNOWLEDGE, ATTITUDES AND PRACTICES OF EMERGENCY CONTRACEPTION AMONG COLLEGE STUDENTS

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ABSTRACT

Objective: The study was aimed to assess knowledge, attitudes and practices of emergency contraception among the college students.

Methodology: Data was collected through self administered questionnaires, where by students were instructed what to do in introductory remark. All this was done first before being administered in the class. Then the filled questionnaires were collected.

Results: Majority were not using ECP 56(46.7%) with a reason of never had need for it, followed by 29 (24.2%) and 28 (23.3%), with reasons of partner doesn't like it and religious reasons respectively. Cancer causation was chosen the least, 7 (5.8%). Only 23 individuals had ever used ECP in their life time, of these only 8 (34.8%) followed by 6 (26.1%) who had a failure in withdrawal. Only 136 individuals were able to respond to ECP using references, where by 75(55.1%) said yes. Large number of individuals 114 (85.7%) had never use ECP despite of sex exposure and only 19 (14.3%) were able to use ECP. Majority of individuals out of 80, 66 (82.55%) had a knowledge that ECP prevent pregnancy formation and few had a negative response, 7 (8.8%) causes abortion, 5 (6.3%) causes cancer.

Conclusion: This study revealed that people in our country with much concern to bearing age group, have very little knowledge about emergency contraception. However, they are highly in need of getting it, and they are also in need of knowledge and dispensing units.

Keywords: Emergency Contraception, abortion, pills, HIV. AIDS, Adolescents

Abbreviations:

ECPs Emergency Contraceptive Pills
COC Combined oral contraceptives
POP Progesterone only pills
HIV Human Immunodeficiency Virus
AIDS Acquired Immunodeficiency Syndrome
IUCD Intra uterine contraceptive Device

INTRODUCTION

Emergency Contraceptive Pills (ECPs) are effective and cost effective contraceptive methods that can be used after unprotected sexual intercourse, or a contraceptive method failure.¹ When used within 72hours of unprotected intercourse, ECPs can prevent 75 to 85% of unexpected pregnancies.² The effectiveness of ECPs decline with time; however recent research has shown that ECPs are effective when taken up to five days after unprotected intercourse.²

There is no contraindication for use of ECPs (the only contraceptive which has no known contraindication) and it is safe to provide ECPs over the counter.³

The available ECPs could be used for ECPs in a modified dosage. (In Tanzania, pills are issued to clients at the service delivery clinics by nurse/midwife providers), Clients can also get pills from the pharmacy shops without a prescription.^{4,5}

Advocacy for policy will be required to ensure inclusion of Emergency contraceptives (ECPs) in the national program and to allow over the counter purchases, (of a modified ECP dose or a dedicated product when available), and community based distribution.

METHODOLOGY

This was a cross sectional study where data was collected through self administered questionnaires in vernacular language. Before administration of questioner students were consented and briefed about the purpose

of the study and method of filling the questioner. No instruction was give during the filling up of the questioner.

Questioner was administered in one class of science, commerce and arts stream student each. Questioner compiled of 15 different questions. Initial few questions were regarding socio demographic information of student followed by question son ECP. Total 30 minutes were given to fill up the questioner. The filled questionnaires were collected after completion of time.

RESULTS

The study had sample size of 137 patients, Most of the individuals came from age groups of 20 – 24; 61(44.5%) and 25 – 29; 62(45.3%), none of individuals came from age group of <20 and >30.

Table 1: Frequency distribution table of age

AGE	Frequency	Percent
<20	-	-
20 – 24	61	44.5%
25 – 29	62	45.3%
30 – 34	9	6.6%
35 – 39	5	3.6%
>39	-	-
Total	137	100.0%

Most of the individuals came from age groups of 20 – 24; 61(44.5%) and 25 – 29; 62(45.3%), None of individuals came from age group of <20 and >30.

Table 2: Frequency table on best time for ECP taking

Best time for taking ECP	Frequency	Percent
Within 72 hrs after sex	60	75.0%
Within 72 hrs before sex	13	16.3%
Five days after coitus	2	2.5%
Others (6)	5	6.3%
Total	80	100.0%

Timing of ECP taking response was 60 (75.0%) who responded right, and only few 2 (2.5%) said they should take ECP five days after coitus

Table 3: Frequency table of reasons to using ECP

Reasons to using ECP	Frequency	Percent
Don't use any contraceptive method	2	8.7%
Timing was miscalculated	8	34.8%
Condom broke or slipped	4	17.4%
Withdrawal failed	6	26.1%
Others(11)	2	8.7%
Dont remember	1	4.3%
Total	23	100.0%

Only 23 individuals had ever used ECP in their life time, of these only 8 (34.8%) followed by 6 (26.1%) who had

a failure in withdrawal. Other reasons for ECP use were almost evenly distributed.

Out of 133 responded individuals, large number of individuals 114 (85.7%) never used ECP despite exposure to unprotected sex and only 19 (14.3%) were able to use ECP.

Table 4: Frequency table of if ever used ECP

Ever used ECP	Frequency	Percent
yes	19	14.3%
No	114	85.7%
Total	133	100.0%

DISCUSSION

The study involved 137 individuals, of whom males were 91(66.4%) and females were 46 (33.6%). All of them were given self administered questionnaires.

Most of individuals came from age groups of 20 –24; 61(44.5%) and 25 – 29; 62(45.3%), none of individuals came from age group of <20 and >30. This can be explained as this is due to age group admitted in the college, majority fresh from the high school. Majority did not use ECP 56(46.7%) with a reason of never had need for it, followed by 29 (24.2%) and 28 (23.3%), with reasons of partner doesn't like it and religious respectively. Cancer causation was not responded to many individuals, 7 (5.8%).

On the issue of when to take ECP, the responses were as follow:-Timing of ECP taking response was 60 (75.0%) who responded right that is to be taken within 72 hours after sex and only a few 2 (2.5%) said should take ECP five days after coitus. It happened that as they were administered with the questionnaires they did not know of what the study was meant for.⁶ So Researchers had to explain in details, as a result on the process they were acknowledged on the best time. On leaving to answer on themselves, they could not be able to get it right.^{7,8}

Family planning clinic was the most preferred source of ECP 75 (56%), followed by pharmacy 37 (27.6%). Only 23 individuals had ever used ECP in their life time, of these only 8 (34.8%) followed by 6 (26.1%) who had a failure in withdrawal. Other reasons for ECP use were almost evenly distributed.^{8,9}

Only 136 individuals were able to respond to ECP using examples, where by 75(55.1%) said yes and 61 (44.9%) said no. Out of 133 responded individuals, large number of individuals 114 (85.7%) never used ECP despite of exposure to unprotected sex and only 19 (14.3%) were able to use ECP.

Individuals who responded for source of information were 81, out of these; 26 (32.1%) said that seminars should be the source of information. Only the least 1 (1.2%) wanted other methods rather than mentioned but did not specify. Majority of individuals, 66 (82.55%) out of 80 had a knowledge that ECP prevent pregnancy

formation and few had negative response, 7 (8.8%) causes abortion, 5 (6.3%) causes cancer.

Females are the ones who get more information on ECP 31(67.4%), compared to males 48(52.7%). There is significant difference between males and females statistically; this can be explained by the fact that females are the ones who are affected directly with unwanted pregnancies.¹⁰

There was slight difference between Christians 17(14.2%) and Muslims 2 (15.4%) on responding to the use of ECP. This difference is significant statistically. Both religions are against family planning methods.

Females were less in need of ECP information 41 (89.1%) compared to males 83 (91.2%) who showed much interest on ECP information.

CONCLUSION

This study revealed that females in up county especially those of child bearing age group, have very little knowledge about emergency contraception. However they are highly in need of getting it, and they are also in need of knowledge and dispensing units. There are increased numbers of unplanned pregnancies among college students (as reported by the discipline master). So this is good reflection that there are cases of abortions which are not known.

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