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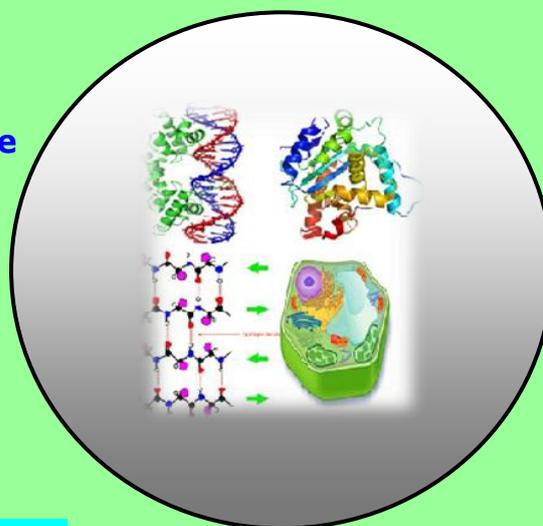
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## **Assessment of Emergency Contraceptive Utilization and Associated Factors among Kiltu Kara Town School Female Students**

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### **ABSTRACT**

*Emergency contraceptive means the type of contraception that is used in preventing unintended pregnancy following UN protected sexual intercourse. The present study was conducted to assess the knowledge, attitude regarding family planning and the practice of contraceptives among rural women. The study was conducted in Kiltu Kera Woreda among female students; the study employed 399 females of kiltu Kera High school. Simple frequency, percentages and Bavarian analysis were computed using SSPP version 16 soft ware packhage. A total of 399 female students were involved in the study with response rate of 94.3%. Regarding to the residency form urban and rural community which accounted about 164(58.9% and 235(41.1%) respectively. As the result shown that some f the students were discussed with their father and Mather about the use and practices of Contraceptive method. In the present study, there was a low contraceptive use among women of rural origin despite good knowledge. Motivation of couples through media and health personnel can help to achieve positive attitude of husbands for effective use of contraceptives.*

**Keywords:** Contraceptive, Pregnancy, Family Planning and Rural Wonam.

### **INTRODUCTION**

Emergency contraceptive (EC) refers to the type of contraception that is used as an emergency procedure to prevent unintended pregnancy following an un protected sexual intercourse. "Morning- after pill" or post coital contraception "are terminologies used interchangeably, but confusing since methods are not only pills and can be used with in 5 five days after un protected intercourse and not merely the morning after. It is less effective

than regular contraceptive, and it is intended for occasion or emergency use only and not as a regular contraception. It is associated with failure rate of 0.2% to 3% (Arow Julu; Adenkule; 2002).

There are various methods of contraceptives. There include hormonal contraceptive pills, intrauterine contraceptive devices and mifepristone. Formerly, EC pills were thought to be effective only within 72 hours, but recent studies have confirmed that they are effective up to 120 hours (Anna. J, volume J. October, 2007). In Ethiopia the unmet need for family planning account for 34%, and the total unwanted and births were 16% and 19% respectively. In a survey conducted in Harar town on unintended pregnancy and induced abortion in a town with accessible family planning service, one third of women reported their most recent pregnancies were unintended. Of these half of them had an intended child birth while the rest ended in induced abortion.

In developing countries, of the 182 million pregnancies that occur in each year, more than one third are unintended and 19% ends in induced abortion (8% are safe producers and 11% are unsafe). The consequence of these unintended pregnancies, particularly where abortion is largely restricted, may be life threatening due to unsafe abortion producers. In addition, providers lack of awareness and knowledge of the correct use of ECPs and often have biases and miss conceptions, which pose significant barriers to ECPs use by adolescents. Also, the legal, political, and social status of ECPs and contraception as a whole can serve to hinder timely access to ECPs.

A Woman may require emergency contraception because the contraceptive method she was using failed (e.g. a condom broke or a diaphragm slipped) she neglected to use a method or she was sexually assaulted. There are two types of ECPs: those that contain both estrogen and progestin, and those that are progestin only. The progestin only ECPs are currently more widely used methods because they are more effective and cause fewer side effects than the combined hormonal pills. Thus this study was to assess the availability utilization and EC among female students of Kiltu Kara high school.

## MATERIAL AND METHODS

### Research Data

The study will be conducted in Oromia region, West Wollega zone Kiltu Kara woreda s of Kiltu Kara high school. Kiltu Kara woreda is one of the 21 Woreda in the west Wellega administrative Zone in Oromia. Region it is bordered on the south and west by the Menesibu Woreda on the North by Gori town the separates it from Nedjo Woreda and by Babo Gambel the east; the Sachi River defines the boundary between Kiltu Kara and the Mene sibu District. The dominant language of the area is Afan Oromo and according to the 2007 national census reported a total population of this woreda was **38,000** from which **19,804** were women, and **8,476** and then, **11.13%** of its population were urban dwellers. (data collection by menasibu office, 2007).

### Religion

The majority of the inhabitants were protestant religion followers, with 49.77% of the Population reporting they observed this belief, while 16.84% of the population were Moslem, and 34.02 were followers of traditional religion ..

The main town of the Woreda is Kiltu Kara (also known as tobo's market simply) is a town in the southern Oromia

**Population**

Based on figures from the central statistical Agency in 2005 the town had an estimated total population of 2,179 of whom 11,936 were males and (2,243 were females. There is one high school 9-10 and one preparatory school from 11-12. The high school contains about 2153 students of which 1120 are female students. There is also one TVET school and two (2) elementary school in the town. Besides, there is one governmental health centre, and six private clinics in the town serving the populations of the town and people coming from nearby rural towns and kebeles. All female students enrolled in high school at Kiltu kara at the time of data collection. Be used to collect the information from each study sub

**Climate**

The area is classified under Woina Dega and Dega climatic zone and the average annual rain fall off this town is between 1400-1800mm. And the average annual temperature of this town is 20°C per annum.

**Topography**

The town is found at altitude of 1600-2400M. A.S.L in terms of topography, the town is rugged and low land area. As well as the settlement of population is around the swamp area.

**Sampling Size and Sampling Techniques**

The sample of the female students would be selected from the target population of female high school students using stratified proportional to size female sample students in each class. Self administered questioner would be used. The sample size is determined using single population proportion formula. The total high school female students of Kiltu kara town are 1120. And the following assumption would be used to calculate each sample size in the school.

Z= Is standardized normal distribution curve/value for the 95% confident interval (1.96)

P= Proportion of ECP use among the female students (50%)

D= The margin of error taken based on the assumptions the formula. The sample will be:-

$$N = Z^2 \frac{P(1-P)}{D^2} = 1.96^2 \times 0.5(1-0.5) / 0.05^2 = 384 .$$

The final sample size with none response rate of 10%, the number of student to be included in the study will be :- ( 384+384x10%)=423

**Data Collection Tools and Procedures**

Structured self administered questioner will develop first in English which contain two parts (socio-demographic characteristic and family history and utilization Emergency contraception methods) and translated to oromic language. Randomly selected students from each grade and class those would be included in the sampling. The students would be informed about the purpose of the study, importance of their participation and so that verbal consent was assured. Based on their willingness to participate in the study, they will be provided the questioner and oriented how to fill the questions and were informed to return the filled questionnaire to the data collector.

**Method of data collection**

Structured self administered questioner was developing first in English which contain two parts (socio-demographic characteristic and family history and utilization Emergency contraception methods) and translated to Oromic language.

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#### **Data Processing and Analysis**

Prior to data entry questionnaire was checked for errors, coded and next data would be entered in it excel and analyzed by SPSS version 16 software package.

After the data cleaning was over, frequency distribution, percentages were computed. Beverage logistic regression analysis was done to test whether there is association between depend and independent variables, odds ratio and 95%CI was computed. Then the data was presented and interpreted.

#### **Methods of data analysis and presentation**

The Collected data will be treated by considering the questionnaire, qualitative using number and qualitatively using descriptive statements, here the data is analyzed in the following ways

- The gathered data from respondents and development agents through questionnaire was tabulated and most of the were calculated in terms percentages
- The gathered data through personal observation was also treated together with response of development agents of sample students of the high school.

#### **Research Design**

Even though there is various type of research design, in this study the researcher employed the descriptive method which mostly cross-sectional study design will applied. The study design was selected due to its time efficiency and appropriateness to the study. Both qualitative and quantitative method were used in order to realize the aforementioned objective.

## **RESULT AND DISCUSSION**

A total of 399 female students were involved in the study with a response rate of 94.30% among the study population majority of the respondents were in the age category of 19-24 years old (69.9%). The mean ages of the respondents were 19.4: 1.45 years. Majority (64.2%) of the study subjects were Orthodox Christian. The ethnicity of the respondents of the study area indicated that 158(39.6%), 81(3%) were Oromo, ( Amhara , Gurage..) respectively.

Regarding the residence from where the students come from reported that 164(58.9%) and 235(41.1%) were from urban and rural respectively. Besides regarding the grade level of our study participants 121 (30.3%), 102(25.6%) were in grade nine, ten, eleven and twelve respectively (**Table 1.**)

#### **Family partner and peer related characteristics of the respondents**

As mated in table 2, 45.5% and 61.9% of the respondent's fathers and mothers had no formal education respectively. About 59.4% of the respondent that they discuss about reproductive health issue with their mothers, 50.4% reported that they discuss reproductive issue with their fathers and 26.3% of the respondent responded that they discussed about reproductive health issues with their boyfriends /partners.

**Table 1. Socio- Demographic characteristics of high school students in kiltu kara town of West Wollega Zone of Oromia Region.**

No	Items	Respondents	
		Frequency	Percent
1	Age A.<19	116	29.1
	B.20-24	276	69.9
	C. >24	4	1
2	Religion A. Orthodox	200	50.1
	B. Protestant	176	44.1
	C. Muslim	16	4
	D. Other	7	1.76
3	Ethnicity A. Oromo	215	53.8
	B. Amhara	112	28.07
	C. Gurage	44	11.01
	D. Others	28	7.07
4	Residence A. Urban	164	41.1
	B. Rural	235	58.9
5	Grade level A. G-9	121	30.3
	B. G-10	102	25.6
	C.G-11	63	15.8
	D.G-12	113	28.3
6	Marital status A. Married	21	5.3
	B. Single	378	94.7

**Knowledge and utilization of emergency contraceptive methods**

A total 338 (84.7%) of the respondents had heard about E.C .Among those who had heard information about Emergency contraceptive 220(65.1%) where from health education given by health workers .17 (5.0%) were from teachers education from the school. 29 (8.6%) were from friends discussion , 12(3.6%) where from club the school and 54 (16.4%) were from mass media from the respondents who had heard about E.C, 289 (85.5%) know the places where to get Emergency contraceptive use.

**Table 2. Family partner and peer related characteristic of high school students in kiltu kara town, of west, of west wollega zone of Oromia region.**

No	Characteristics	Frequency	Percent
<b>1</b>	Respondent's fathers level of education (=343) illiterate	182	53.1
	1-4	37	10.8
	5-8	30	8.7
	9-10	31	9.0
	11-12	19	5.5
	12	44	12.8
<b>2</b>	Respondents mothers level of education (n= 363) illiterate	245	67.5
	1-4	41	11.3
	5-8	23	6.3
	9-10	24	6.6
	11-12	5	1.4
	12+	25	6.9
<b>3</b>	partners level of education (n=131) illiterate	16	12.2
	1-4	1	0.8
	5-8	2	1.5
	9-10	11	8.4
	11-12	22	16.8
	12+	79	60.3
<b>4</b>	Discussion about reproductive health issues with fathers(n=34)	237	65.2
	Yes	126	34.7
	No	126	34.7

**Table 3. Knowledge and utilization of Emergency contraceptives among female high school students in Kiltu kara town.**

Characteristics		Frequency	Percent
Ever Heard E.C	Yes	338	84.7
No		61	15.3
Do you know from where E.C obtained?	Yes	289	45.5
No		49	14.5
Do you know when did you utilize E.C	Yes	248	73.4
No		90	26.6
Ever used E.C	Yes	50	12.5
No		349	87.5
Are you willing to use E.C	Yes	281	70.4
No		57	14.3
Do you recommend E.C use for other female?	Yes	293	86.7
No		45	13.3

According to this study, about 84.7 % of the respondents were ever heard of about Emergency contraceptives, about 45.% of the respondents of the study were know where to obtain the emergency contraceptives.

The prevalence of Emergency contraceptive use among female high school students in Kiltu Kara Woreda was 509(12.4%). Besides, 28(70.4%) of our study subjects had the willingness to use Emergency contraceptive, and 293(86.7%) of our respondents recommend emergency contraceptive to be used by other female students. (See table3) (BOUT= a period of exercise or work or illness, about few.

**Table 4. Factor associated with utilization of emergency contraceptives among female high school students in Kiltu kara town, West Wollega Zone of Oromia Region.**

Variables	Emergency Contraceptive		Odds Ration	P- Value	
	Yes	No			
Age	A.<19	3	113	1.00	0.02 0.0003
	B.20-24	46	230	7.53	
	C. >24	1	3	12.55	
Residence	A. Urban	35	129	1.00	0.001
	B. Rural	15	220	1.00	
Grade level	A. G-9	3	118	1.00	0.03
	B. G-10	7	95	2.89	0.003
	C.G-11	27	46	14.5	0.001
	D.G-12	13	90	10.05	
Marital status	A. Married	2	19	1.00	0.043
	B. Single	48	330	1.38	
Discussion with father on RH	A. Yes	46	155	10.24	0.001
	B. No	4	138	1.00	
Discussion with mother on RH	A. Yes	40	197	2.36	0.012
	B. No	10	116	1.00	
Willingness to use EC	A. Yes	47	234	3.62	0.021
	B. No	3	54	1.00	
Recommend to use EC	A. Yes	46	247	1.91	0.041
	B. No	4	41	1.00	

Factors associated with utilization of Emergency contraceptive among female high school students in kiltu kara town.

Religion, ethnicity, education status of mothers, educational status of husband/ boy friends of the study participants, educational level did not show any association with emergency contraceptive utilization among female high school students in kiltu kara woreda. But age, residence, grade level, marital status discussion with father and mother on reproductive issues, willingness to use emergency contraceptive use and recommending other female to use emergency contraceptive were significantly associated with emergency contraceptive utilization.

Accordingly, female students whose age is between 20-24 and those about 24 were about 7.5 and 12.55 more likely to utilize emergency contraceptive than those whose age is less than 19 years of age in the school. Female students whose residence is urban were about 4 times more likely to use emergency contraceptive compared to those from rural. Regarding the grade level, of the students increase the is an increase in emergency contraceptive use. Revealing that grade 10, 11, and 12 female students were 3, 14 and 10 times more likely to use emergency contraceptives compared to Grade nine students.

Marital status of the students were also another variables which showed relation with emergency contraceptive use, female students who were single by marital status were more likely to use E.C compared to married once.

Besides, discussions of reproductive issues with mother and father have strong association among female students, indicating respondents who discuss on reproductive issues with father and mother were 10 and 2 times more likely to utilize emergency contraceptives compared to those who never discuss with father and mother respectively. Moreover, female respondent who were willing to use emergency contraceptives and who able to recommend other female to use emergency contraceptives were about 3.6 and 2 times more likely to use emergency contraceptives compared to their counter parts respectively ( see table 4 below).

## **DISCUSSION**

This, study has tried to assess the prevalence of emergency contraceptive use and associated factors among high school female students in Kiltu Kara town of West Wollega zone of Oromia region. Although, Emergency contraceptive is not recommended as routine family planning methods, it plays a vital role in preventing unwanted pregnancies after unplanned or unprotected sexual intercourse and would serve as a back up to other family planning methods. Female high school students from an important high – risk group for unplanned pregnancy which might result in drop out of schooling and further purpose their education. It has been revealed from previous studies that increase adolescent premarital sexuality would be responsible for increased number for unwanted pregnancies and subsequent illegal abortion, with its consequence. Among 338 (84.7%) female students those who heard about emergency contraceptive use was found to be 50 (12.5%). This finding was in line with a study done at Gonder University (12%) and Addis Ababa higher Education female students, (14.9%).

According to the finding of this study, only 84.7% of the whole respondents heard about E.C. This is higher the figure of some developing nations, 75.7% among South Nigeria post secondary school female students. This could be due to different study setting between the target population out of female students who heard about emergency contraceptive use, main source of information about emergency contraceptives was from health education given by health workers of the study in Addis Ababa in which the main source of information about Emergency contraceptives was mass media and friends. This could be because of the respondents in this study were from rural areas where the access of mass media was difficult (Herzth. British medical Bulletin 1993:49:158-170).

Female students whose age is between 20-24 and those above 24 were about 7,5 and 12.55 more likely to utilize Emergency contraceptives than whose age less than 19 years of age in the school showing that as age increases the tendency to utilize emergency contraceptives was increasing, this may be because of as age increase the knowledge of emergency contraceptives, where to get and what it is about and how and when to use contraceptives increases. (Maqhayi M. Annismit, J. Fadayen M. Cannely C. zuma K. and M Morrinni. Misted. Female students whose residents is urban were about 4 times more likely to use emergency contraceptives compared to those from rural, this is because students who are living in the urban areas have the access of information such as media which might resulted to use emergency contraceptives after unprotected sex compared to students from rural areas.

Regarding the grade level of the students was the other significant prediction of Emergency contraceptives use, as grade level of the students increase, there is an increase in Emergency contraceptive use, revealing that grade 10,11 and 12 female students were 3,14 and 10 times more likely to use Emergency contraceptives compared to grade nine students, this may be because, as grade of the students increase their knowledge of sexual issues, where to obtain emergency contraceptives and the risk of early pregnancy increases and this in turn had a positive influences to use emergency contraceptives.

Marital status of the students was also another variable which showed relation with emergency contraceptives use, female students who were single by marital status were more likely to use EC compared to married ones. This may be due to single students might have chances of doing of unprotected sexual intercourse with multiple partners.

Besides, discussion of reproductive issues with father and mother have strong association among female students, that respondents who discuss on reproductive issues with father and mother 10 and 2 time more likely to utilize emergency contraceptive reproductive heaths compared to those who never had discussion with father and mother respectively. This can be due to discussion issues with their father increase awareness about emergency contraceptives when the awareness level increases simultaneously their utilization level increases.

Moreover, female respondents who were willing to use Emergency contraceptives and who able to recommend other female to use emergency contraceptives were about 3.6 and 2 times more likely use Emergency contraceptives compared the out at respectively, this might be due to any individual who is willing to use emergency contraceptives and even recommend other female students developed positive attitudes towards Emergency contraceptives and be able not use emergency contraceptives compared o those who were not willing to use and recommend other female to use (Washington DC send EDITION:2004)

## **CONCLUSION**

The variability of emergency contraceptive use among female high school in Kiltu karas on is only 12.5%, which is very low.

Several variables, such as age, residence, and marital status, grade level discussion with father and mother, willingness of use, emergency contraceptive were significant predictor of emergency contraceptives utilization.

The study reveals good knowledge and favorable attitude of rural women towards contraception.

Contraceptive knowledge and practice was influenced by media exposure and partner opposition. Women education and counseling of couples can play an important role to adopt family planning methods.

Electronic media, health personnel and governments organizations can play a positive role to provide knowledge and overcome the knowledge/practice gap.

Knowledge of modern contraceptives is high in a study population. Substantial proportion of women had positive attitude towards modern contraceptives and hence more room for increasing modern contraceptive use in a study population, though negative attitude of husbands towards modern contraceptive and lack of spousal communication on family planning could be a limitation. Regarding modern contraceptive prevalence rate, although there was some improvement compared to the past national averages, however, the current figure for prevalence rate is still low when compared to the national target. Likelihood (chances) of being current user of modern contraceptives by a woman increased with increase in education level, having higher number of living children, spousal communication on modern contraceptives, (i.e., Frequently talking/discussing family planning/modern contraceptives among spouse), woman participation in decisions making regarding fertility in a family, husband approval of modern contraceptives and having positive attitudes towards modern contraceptives (i.e., tinking that benefits of modern contraceptives outweighs negative effects). If had ever encountered side effects and living far from health facility by a woman were associated with reduction in odds (chances) of being current user of modern contraceptives.

## **RECOMMENDATION**

Based on the current study the following recommendation was given:

- The school should create awareness or education on the importance of utilization emergency contraceptive by targeting female students.
- The woreda and regional health bureau should have an outreach health education the school regarding the risk of early pregnancy, which means the consequence of unwanted and early pregnancies among students, a clear message has be delivered to students what should be done if unprotected sex is done to prevent pregnancies such as emergency contraceptives should be considered.
- The schools have better and strength the health club to encourage open discussion encouraged.
- The ministry of health kin collaboration with ministry of education better to incorporate reproductive health courses inn curriculum for all training institution to increase utilization of emergency contraceptives.

Furthermore, campaigns to empower women such as emphasis on their education, encouraging gender balance by changing community attitude towards position/status of women in a household and in a society as a whole should be strengthened. This would improve their participation in household decisions including those related to fertility and contraceptive use.

Campaigns to raise awareness on importance of modern contraceptives among males (husbands) should be emphasized and should go along with those involving women. This could be through involvement of males in family planning programs.

More education/counseling services to women on how to handle/deal with side effects associated with various modern contraceptives methods should be given due weight and campaigns against myths and misbeliefs that negatively affect use of modern contraceptive in the study population should be initiated.

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