

AWARENESS AND PRACTICE OF EMERGENCY CONTRACEPTION AMONG UNIVERSITY STUDENTS IN ABAKALIKI, SOUTHEAST NIGERIA.

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ABSTRACT

Background: Unprotected sexual exposure leading to unwanted pregnancy and unsafe abortion contributes significantly to reproductive ill health, especially in developing countries. Promotion of emergency contraception (EC) has been advocated as a way of reducing these problems. Our youth, the most vulnerable group, should therefore be the target for this form of contraception.

Objective: To evaluate the awareness and practice of emergency contraception among University students.

Methods: A semi- structured self-administered questionnaire was developed and distributed to 500 randomly selected students of Ebonyi State University, Abakaliki, Nigeria. Information regarding their awareness and practice were sought. The response rate was 100%.

Result: Fifty-six percent of the respondents were aware of EC. Of these, only 10.5% had used it. However, 41.2% agreed to use EC if they are exposed to unprotected intercourse. For those who knew about EC, 26.4% were aware it could be started within stipulated time of unprotected sexual exposure. Most students (46.8%) cited peer groups as their source of information while 6.0% knew about it from their parents. 86% of the respondents were sexually active.

Conclusion: There is limited knowledge and poor practice of EC among the students of Ebonyi State University. There is an urgent need to improve knowledge and practice of EC through reliable and accessible contraceptive information. This will help to reduce the gap between knowledge and practice.

Key words: Emergency contraception, awareness, practice, students, Nigeria.

INTRODUCTION

Contraceptive use in developing countries is abysmally low by international standards¹. In Nigeria, the current contraceptive prevalence rate range between 7-14.8%^{2,4}. The situation is worse for unmarried women, particularly adolescents and youths, who rarely have access to reproductive information and counseling, and are frequently excluded from contraceptive services. In Nigeria, 79% of adolescents have been sexually exposed⁵, yet adolescent contraceptive use range from 1.-13%^{5,6}. In many sub Saharan African countries, lack of information on sexuality and contraception targeted at the adolescent populace has often translated to a high prevalence of unwanted pregnancies and unsafe abortion, which contributes 17-20% of maternal mortality in Nigeria^{7,8}. It is not surprising therefore that adolescent's constitute 67% of clients seeking hospital treatment for septic abortion⁹. In a review of gynaecological mortality in PortHarcourt, Nigeria, induced abortion contributed 50% of all deaths¹⁰.

It has been opined that the promotion and availability of emergency contraception (EC) have the possibility of reducing the number of unwanted pregnancies, leading to few pregnancy terminations and therefore to reduced maternal morbidity and mortality^{11,12}. Currently, there is growing worldwide acceptance and promotion of EC as an intervention measure to address the issue of unwanted pregnancies and unsafe abortions¹³. The youth and adolescents, the most vulnerable group, should be the target for this form of contraception. The aim of this study therefore was to determine the awareness, attitude and practice of EC among female University students in Abakaliki, Southeast Nigeria.

SUBJECTS AND METHOD

This was a cross-sectional descriptive study involving female University students in Ebonyi State University, Abakaliki, Southeast Nigeria. A semi-structured self-administered questionnaire was developed and distributed to 500 randomly selected students of the University excluding medical students who may be aware of emergency contraception by virtue of their study discipline. All other students were represented in the simple random sampling. The questionnaires were administered to the respondents

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during normal lecture period to eliminate the chances of correlated or block response. Information regarding their awareness and practice of EC were sought. Data contained in the questionnaires were pooled and analyzed using percentages. The response rate was 100%.

RESULTS

The respondents were all female university undergraduate within the age range 16-34 years. 89.6% were youths (16-24years), of which nearly half were adolescents Table 1. Majority (87.2%) were single while 12% were married Table 2. Fifty-six percent (280/500) of the respondents were aware of EC; 26.4% (74/280) of these knew the correct definition and timing of EC while only 10.7% (30/280) had actually used it, however, 41.2% (206/250) expressed willingness to use EC after unprotected sexual exposure if they have correct information and access to EC Table 3.

Common side-effects of EC elicited by respondents in order of frequency were nausea /vomiting, dizziness, loss of appetite and headache. Most of the information on EC was gotten from peer groups 31.4%, followed by newspapers/ magazines/ Literatures 26.0% while parents provided information to only 4% of the respondents Table 4.

Table 5 shows various forms/types of medications/practices that respondents had practiced in the past as emergency measure to prevent pregnancy after unprotected sexual exposure. Eighty-six percent (86%) (430/500) of the respondents were sexually active.

Table 1: Age and Parity of Respondents.

Age (yrs)	No	%	Parity	N0	%
15-19	202	40.4	Single	436	87.2
20-24	246	49.2	Married	60	12.0
25-29	38	7.6	Divorced	2	0.4
≥ 30	14	2.8	Separated	2	0.4
Total	500	100%		500	100%

Table 2: Distribution by Awareness, Correct Definition and Timing, Usage and Willingness to use EC.

Characteristics	No.	Percentage
Awareness of EC (No =500)		
Yes	280	56.0
No	200	40.0
No response	20	04.0
Correct definition and timing (N0=280)		
Correct	74	26.4
Incorrect	206	73.6
Usage of EC (No =280)		
Yes	30	10.7
No	250	89.3
Willingness to use EC (N0=500)		
Yes	206	41.2
No	180	36.0
No response	114	22.8

Table 3 : Sources of Information on EC.

Source	No	Percentage
Peer group	234	31.4
Newspaper/Magazine/ Literatures	194	26.0
Radio	122	16.4
Television	76	10.2
Lectures	90	12.0
Parents	30	4.0
Total	*746	100%

* Multiple answers were allowed.

Table 4 : Forms of Medications/practices used in the Past as Emergency Measure to Prevent Unwanted Pregnancy after Unprotected Intercourse.

Form/Type of Medications/Practices	No	Percentage
Quinine ingestion	240	16.4
Hormone drugs	180	12.3
Alcoholic drinks	180	12.3
Urination after intercourse	140	9.5
Drinking Lime juice	120	8.2
Chloroquine tablets ingestion	100	6.8
Intrauterine Contraceptive Device	100	6.8
Aspirin	100	6.8
Incantations	60	4.1
Douching	60	4.1
Hard drug (cocaine, marijuana)	60	4.1
Herbs/plants	26	1.8
Others	60	4.1
No response	40	2.7
Total	*1466	100

* Multiple answers were allowed.

DISCUSSION

The youths constituted 90% of the respondents. This is not surprising as they were essentially targeted for this study. Studies on sexual behaviour have clearly identified sexual intercourse among today's youths to be characterized by early onset and increased frequency, without a parallel increase in contraceptive awareness and usage^{14,15}. This study clearly revealed a limited awareness and abysmally low usage of EC 10.7%, even when 86% of the respondent had become sexually active. In a similar study in Nigeria, only 12% had ever used EC^{16,17}. In South Africa, only 22.8% of clients had heard of EC and 9.1% of those who know of EC had used it¹⁸. It has been shown generally that knowledge and usage of EC worldwide is extremely limited¹⁹. These low knowledge and usage have translated to high rate of unwanted pregnancy and unsafe abortion among these vulnerable groups, with its attendant consequences especially in developing countries where there are still deficient standards for care. Thus, measures to promote EC among adolescents and youths should be taken with seriousness. Wrong timing of EC is associated with contraceptive failure.

In this study, only 26.4% indicated correctly the recommended time within which EC pills are to be taken after unprotected sex. Though higher than 11.3%¹³ and 11.5%¹⁶ in similar studies in Ghana and Nigeria respectively, it fell short of 53% of those who were sure of the appropriate interval between unprotected intercourse and starting EC in South Africa¹⁸. There is therefore urgent need to avail our teeming youths and women of reliable contraceptive information and education. Forty-one percent of the respondents expressed their willingness to use EC after unprotected sexual exposure if they have correct information and access to EC. This finding merely indicates that if women know of EC, where to get it, and how soon to take it, they would use it if needed. This has been illustrated in Kenya where focus group discussions with university students revealed that, despite relatively low level of awareness and widespread misinformation, clients and students showed and expressed considerable interest when the methods were explained²⁰. The commonest source of information on EC among the respondents was the peer group, often with poor and superstitious knowledge on the subject. Youth friendly centres, equipped to offer contraceptive information and services should be established in tertiary institutions to take care of the reproductive health needs of these people. The relatively low part played by parents / guardian and electronic media as sources of information on EC in this study is worrisome and calls for urgent action. If a quarter of all the attentions given to HIV/AIDS in the prints and electronic media, by parents and through lectures were devoted to contraception, perhaps the contributions of unintended pregnancies and unsafe abortions to maternal mortality would have been infinitesimal. Various forms of medications and practices used by respondents in the past as emergency measure to prevent pregnancy after unprotected sex included, ingestion of certain drugs and chemicals, douching, alcohol intake, incantations, among others. Similar findings were also noted in Ghana by Baiden et al¹³. These were all products of misconception and misinformation. In conclusion, the potential benefit of EC could be most evident among our youths and efforts in promoting its awareness and usage should be given the highest priority. There is need for health professionals to ensure that clients have appropriate information about EC and other regular contraceptive methods. Non-governmental Organizations (NGOs) should be encouraged to be involved in education, distribution and delivery of EC methods and these should be widely available without prescription in hospitals, chemists and over the counter to make them accessible and easily affordable. This will help to bridge the gap between knowledge and practice observed in this study.

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