Emergency contraception use among female students in institutions of higher learning in Thika town, Kenya.

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EMERGENCY CONTRACEPTION USE AMONG FEMALE STUDENTS IN INSTITUTIONS OF HIGHER LEARNING IN THIKA TOWN, KENYA

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ABSTRACT

Contraception is a method for the prevention of pregnancies and other related effects after unprotected intercourse. Before zygote implantation, it is known as emergency contraception (EC). Global research on EC has shown that it is largely underutilized in developing countries. Knowledge of EC by students is low due to its limited access. The study envisioned at determining knowledge, attitude and practices on EC among female students in Mount Kenya and GRETS A Universities in Thika town, Kiambu County. A descriptive cross sectional design was adopted, where a total of 370 students from the two universities were enrolled. Permission was sought from the relevant authorities in the institutions and only eligible consenting female students were selected. A pre-designed, pre-tested, self-administered multiple response questionnaire was used to collect data on socio-demographic characteristics, knowledge, attitudes and practices on EC. The data was entered into Microsoft excel and analyzed using SPSS™ package version 20. Chi-square test was used to compare different variables (age, education level, marital status, religion and knowledge on contraceptives) and to determine associations between the variables tested in the study. Students within three age ranges namely; 20-24 (70%), 25-30 (8%), 30-35 (1%) and 0.8% above 35 years were interviewed. The results indicate that contraceptive use is significantly associated with older women having a higher tendency of using them as compared to younger ones (p value 0.004). Approximately 36% of the students used contraceptives while 32% had used at one time in their lives. Religion and source of contraceptive knowledge had a significant effect on its use, both having (p value of 0.001). Marital status and having children had a significant influence to those who are married and those who have children were more likely to be users (p value=0.00). Place of residence on the other hand had no significant influence (p value= 0.1). Knowledge of adverse effects of EC use had a significant influence on their health and those associated with serious health outcome rarely used them (Table 10). Female students who believed that EC could be used 1-2 times and 3-4 times utilized it more compared to those who claimed they were not aware (p value 0.001). The attitude towards its cogency had a significant effect on their use (p value 0.003). Students who used EC, were more likely to recommend their use (p value=0.0002). The attitude on whether EC should be provided in the campus, circumstance in which one would recommend and availability did not influence its use (p value above 0.05). The same trend was observed on whether they were likely to use in future. Current EC users are more likely to use them in future (p -value= 0.001). The most common types of contraceptive used previously were implant 41%, pills 11%, condoms 40% and EC 8%. In spite of data being obtained from the two Universities, there was no difference between data among the two groups of students. Results obtained from this study will aid in enhancing a better understanding of knowledge attitudes and practices of these female students with regards to EC in Kiambu County. It will also provide baseline information which will serve as a guide for strategists and policymakers in placing appropriate interventions for the rising problem of unwanted pregnancies and the risk of acquiring sexually transmitted infections. The study findings cannot be generalized in the whole country since they only represent a single town (Thika) in Kiambu County. Similar studies should be extended to other Counties throughout the country and information on EC be conveyed along with other contraceptives for; better control and monitoring of unplanned pregnancies that may result in illegal abortions. Awareness programs should be instituted in areas lacking the necessary facilities, expertise and access to reproductive health care.