

## KNOWLEDGE AND USE OF EMERGENCY CONTRACEPTIVES AMONG OUT-OF-SCHOOL FEMALE YOUTHS IN IDO LOCAL GOVERNMENT AREA, OYO STATE, NIGERIA

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### ABSTRACT

Unintended pregnancy among youths resulting from unprotected sexual activities poses a major challenge to their reproductive health. Use of Emergency Contraceptive Pills (ECPs) which are of different brands has been identified to prevent unintended pregnancy. Studies have been carried out on the utilization and effectiveness of ECPs among older women but information on young women's knowledge and its use will be useful in identifying gaps in knowledge and planning appropriate interventions. This study was a cross-sectional survey whereby data on respondents' demography, knowledge as well as practice of ECPs were collected and these were analyzed using descriptive statistics and Chi square at  $p= 0.05$ . Mean age of respondents was  $20.7\pm 1.1$  years and 37.9% were married. Knowledge of respondents on emergency contraceptives was assessed on a 18-point scale with scores of  $<10$  and  $\geq 10$  points considered to be poor and good knowledge respectively. Two hundred and sixty eight (71.0%) and 109 (28.9%) respondents had good and poor knowledge respectively. One hundred and thirty six (36.1%) respondents had ever used ECPs while 90 (24.0%) were current users Knowledge on emergency contraceptives was above average among out-of-school female youths. However, correct use and intention to continue its use was poor. Age, accessibility and affordability were the factors that significantly affected the use of ECPs.

Community-based health education and peer education strategies should be instituted to improve knowledge and uptake of emergency contraceptives.

**KEYWORDS:** Emergency Contraceptives, Unintended Pregnancy, Out-of-School Female Youths

### INTRODUCTION

Despite intense programmatic efforts by the Nigerian government and various non-governmental agencies to reverse the trend of persisting challenge of high fertility, and high rates of unintended pregnancy, unsafe abortion, maternal mortality and unmet need for contraception, there has been little evidence to suggest a systematic improvement in these indicators. To date, contraception has not been well consolidated in Nigeria as evidenced in recent Demography Health Survey data which indicated that only about 40% of sexually active, unmarried women are using a modern method of family planning—most commonly the male condom (National Population Commission, 2009). Part of the reasons for the poor use of contraception in Nigeria include the persisting cultural belief of the people, religious preaching which discourage the use of contraceptives, poor availability and distribution of contraceptives and women's fear of contraceptive side effects which could lead to infertility later on in life (Orji and Onwudiegwu, 2002; Ozumba, Obi and Ijioma, 2005).

Previous studies had been on knowledge; perception and practice of emergency contraceptives in the urban communities among those groups which has not however lead to decrease in number of unwanted pregnancies. To bridge this gap in body of knowledge, this study set out to assess the knowledge of out-of-school female youths in a rural community (Ido Local Government Area, Ibadan, Oyo State, Nigeria) on emergency contraceptives and factors contributing to the contraceptive behavior of youths.

In addition, this study provided data on the use of emergency contraceptives among those youths which could serve as a springboard for community based interventions on how to increase awareness on use and access to contraceptive education and services.

## **MATERIALS AND METHOD**

The study population consisted of out-of-school female youths between the ages of 15 -24 years within Ido Local Government Area. A multi-stage sampling technique was used to select respondents within the Local Government Area and the hypotheses tested include:

- There is no significant difference between the age of out-of-school female youths and knowledge of emergency contraceptives in Ido LGA.
- There is no significant difference between educational status of out-of-school female youths and awareness of emergency contraceptives in Ido LGA.
- There is no significant difference between marital status of out-of-school female youths and use of emergency contraceptives in Ido LGA.

The data for the study was collected using both qualitative and quantitative methods. Pre-tested focus group discussion guide and interviewer administered questionnaire were used to collect qualitative and quantitative data. The focus group discussion guide contained questions on knowledge of ECPs and its use. The interviewer administered questionnaire had five sections which addressed the objectives of the study which include:

- To document the prevalence of ECPs use among out-of-school female youths.
- To document the awareness of ECPs among the study participants.
- To assess the knowledge, understanding and skills of the study participants on ECPs.
- 4 To identify attitudes influencing the use of ECPs among out-of-school female youths.

The qualitative data collected were used to modify the questionnaire. The quantitative instrument for data collection was a questionnaire with open and close ended questions on, 'Knowledge and use of emergency contraceptives' which was interviewer administered. Data on each questionnaire was entered into the computer using the SPSS software and this was used to generate frequency data, tables and to perform cross tabulation of variables. Descriptive statistics and Chi square were used to test for association between categorical variables and the level of statistical significance was set at  $p= 0.05$ .

## **RESULTS**

Most of the respondents 255 (67.6%) fall within the 20-24 years age group followed by the 15-19 years age group 122 (32.4%). The overall mean age was  $20.7 \pm 1.1$ . One hundred and forty three (37.9%) of the respondents are married as at the time of the study, 110 (29.2%) are single, 90 (23.9%) are co-habiting with their partners, 25 (6.6%) are separated and

9 (2.4%) are divorced. Out of the 266 respondents who had been pregnant before, 232 (87.2%) had more than one child and 34 (13.0%) had no child.

The distribution of the respondents by their level of education indicated that 76 (20.2%) had primary education, 166 (44.0%) had secondary school education, 111 (29.5%) had some form of education (Koranic, adult and informal education), and 24 (6.4%) had no formal education. Two hundred and thirty one respondents (61.3%) were staying with their husbands, 5 (1.3%) with their parents-in-law, 97 (25.7%) stays with their parents, 3 (0.8%) in the apartment rented by their boyfriends, 1 (0.3%) stays with a friend, 13 (3.4%) stays alone while the others 27 (7.2%) stay in other places (see table 1).

**Table 1: Socio-Demographic Distribution of the Respondents**

Variable	Number	%
<b>Age (Years)</b>		
15-19	122	32.4
20-24	255	67.6
<b>Marital Status</b>		
Single	110	29.2
Married	143	37.9
Divorced	9	2.4
Separated	25	6.6
Co-habiting	90	23.9
<b>Number of Children</b>		
None	128	34.0
1-2	157	41.7
3 and above	92	24.4
<b>Level of Education</b>		
Primary education	76	20.2
Secondary education	166	44.0
Some form of education	111	29.5
No formal education	24	6.4
<b>Place of Residence</b>		
Husband's apartment	243	64.5
Parent-in-law's house	8	2.1
My parent	97	25.7
Apartment rented by boyfriend	5	1.3
Staying with a friend	9	2.4
Staying alone	15	4.0

Out of the 246 (65.3%) respondents who had knowledge of ECPs, 119 (48.4) of them heard about it one to three years ago and their source of information is mainly from friends/peers 107 (43.5%), family members 2 (0.8%), media 19 (7.7%), health clinics 116 (47.2%) and market place 2 (0.8%). Out of the respondents who had knowledge on ECPs, 118 (48.0%) knew about emergency pills, 185 (75.2%) know that it is used to prevent unwanted pregnancy, 144 (58.5%) know the timing for taking the pills and 94 (38.2%) agreed that the information on the use of ECPs should be given to married women. Two hundred and seventy nine (74.0%) of the respondents reported that they have seen ECPs before and 207 (84.1%) of them feels it can be used as a regular form of contraceptives. (See Table 2).

**Table 2: Respondents' Knowledge of Emergency Contraceptives**

Variable	Number	%
<b>Ever Heard about Emergency Contraceptives (ECPs)</b>		
Yes	246	65.3
No	131	34.7
<b>Type of ECPs you have Heard of</b>		

Table 2: Contd.,

Emergency pills	118	48.0
Intrauterine device (IUD)	103	41.9
Others (condoms, oral pills, injectable, etc.)	25	10.2
<b>Heard that ECPs do the following</b>		
Prevents unwanted pregnancy	185	75.2
Does not prevent unwanted pregnancy	28	11.4
Prevents sexually transmitted infections	29	11.8
Does not work	3	1.2
Has side effects	1	0.4
<b>Maximum Time for Use and Effects of ECPs is 5 Days or 120 Hours after Unprotected sex</b>		
True	144	58.5
False	102	41.5
<b>Information about ECPs Should Only Be given to Married Women</b>		
True	94	38.2
False	152	61.8

One hundred and forty (37.1%) respondents disagreed that adults are not willing to discuss the issue of contraceptives with youths. Fifty nine (15.6%) of the respondents agreed that ECPs can only be used by the youths if it is only approved of by their sexual partners while 128 (34.0%) disagreed that using ECPs can cause abortion and delay in getting pregnant later. Seventy nine (21.0%) strongly agreed that it is bad for the youths to have sexual intercourse with anybody she likes, 148 (39.3%) agreed that health workers are willing to offer contraception services and counseling to youths and 75 (19.9%) also agreed that use of ECPs by youths is an immoral act (see Table 3).

Table 3: Attitudes Influencing Respondents' Use of Emergency Contraceptive

Statement	SA	A	D	SD
Adults are not willing to discuss contraception issues with youths	46 (12.2%)	72 (19.1%)	140 (37.1%)	119 (31.6%)
ECPs can only be used if approved by one's sexual partner	59 (15.6%)	95 (25.2%)	95 (25.2%)	128 (34.0%)
ECPs cause abortion and delay in getting pregnant when married later in life	55 (14.6%)	120 (32.0%)	128 (34.0%)	74 (19.6%)
It is bad for youths to have sexual intercourse with anybody she likes	79 (21.0%)	116 (30.8%)	72 (19.1%)	110 (29.2%)
Health workers are willing to offer emergency contraception services and counseling	60 (16.0%)	148 (39.3%)	69 (18.3%)	100 (26.5%)
Using of ECPs by youths is regarded as an immoral act	87 (23.1%)	75 (19.9%)	94 (24.9%)	121 (32.1%)

Table 4 below shows the details of practice of emergency contraceptives among the respondents. Out of the 136 (36.1%) who had ever used ECPs, 109 (80.1%) agreed that they liked using it and 62 (45.6%) prefer the daily oral contraceptive pills. Out of the 90 respondents who are current users of ECPs, 52 (58.0%) got it from the government hospitals, 8 (9.0%) from the private hospitals, 10 (11.1%) from the patent medicine store and 20 (22.2%) from the primary health care centres. Out of these respondents, 29 (32.2%) used it once in a month while 22 (24.4%) of them had used it in the past three months. Moreover, out of the current users, 81 (90.0%) of them used ECPs during their last sexual intercourse and they reported that counseling, giving of adequate information on ECPs and partner's preference of it made them liked using it and also that it is safe. Also, 44 (49.0%) of the current users wish to continue using ECPs (see table 4).

**Table 4: Respondents' Practice of Emergency Contraceptives**

Practice statement	Yes	No
I have ever used ECPs (N=377)	136 (36.1%)	241 (64.0%)
I am currently using ECPs (N=136)	90 (66.2%)	46 (33.8%)
I use ECPs because it is safe (N=90)	87 (96.7%)	3 (3.3%)
Counseling on ECPs help to use it better (N=90)	81 (90%)	9 (10%)
Adequate information is given on the use, dosage and side effects of ECPs (N=90)	78 (87.0%)	12 (13.3%)
I use ECPs to prevent unwanted pregnancy (N=90)	89 (99.0%)	1 (1.1%)
I prefer using ECPs because it has less side effects (N=90)	85 (94.4%)	5 (6.0%)
I use ECPs because my partner prefers it (N=90)	4 (4.4%)	86 (96.0%)

In testing the hypotheses, the following was revealed:

The first hypothesis is there is no significant relationship between the age of youths and knowledge of emergency contraceptives. Table 5 shows the respondents' knowledge of ECPs by age and also shows that there is a positive significant relationship between the ages of the youths and their knowledge on ECPs ( $r=0.194$ ;  $p<0.05$ ). Therefore, the null hypothesis is rejected because the younger the youths, the lesser their knowledge on ECPs and vice versa.

**Table 5: Respondents' Knowledge of ECPs by Age**

Variables	N	Mean	Std. D	R	Sig. (p)	Remark
Age	377	20.68	2.97			
				0.194	0.040	Significant
Knowledge	377	11.11	5.70			

In the second hypothesis which is no significant relationship between educational status of respondents and awareness of emergency contraceptives, the relationship between the youths' awareness of ECPs and their educational qualification was not significant ( $p>0.05$ ). This accounts for the acceptance of the second hypothesis because the more educated the youths are, the more they are aware of ECPs (see Table 6)

**Table 6: Respondents' Awareness of ECPs by Educational Status**

Variables	n	Mean	Std. D	r	Sig (p)	Remark
Qualification	377	3.36	1.52			
				0.099	0.054	Not significant
Awareness	377	2.96	1.15			

The third hypothesis shows (see Table 7) that there is no significant difference between the various levels of marital status and their use of ECPs ( $(F_{(5, 371)}=1.170$ ;  $p>0.05$ ). Therefore, the  $H_{03}$  is not rejected. This shows that the youths are exposed to regular sex.

**Table 7: Respondents Use of ECPs by Marital Status**

Variation	Sum of Squares	df	Mean Square	F Statistic	P Value
Between groups	66.94	3	13.39	1.170	0.323
Within groups	4245.47	371	11.44		
<b>Total</b>	<b>4312.41</b>	<b>376</b>			

## DISCUSSIONS

Majority of the respondents are between ages 20-24 years of age, are married, have more than one child and have used ECPs. This implies that youths in this age range use emergency contraceptives more than those in the age range of 15-19 years. The respondents' levels of education attainment were found to be generally low. This limited education has

several implications for their social and economic development. First, limited education undermines their opportunity for employment in the formal sector and this in turn will limit their future social and economic development and those of their offspring. This is shown in the fact that most of them are petty traders. Secondly, low education among young people is positively associated with low self-esteem. This psychological disposition put the young mothers in a disadvantaged position in negotiating sexual intercourse, use of contraceptives and prevention of sexually transmitted diseases. Invariably, they derive satisfaction in uncontrolled fertility as means of being relevant in their matrimonial home and the society at large.

The findings of the study revealed high knowledge of ECPs and most of the respondents know the types. Also, they know the mode of action of the ECPs and got information about it mainly from their friends 107 (28.5%) but do not know the correct timing for taking the pills 100 (26.5%). These survey findings were similar with the FGD in which the majority of the discussants heard about ECPs while most of them did not know the right timing for taking the pills. The findings of the study further revealed that the older the youth, the more knowledge they have about ECPs ( $p < 0.05$ ). Out of the respondents, only few of them, 92 (24%) are currently using ECPs as at the time of the study and also few of them 94 (24.9%) stated that they will like to continue This is in line with the fact that the utilisation of modern methods of contraception has always been shown to be poor among Nigerian adolescents.

## CONCLUSIONS

This study documents the knowledge and prevalence of emergency contraceptive use among out-of-school female youths in Ido Local Government Area. It revealed increased knowledge on what ECPs are and its mode of action, although there was an average knowledge on timing for taking the drugs correctly and also low prevalence of use. Furthermore, it showed respondents who are between the ages of 20-24 use the ECPs to reduce the burden of unintended pregnancy.

Some of the factors that may predispose the youths to incorrect dosage of ECPs and its use include reduced information on it as well as the cultural factors which could affect their moral identity in the society. This situation may lead them to a higher parity and related social consequences. There is therefore an unmet need for ECP use among youths especially in the urban setting and therefore, there is an urgent need for a community based peer education strategies to pass reproductive health education information to youths and to improve on it at a steady rate.

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