KNOWLEDGE, ATTITUDES AND PRACTICES REGARDING EMERGENCY CONTRACEPTIVE PILLS AMONG FEMALE UNDERGRADUATE STUDENTS OF MAKERERE UNIVERSITY.

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Unsafe abortion continues to be a major public health problem in many countries.

- **World**: 20 million women faced with unplanned pregnancies resort to unsafe abortion (WHO 2007).
- **Complications due to unsafe abortion**: 13% of all maternal deaths worldwide.
- **Developing countries**: a woman dies every 8 minutes.
- **Africa**: 650 deaths per 100,000 unsafe abortions occurred in 2003 (compared with 10 deaths per 100,000 unsafe abortions in developed regions).
- **East Africa**: is highest. The maternal mortality ratio, due to unsafe abortions; 160 deaths per 100,000 live births (Sedgh G et al, 2007)
Uganda - The UDHS-2006 registered a modest decline from 505 to 435 deaths per 100,000 live births.

- Unsafe abortion - 26% of maternal deaths and a much higher proportion of reproductive ill health.
- Nearly 60% of all unsafe abortions in Uganda are among young women aged 15-24 years (UBOS, 2006).

**Solution:**

- As a preventable cause of maternal mortality and morbidity, unsafe abortion must be dealt with as part of the MDG on improving maternal health.
- The WHO has encouraged interventions like modern contraceptive services including EC as a way of mitigating unsafe abortions and reducing maternal deaths (WHO, 2007).
Not much information exists on KAP regarding ECPs among female students in Makerere University.

A CS-study assessed knowledge and attitudes; the limitation was that focus was on 1st year undergraduate female students therefore the results may differ if all undergraduate females would be involved (Byamugisha JK et al, 2006).

This study therefore aims to provide an objective assessment on the KAP regarding ECPs among female undergraduate students.

The information generated will help the MOH-Uganda, universities and affiliate youth programmes to better plan for student programmes towards ECP use.
**METHODOLOGY**

- Cross-sectional study
- **Selection criteria**
  - *Inclusion*- female, ≥17 years, residents
  - *Exclusion*- mentally handicapped, no consent.
- **Sample size estimation (Kish Leslie formula)**
  Total sample size = 385+ (10% of 385) = \(424\)
- **Sampling procedure:**
  Mary Stuart, Africa & Complex halls: 177, 124, 123 resp.
  *Simple random sampling*
  - A list of students obtained from warden
  - Walpole random numbers to select participants
  - Individual approach and consent sought
knowledge
determined using 3MCQs assessing:
identifying an ECP, the correct time limit of using ECPs,
whether ECPs can prevent STIs or HIV/AIDS.
2/3 or 3/3—adequate knowledge; <2/3—inadequate knowledge.

attitudes
measured using:
5 items rated on a Likert scale (i.e. strongly agree, agree,
neither agree nor disagree, disagree and strongly disagree)
maximum score (25) & minimum (5). A high score (≥15-
indicative of positive attitude; a low score (<15—indicate
negative attitude.

practices
assessed by asking students to state prior experiences with
ECPs and associated sexual practices.
Data collection

- 3 trained research assistants were used to distribute and collect questionnaires.
- Confidentiality was enhanced by using self-adhesive envelopes and principal investigator being the sole custodian of questionnaires.

Data management and analysis

- Data entry: EPI-DATA (version 3.1)
- Data analysis: SPSS (version 16)
- univariate analysis
**DISCUSSION - KNOWLEDGE**

- **Identification of an ECP**
  - Correct-only 31.6%
  - Not sure- 55.7%
- **Cameroon (Kongnyuy EJ et al, 2007)**
  - University of Buea in where 71.8% (n=700) did not know which one was an ECP
  - Lack of proper dissemination of information on ECPs in both institutions.
Lack of increasing knowledge about ECPs over the years.

- Correct timing (within 72 hours after UPSI)
  - Correct- (52.1%); fair
  - Considerable number was not sure- (40.3%)
- Makerere University (Byamugisha JK et al, 2006) correct 58% (n=379)

**Higher than in:**
- Cameroon-University of Buea (Kongnyuy EJ et al, 2007)
  5.7% (n=700) students
- Nigeria -3 universities in (Ikeme ACC et al, 2005)
  11.5% among 420 students

Both the female and male populations; females are direct ECP users.
DISCUSSION CONT’D - KNOWLEDGE

- Adequate information about ECPs - 53.8% (defined by the ≥ 2/3 cut off in this study)

Although this result was the majority, a good proportion of students (46.2%) had poor knowledge on the same.

IT IS ESSENTIAL FOR STUDENTS TO HAVE ADEQUATE KNOWLEDGE ABOUT ECPS FOR WITHOUT IT THEY MAY USE THIS METHOD INAPPROPRIATELY!!!
Accurate general information about the method

Easy spread of misinformation if FRIENDS have the wrong information.

**Discussion Cont’d**

- **Sources of information on ECPs**
  - Informal networks such as friends (36.3%)
  - Makerere University (*Byamugisha JK et al., 2006*)

34% (n=379) 1st year female students
Difference in study designs—challenging to measure the disparity in attitudes

**Discussion Cont’d—Attitudes**

- **Positive attitude- 61.3% (n=260)**
  - Potential users in the future
  - >half (55.4%) supported ECP promotion in Uganda

- **ECPs as a form of abortion** Disagreed-55.4%
  - Makerere University (Byamugisha JK et al, 2009)
  - 7 FGDs (12 students each) reservations about using ECPs was similar to abortion

  Both female & male populations-differing opinions

  **LOWER THAN:**
  - University of Ghana (Baiden F et al, 2001) 68.6% (n=194)
  - University of West Indies in Jamaica (Sorhaindo A et al, 2002) 63% (n=205)
Majority (80.9%) knew that ECPs do not prevent one from getting STIs or HIV/AIDS.

It should be emphasized that couples should use condoms to prevent both pregnancy and transmission of STI or HIV/AIDS.

Increase of awareness of ECPs would discourage consistent use of condoms.

Agreed-56.8%

University of Ghana (Baiden F et al, 2002)
51.5% (n=194; males & female students)
55% (n=88 males) admitted “certainly” or “probably” reduce how often they used condoms.

Majority (80.9%) knew that ECPs do not prevent one from getting STIs or HIV/AIDS.

It should be emphasized that couples should use condoms to prevent both pregnancy and transmission of STI or HIV/AIDS.
**DISCUSSION CONT’D-PRACTICES**

- **sexually active**
  - 23.8% An underestimate attributed to the fact that students are less likely to admit that they have been sexually active for fear of being judged.
  - **LOWER THAN:**
    - University of Buea, Cameroon (Kongnyuy EJ et al, 2007)
    - 84.1% (n=700) A mixed population where males could have contributed significantly to this statistic.

- Most preferred method of contraception **condoms** (15.6%-commonest)
  - Makerere University (Byamugisha JK et al, 2007).
  - 48.9%(n=379) 1st year undergraduate students

The difference -high non-response rate (67%) that was registered in this particular question.
- Rapture of condoms or slippage is the most common indication for ECPs.
LIMITATIONS

- Only students living on campus at the university were studied.
  - non-residents → freedom & exposure → different responses

- Only self-administered questionnaires were used
  - motivation behind advocating for promotion of ECPs.
  - Non-response was expected and was evident in some responses to questions.

- Responses may not be honest answers indicative of the participants’ KAP regarding ECPs.

- Sampling procedure.
  - Simple random sampling was adopted BUT 51(12%) of the respondents were consistently absent on the 1st & 2nd call.
CONCLUSION

- Though awareness is high & rising with time, There exists a gap in correct knowledge about the method e.g. specific characteristics
- Generally, respondents demonstrated positive attitude towards ECPs and this may indicate that they are potential users.
- Despite the availability of ECPs in Uganda, the method is under used. The preferred method of contraception is condoms-desirable indication (ECPs as back-up)
RECOMMENDATIONS

- Informational efforts
  - formal (medical personnel)
  - informal (social network-friends, family)
  - stakeholders e.g. wardens, youth associations, NGOs, media.

- Strategies tied in with existing HIV/AIDS prevention initiatives.

- Efforts should be made to improve Uganda’s family planning information and service programs.

- This study provides baseline data for further research.
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Together we can make a difference!