



**ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCE
SCHOOL OF PUBLIC HEALTH**

**Knowledge, Attitude and Practice on
Emergency contraception among preparatory,
and high school female students in Debrezeit town
Oromia Regional state, Ethiopia**

By Ephrem Tilahun

A Thesis submitted to faculty of Medicine, school of graduate studies of Addis Ababa University in Partial Fulfillment of the Requirements for the Degree of Masters of Public Health in Reproductive Health (MPH/RH)

June, 2010
Addis Ababa Ethiopia



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Acknowledgement

I would like to thank AAU, CHS, School of public health for providing me the opportunity to conduct this research and providing major the financial support for this thesis. Deepest and heart felt appreciation goes to my advisor Dr. Assefa Seme for his unlimited help and for his valuable support through out the study I take this opportunity to extend my thanks to all of my teachers and the Librarian & computer lab staffs of SPH for their support.

My sincere appreciation also extends to Zonal and Werda bureau of education of Debrezit town , Bishoftu Lebiedingle secondary school , Ada'a model secondary school and Bishoftu preparatory school management and staff for willing to give some of their lectures time for questionnaire administration and facilitation. My heart felt thanks goes to students of three schools who were willing to be part of the study and provided me with a complete information.

Finally, my sincere appreciation goes to Ato Alemsegad Yilma from FMOH , Ato Yosef Tsehaye from Lideta Sub-city health department,my family and friends for their support and encouragement throughout my study period.

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ACRONYMS

AAU	Addis Ababa University
AOR	Adjusted Odds Ratio
CU- T	Copper T intra uterine device
EC	Emergency Contraceptive
ECPs	Emergency Contraceptive Pills
FBE	Faculty of Business and Education
FGAE	Family Guidance Association of Ethiopia
FP	Family planning
HIV	Human Immuno deficiency Virus
IUD	Intra Uterine Device
IUCD	Intra Uterine Contraceptive Device
KAP	Knowledge, Attitude and Practice

OCS	Oral Contraceptives
OR	Odds Ratio
WHO	World Health Organization
PP1	Preparatory 1
PP2	Preparatory 2

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1. Abstract

Introduction: - Maternal mortality in Ethiopia is one of the highest in the world. Surveys conducted on issue related to abortion and unwanted pregnancy suggests that the magnitude of unwanted pregnancy and unsafe abortion are among the main cause of maternal mortality in Ethiopia. Emergency

contraceptive can serve as back up method to reduce the occurrence of unwanted pregnancy and its out come following un protected sex.

Objectives: -To assess level of awareness, attitude and utilization of emergency contraceptives and factor influencing knowledge, attitude and practice of emergency contraceptive among preparatory & high school female students.

Methods: A cross-sectional survey was conducted during April 2009. There were a total of 3792 female students in one preparatory & two high schools of Debrezeit town. Three hundred eighty four of them were sampled for the study with response rate of 91.1% . Self administered questionnaire was used to collect data

Result: The magnitude of unwanted pregnancy for those who practiced sex was 33.3%. Among all respondents 213(60.9%) had knowledge about emergency contraception; Correct timing of emergency contraception was reported by 149 (70%) and only 25 (7.1%) of them had ever used emergency contraception. Oral contraceptive pill was the most widely used 24(96%). About one third 111 (31.7%) had this information from School education. Two hundred (77.1%) of the respondents had good attitude towards the use of emergency contraception. Knowledge of emergency contraceptive was significantly higher of those in higher class OR =3.4(95% CI 1.58 -7.51).

Conclusion: even though there is a favorable number of knowledge on ECs by respondents, utilization of emergency is un satisfactory. Hence Youth friendly service should be strengthened as they are considered a major contributor on practicing modern contraception including EC, also by considering the importance of prevention of STD and HIV/AIDS.

2. Introduction

Ethiopia is at a crucial point, facing a large rapid population growth, 2.6% per annum, which puts tremendous pressure on the country's health service structure. One of the most effective interventions to address the rapid population

growth is to empower young people to make informed choices on their reproductive health, including their desired fertility (1).

Unwanted pregnancy is a big problem in Ethiopia; more than 60% of the pregnancies in adolescents are unwanted which is alarming figure and most of these pregnancies particularly the ones in adolescents end up as unsafe abortion. A community based survey in Addis Ababa showed that 54% of maternal deaths result from unsafe abortion. In Ethiopia 20% of abortion occurs in girls between 15-19 years of age (2).

Emergency contraception (EC) is contraception administered after unprotected intercourse to prevent pregnancy. One can use Emergency contraception right away - or up to five days after sex - if one thinks birth control failed, didn't use contraception, or were forced to have sex.. But emergency contraceptives are *not* as effective as regular method of Contraception that's used before or during sex, like the pill or condoms. Also, emergency contraception does not protect against sexually transmitted infections, like HIV as condom do(3).

There are various methods of emergency contraceptives: they include hormonal contraceptive pills (also called morning after pills), intrauterine contraceptive devices and mifepristone. Formerly ECs were thought to be effective only with- in 72 hrs, but recent studies confirmed that they are effective for up to 120 hrs (3).

The practice of EC to prevent unwanted pregnancy among university students in Addis Ababa, was low, although awareness is high (14). Assessing the students level of awareness and inform the concerned body for possible intervention of the correct utilization of the methods has a paramount importance. The findings could be helpful in planning to reduce unplanned/ unwanted pregnancies, unsafe abortion and its complication and improving Sexual and Reproductive Health (SRH) of adolescents and women.

2.1 Rationale of the Study

Each year approximately 20 million unsafe abortions are performed world wide. This results in nearly 80,000 maternal deaths and hundred of thousands of disabilities. In Africa, the risk of dying after unsafe abortion is one in hundred fifty (4).

Maternal mortality in Ethiopia is one of the highest in the world. Surveys conducted on issue related to abortion and unwanted pregnancy suggests that the magnitude of unwanted pregnancy and unsafe abortion are among the main causes of maternal mortality in Ethiopia (5). In Community based, cross sectional study that was conducted in Harrar town on unintended pregnancy and induced abortion with accessible FP service among female of reproductive age group 33.3% reported that their most recent pregnancy were unintended. Unintended birth constitutes 14.3% while induced abortion was found to be 14.4% (6).

Providing EC information and supplies of ECs at the time of regular FP or medical visit is one way of ensuring that woman have resources they need to protect themselves from pregnancy in event of unprotected intercourse or contraceptive failure Different studies however, have shown the knowledge and practice in relation to ECs are limited among adolescent girls (7).

The aim of this study is therefore to assess potential level of KAP of ECs among adolescent girls at preparatory & high school, and identify factors influencing KAP of ECs among them and finding of the study will help programmers and service providers in identifying areas where emphasis has to be given in development of strategies that will promote utilization of ECs

3- Literature Review

Emergency Contraceptives, or emergency post coital contraception refers to contraceptive measure that if taken after sex, may prevent pregnancy. ECPs, some times referred as the morning after pill are drugs that act both to prevent ovulation or fertilization and possibly post fertilization implantation of embryo. ECPs are distinct from medical abortion method that acts after implantation (8).

ECP may contain higher dose of the same hormones (estrogen progestin or both) found in regular combined oral contraceptive pills taken after unprotected sexual intercourse such high dose may prevent pregnancy from occurring. Mifepristone is another ECP and doses not contain estrogen or progestin.

An alternative to ECP is the copper T-IUD which can be used up to 5 days after unprotected intercourse to prevent pregnancy .Insertion of an IUD is more effective than use of ECPs- pregnancy rate when used as emergency contraception are the same with hormonal IUD use. IUD may be left in place following the subsequent menstruation to provide on going contraception (3-10 years depending up on type) (8).

Importance of EC

Given increasing adolescent sexual activity and decreasing age at first sex in developing countries, the use of contraceptive to prevent unwanted pregnancy and unsafe abortion is especially important. Offering EC is important way for FP and other reproductive health programs to improve the quality of their service and better meet the need of their client. EC is needed because no contraception method is 100% effective and few people use their method perfectly every time they have intercourse. Further more EC is useful in case of sexual assault (9).

Indications for the use of ECs

ECPs can be used any time a woman is worried that she might become pregnant for example after:

- ◆ Sex was forced (rape) or coerced
- ◆ Any unprotected sex
- ◆ Contraceptive mistakes, such as :
 - Condom was used incorrectly, slipped, or broke
 - Couple incorrectly used a fertility awareness method (for example, failed to abstain or to use another method during the fertile days)
 - Man failed to withdraw, as intended, before he ejaculated
 - Woman has missed 3 or more combined oral contraceptive pills or has started a new pack 3 or More days late
 - IUD has come out of place
 - Woman is more than 2 weeks late for her repeat progestin-only injection or more than 7 days late. For her repeat monthly injection (11)

Effectiveness of EC

The effectiveness of emergency contraceptive is presented differently from the effectiveness of ongoing methods of birth control; it is expressed as a percentage reduction in pregnancy rate for a single use of EC. Different ECP regimens have different effectiveness levels, and even for a single regimen different studies may find varying rates of effectiveness. Using an example of “75% effective”, an article in American family physician explains the effectiveness calculation. These numbers do not translate in to pregnancy rate of 25 percent. Rather, they mean that if 1,000 women have unprotected intercourse in the middle two weeks their menstrual cycle, approximately 80 will become pregnant. Use of EC would reduce this number by 75 percent, to 20 women. The effectiveness of emergency contraception is presented differently from the effectiveness of ongoing methods of birth control: it is expressed as a percentage reduction in pregnancy rate for a single use of EC. Different ECP regimens have different effectiveness levels, The

Yuzpe method of emergency contraception reduces the risk of pregnancy by 75%... these numbers do not translate into a pregnancy rate of 25 percent. Rather, they mean that if 1,000 women have unprotected intercourse in the middle two weeks of their menstrual cycles, approximately 80 will become pregnant. Use of emergency contraceptive pills would reduce this number by 75 percent, to 20 women. The progestin-only regimen (using levonorgestrel) is reported to have 89% effectiveness. This effectiveness rate is stating, "Seven out of every eight women who would have gotten pregnant will not become pregnant". For both the progestin-only and Yuzpe regimens, the effectiveness of emergency contraception is highest when taken within 12 hours of intercourse and declines over time .While most studies of emergency contraception have only enrolled women within 72 hours of unprotected intercourse, a 2002 study by the World Health Organization (WHO) suggested that reasonable effectiveness may continue for up to 120 hours (5 days) after intercourse. IUDs can reduce the risk of pregnancy by 99%. The sooner the pills are taken within the 120 hour, the more effective they will be (9).

Safety and side effect

Existing pregnancy is not contraindication in terms of safety; as there is no known harm to the women the course of her pregnancy or the fetus if progestin only or combined emergency contraception pills are accidentally used, but EC is not indicated for women with known or suspected pregnancy because it is not effective in women who are already pregnant. ECPs are safe for virtually all women including those who may have health conditions that rule out daily use of OCs .ECPs have not been found to increase the risk of complication associated with on going OC use. One study specifically examined the risk of venous thrombosis which is associated with continuing use combined OCs (8). An American academy of pediatrics and expert on ECs say progestin only ECP may be preferable to combined ECPs containing estrogen in a woman with history of blood clot, Stork or migraine (8).

Women taking ECPs some time experience nausea , dizziness, fatigue, head ache, heavier or lighter menstrual bleeding ,breast tenderness and or abdominal pain. These side effects usually subside with in a day or two. In the WHO study about 50%of women using combined ECPs reported nausea compare with 23% of women who using progestin only ECPs (11).

KAP on EC

KAP of EC is an essential component of programs providing emergency contraceptive is education, informing women about this important option because the time frame for treatment is short efficacy declines with each day or even hours of delay, women need to be aware that emergency contraception is option (7).

A survey on EC among University students in Cameron showed that among 94.9% respondent 63% have general level of awareness of ECPs. However, knowledge of general features of ECPs was low and misinformation was high among these students. Knowledge differed according to the source of information: informal source was associated with misinformation while medical and informational source were associated with better knowledge (3).

A study on knowledge and perception of EC among female Nigerian undergraduates showed, among 880 respondents, 43% were sexually active, 39% had ever practiced contraception, and 34% had ever had and induced abortion. Overall 58% respondents knowing about EC, however only 18% identified the correct time frame in which EC must be used to be effective (12).

Study done in Jimma among extension University students showed that out of 180 respondents ,22.8% had heard of EC, 13.9% were able to mention at least one emergency contraceptive method, 11.6% know the correct timing that the method should be taken after unprotected sexual intercourse. In depth interview revealed that there is lack of adequate knowledge and experience on EC (13).

In another study conducted about KAP on emergency contraception among female students in Addis Ababa among 774 respondents 43.5% of the students said that they have heard about EC, 53% of students had positive attitudes toward EC and only 4.9% respondents reported that they had used EC method previously. The study revealed that there is low level of knowledge and practice of EC among these female students (14).

Study done in Gondar university north west Ethiopia, to assess the KAP of ECs among the University students, revealed that of the total of 2323 students (1764 males & 559 females) respondents, 24.0% thought that there were methods that can be used to prevent pregnancy when a woman had unprotected sex, 18.8% knew the correct methods of EC (pill or IUCD). Of those who mentioned pill as the only method of emergency contraception, 73.3% said pill should be used within 72 hours after unprotected sex. Only one student used pill as emergency contraceptive. Students in the health field had 6.8 times higher knowledge on emergency contraception compared to students of FBE. Generally, there was an increasing trend in the knowledge of students when their age and year of study increases. (15)

EC in Ethiopia

EC as a backup method is new in Ethiopia. Various reports showed that there was little knowledge and information available about EC in the country. In the past, EC was not accessible to women, which resulted in high number of unintended pregnancies and unsafe abortions. It is also important to note that there is an enabling policy and legal environment to expand, promote and ensure the availability and accessibility of family planning as well as EC services in the country.(16)

In Ethiopia, one of the commonest barriers to the use of EC is lack of awareness. This is evidenced by scarcity of information about EC not only among the general population, but also among service providers(16). Without knowledge of EC, clients are unable to make informed, timely and appropriate contraceptive choice.

There is a need to develop IEC materials that are targeted to different segments of the population. The intervention modalities of IEC activities include: information sharing through one-to-one communication, group discussion forum, community conversation, and distribution of printed and audio-visual materials through appropriate channels. (16)

4-Objectives

4.1 General Objective

To assess situation of students in relation to EC among students in Debrezeit town Oromiya Regional state Ethiopia.

4.2 Specific Objectives

- ◆ To assess the knowledge emergency contraception among preparatory & high
- ◆ To assess the attitudes of preparatory & high school female students toward emergency contraceptives
- ◆ To assess level of utilization of emergency contraceptive by female preparatory & high school students
- ◆ To assess factor influencing knowledge, attitude and practice of emergency contraceptive among preparatory & high school female students.

5-Methodology

5-1 Study design:

The study used was quantitative study method in the form of school based cross sectional survey .

5-2 The study area and period:

The study area is Debrezeit town. Debrezeit is found in Oromiya region and is located 45 km east of Addis Ababa. There are 1 hospital, 1 health centre and 1 FGAE youth centre in the town. There are also 2 high schools and one preparatory school. There are total of 7800 preparatory high school students attending their education in the year 2008/2009. Students are participating in different school clubs including reproductive health club.

The study period was from November 2008-June 2009

5-3 Source population:

All female students of Debrezeit preparatory and senior high school during year 2008/9

5-4 Study subject :

Girls in the preparatory and senior high school attending a day time education during year 2008/9

5-5 Inclusion and exclusion criteria

Inclusion criteria

All regular day time female students years who are willing to participate in Study were included.

Exclusion criteria

1. Girls who do not want to participate in the study

2. Extension program(night time) students

3. For those age <18 years, parental consent was sought and consent was not obtained

5-6 Sample size determination:

Sample from total is determined using formula

$$n = \frac{z^2 pq}{d^2}$$

Where n= minimum sample size needed

Z=confidence level→ at 95% confidence level

P=proportion of population (prevalence rate)50%→0.5

d = degree of accuracy→ (0.05)

$$q = 1-p$$

$$n = \frac{(1.96)^2 \times 0.5 \times (1-0.5)}{(0.05)^2} \quad n=384$$

Since total population is less than 10,000 nf should be used

$$nf = \frac{384}{1+384/3792} = 349$$

Based on these assumptions, the sample size required was 349, and adding 10% non response the final sample size was 384female students.

5-7 Sampling technique

- First: Through obtaining students list from each school, female students were stratified in four strata (grade 9, grade 10, pp1, pp2)

- Second: The total calculated sample was proportionally allocated to each grade of the three schools based on the size of female students in each grade.
- Thirdly: Sections among each grade were selected by simple random sampling.
- Finally: Respondents were selected from the list based on systematic random sampling technique.

Stratified by educational level

Strata I grade 9

Strata II grade 10

Strata III PP₁

Strata IV PP₂

Proportional allocation according to their size

$$9^{\text{th}} \text{-----} \quad 1989 \times 384 / 3792 \quad = 201$$

$$_{10}^{\text{th}} \text{-----} \quad 1225 \times 384 / 3792 \quad = 124$$

$$Pp_1 \text{-----} \quad 355 \times 384 / 3792 \quad = 36$$

$$Pp_2 \text{-----} \quad 223 \times 384 / 3792 \quad = 23$$

The sampling technique stratified by educational level, where strata I grade 9 students which comprises 201 female students, strata II grade 10 students which comprises 124 female students, strata III PP₁ students which comprises 36 female students, strata IV PP₂ students which comprises 23 female students.(see fig .1)

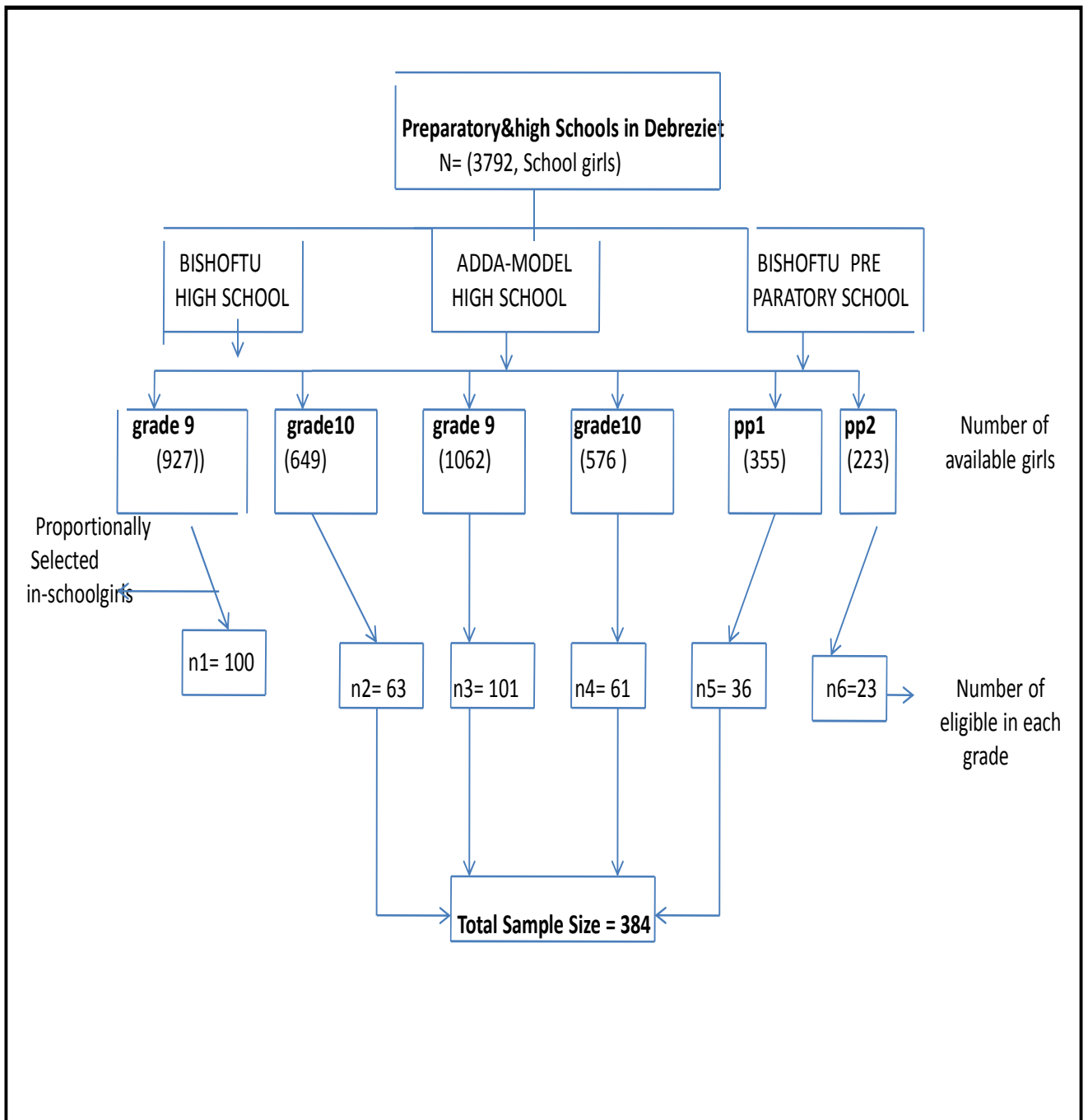


Fig.1 Ischematic presentation of sampling procedure

5-8 Data collection process

A structured self administered questionnaire developed, to be filled by the students. The questionnaire was initially developed in English and translated in to Amharic by a person who has good ability of both language .The questions was pretested in the same set up and with similar group as the target group.

Five men were recruited and trained to be data collection facilitator and supervisor, respectively. With the help of assistants from each school the selected students were taken to a hall, informed about the purpose of the study and importance of their participation and consent were ensured. Based on their willingness to participate in the study, questionnaires were provided and oriented how to fill the questions.

All information filled was anonymomous, there was no personal identification of the participants to insure confidentiality.

5.9 Data processing & analysis

The collected data was manually checked for completion for respondents are to be included in analysis. The data was entered using EPI INFO6 and cleaned and exported to SPSS for windows version 11 soft ware. Frequencies were used to check for missed variables and errors. Any error identified at this time was corrected by revision of the original questionnaire. Frequencies, means and medians were calculated; then Chi-square tests and binary logistic regression were employed to check the association between dependent and independent variables.

5.10 Data Quality assurance

The quality of data was controlled at different levels for completeness and consistency; first by data collectors and by supervisors finally by the coordinator. The coordinator undertook computer data cleaning and checking

5.11 Operational definitions

Attitude: Attitude is the study subject's opinion, out look, position or ideas toward emergency contraceptive methods. A study subject who have concerns, and responded negatively to attitude variables categorized as negative attitude towards EC and study subjects who are willing to use or recommend EC for friends or relatives in the future categorized as having positive attitude.

Emergency contraception: - type of contraception used as an emergency to prevent unwanted pregnancy following an unprotected/un intended act of sexual intercourse

Ever use of emergency contraceptive: - use of any method of emergency contraceptive at least once during the sexual life

Knowledge: Knowledge of EC is awareness of the presence of contraception methods after unprotected sex, its sources, ability to identify when EC should be taken after unprotected sex,

Sexual practice: Ever had sexual intercourse.

Utilization of emergency contraceptives: A study subject who have knowledge about emergency contraception and who have ever used it to prevent unplanned pregnancy after unprotected sex, or method failure

5.12 Ethical consideration.

Ethical clearance was obtained from Addis Ababa University, Medical Faculty, School of Community Health. Official permission was secured from zonal and werda Bureau of Education and from each school offices.

The respondents were informed about the purpose of the study and verbal consent was taken from each respondents. Also they were informed about their right of not participating in the study or with drawing at any time. Confidentiality of the information was assured and collected anonymously.

5.13 Dissemination of the study results

The final report of the study will be defended in Addis Ababa University, college of health science, school of public Health. Result of the study will also be disseminated to schools, zonal, wereda health offices, FGAE of Debrezit town other relevant organizations working around sexual reproductive health.

6. Results

6.1 Socio-demographic Characteristics of respondents

Response was obtained from 350 female students making the response rate 91%. A total of two high schools and one preparatory were included. The age distribution of the respondents showed that most of the respondents (90.6%) were between 15-19 years of age. The mean age was 16.92 ± 1.85 , median age of 17 years, ranging from 13 to 28 years the rest 19 (5.4%) ≥ 20 years and 14 (4%) < 15 years. Most of the respondents 264 (76.3%) were followers of the Orthodox followed by protestant which accounts for 62(17.9%) and others 6(1.2). Majority 301(86%) of the respondents were living in the town and 49 (14%) of them are from rural area. Three hundred and thirty eight (96.6%) of the respondent were unmarried while 12(3.4%) were ever married. Concerning their educational status one hundred eighty six(53.1%) were grade 9, 109 (31.1%) tenth grade, 34(9.2%) PP1 and 21 (6%) were PP2 students. About half of them 174(50%) of respondents were a Oromo's , while 113 of them(32.9%) were Amhara's, 36(10.5%) were Gurage's & 18(5.2%) were tigrie's ethnic group. (Table 1)

Table 1: Socio-demographic Characteristics of respondents among preparatory and high school female students in Debrezeit town; June 2010

Characteristics	Number	percent
Age	(n=350)	
<15	14	4
15-19	317	90.6
≥20	19	5.4
Religion		
Orthodox	264	76.3
Muslim	18	5.2
Protestant	62	17.9
Others	6	1.8
Place of residence		
Urban	301	86.0
Rural	49	14
Marital status		
Ever married	12	3.4
Never married	338	96.6
Educational level		
Grade 9	186	53.1
Grade 10	109	31.1
Preparatory-I	34	9.7
Preparatory-II	21	6
Ethnicity		
Oromo	174	50.7
Amhara	113	32.9
Tigre	18	5.2
Others	9	1.7

6.2 Sexual and reproductive characteristics of respondents

Two hundred fifty four (72.6%) were reported to have had menarche below age of 15 years with mean age of 13.8 ± 1.25 years and median age of 14 years while 96(27.4%) Of them above age of 15years . Forty five (12.9%) of the respondents have had sexual intercourse in their life time. Of those who ever had sexual intercourse, 37 of them(82.3%) started sex at the age of 15and above years while 8 (7.8%) started below age of 15.Of those who started sexual intercourse 33(73.3%) were by the consent of the female, while 12 (26.7%) were forced. Two hundred five (67.2%) were not sexually active because they reported that they were not emotionally ready,

Of those who ever had sexual intercourse 16 (35.6%) have been pregnant and half of the pregnancy8 (50%) were unwanted. (Table 2)

Table 2: Age of menarche, sexual reproductive characteristics among female students in Debrezeit preparatory and high school; June 2010

Characteristics	Number	percent
Age at menarche(years)	(n=350)	
<15	254	72.6
≥15	96	27.4
Experienced Sexual Intercourse		
Yes	45	12.9
No	305	87.1
Age at first Intercourse	(n=45)	
<15	8	17.7
≥15	37	82.3
Practiced sex by		
Consent	33	73.3
Forced	12	26.7
Reason for not sexually active	(n=305)	
Not emotionally ready	205	67.9
Wait for marriage	87	28.5
Fear of pregnancy STD/AIDS	13	4.3
Ever had been pregnant?	(n=45)	
Yes	16	35.5
No	29	64.4
Wantedness of pregnancy		
Yes	8	50
No	8	50

6-3 Knowledge of emergency contraceptives

Three hundred ten (88.6%) of students know how to prevent un wanted pregnancy. Oral contraceptive pills (OCPs) were the most commonly known method 218 (34.4%), followed by Injectable 205 (33%), IUDs 91 (14.9%) and calendar (rhythm) 86(14.2%).

Concerning ECs 213(60.9%) have heard about EC .Of those who have heard about EC 162(76%) reported OCPs (Progestin only pill & combined oral contraceptive), 20(9.4%) IUCD and 31(14.6%) both OCP&IUCD were the methods they know as EC. Source of information were school education111 (31.7%), mass media 83 (23.7%) and 44 (14) of respondents have got information from their peers. Concerning place to get ECs One hundred seventy three (80.5%)identified health institution as the main source. One hundred forty nine (70%) of them are aware that EC to be used with in 120 hours (5 days) after unprotected sexual intercourse. (Table 3)

Table 3: Knowledge on ECs among female students in Debrezeit preparatory and high school; June 2010;

Characteristics	Number	percent
Know how to prevent unwanted pregnancy (n=350)		
Yes	310	88.6
No	40	11.4
Type of contraceptive heard (n=310)		
Pills	218	34.4
Injectable	205	33
IUDs	91	14.9
Calendar/rhythm	86	14.2
Others	15	2.5
More than one of them	129	59.2
Ever heard about ECs (n=330)		
Yes	213	60.9
No	117	39.1
Type of ECs heard (n=213)		
OCP	162	76
IUCD	20	9.4
Both	31	14.6
Source of information on ECs		
Health institution	44	12.6
Mass media	83	23.7
School	111	31.7
Family	35	29.2
Peers	44	12.6
Others	3	0.9
Place to get ECs		
Health institution	173	80.5
Pharmacy	100	46.5
Others	3	1.4
When should one take ECs		
Within 120 hours after sex	149	70.0
Within 7 days after sex	18	8.5
Even after missed period	46	21.6

6-4 Attitude towards Emergency contraceptive

One hundred and fifty four study participants (44%) have discussed about ECs with friends. Two hundred sixteen of them (61.7%) believe that it is important to use ECs. Majority of the respondents 278 (79.4%) believe that EC is effective to prevent unwanted pregnancy, 270 (77.1%) have an intention to use EC in the future when need arises. Two hundred eighty (80%) of the study subjects have responded willingness to advice their friends to use EC whenever they faced a problem. (Table 4)

Table 4: Attitude of female students towards ECs in Debrezeit preparatory and high school; June 2010

Characteristics	Number	percent
Discuss about ECs with friends	(n=350)	
Yes	154	44.0
No	196	55.6
It is important to use ECs		
Agree	216	61.7
Disagree	134	38.3
Believe that ECs prevents unwanted pregnancy		
Agree	278	79.4
Disagree	72	20.6
Use ECs in the future if need arises		
Agree	270	77.1
Disagree	80	22.9
Tendency to advice friends about ECs		
Agree	280	80.0
Disagree	70	20.0

6-5 Practice on ECs among girl students

Twenty five (7.1 %) of the respondents who have had sex ever used EC (OCPs) with intention of preventing unwanted pregnancy. Around half of them 13 (52%) were advised to take ECs by their peers. The commonest EC methods used were OCPs 24(96%). Major source of ECs for respondents were health institutions 16(64%) followed by pharmacy (drug vendors) 9(36%). Seventeen (68%) of them took ECs only one time and 7(28%) started regular method after ECs. (Table 5)

Table 5: Practice of ECs among girl students in Debrezit preparatory and high school; June 2010

Characteristics	Number (n=350)	percent
Ever used ECs		
Yes	25	7.1
No	325	92.9
Who recommended you to use ECs (n=25)	(n=50)	
Friends	13	52.0
Health personnel	12	48.0
Type of ECs used		
OCP	24	96.0
IUCD	1	4.0
Place of ECs received		
Health institution	16	64.0
Pharmacy	9	36.0
Frequency of ECs received in the past one year		
Once	17	68.0
Twice or more	8	32.0
Started using regular method of birth control after ECs		
Yes	7	28.0
No	18	72.0

6-6 Factors associated with Knowledge, attitude and practice of EC

Cross tabulation and Logistic regression analysis was carried out to determine the association between socio-demographic factors with knowledge, attitude and practice of EC among study participants.

Students of the age of 18 years and above were more likely to have knowledge of EC than those age below 18 years OR=1.75 (95%CI 1.06-2.90) AOR=0.9 (95%CI 0.5-1.4). Respondents with religion of orthodox & others have slightly more knowledge than those of Muslims with OR =0.8 (95%CI 0.6-1.1) & OR =2.4(95%CI 0.8-6.9). Respondents living in urban had slightly more knowledge than those living in rural area AOR =1.05 (95%CI 0.5-1.8). Married respondents had more knowledge than single respondents AOR= 7.8 (95%CI 0.9-65.4). As years of educational level increases there was an increase on the knowledge of EC, AOR =3.4(95% CI 1.6-7.4). Respondents of Oromo ethnic group were more likely to have knowledge of EC than Amhara ethnic group respondents AOR=1.4 (95%CI 0.7-2.9); and other ethnic groups (Tigre, Gurage & others) AOR=1.1(95%CI 0.6-2.2).

Positive attitude towards EC was more among respondents aged ≥ 18 AOR=0.9 (95%CI 0.53-1.6). Followers of orthodox were more likely to have positive attitude compared to Muslims AOR 0.6(95%CI 0.3-1.0) and other religions like protestant and catholic AOR =1.3(95% CI 0.4-4.5). Those living rural area had positive attitude AOR=1.7 (95%CI 0.7-3.7) than students living in urban area. Married respondents were more likely to have positive attitude towards EC as compared to single respondents AOR=3.02 (95CI 0.4-25.4). Students in PP1 and PP2 had positive attitude toward EC with AOR= 1.7(95%CI 0.8-4.0). Respondents of Amhara and other ethnic groups were more likely to have positive attitude towards EC as compared to oromo ethnic group AOR=1.4 (95%CI 0.6-3.2) for Amhara and AOR=1.5 (95%CI 0.7-3.3) for other ethnic group.

Emergency contraceptive use was higher in the age 18 and above compared to the younger age group AOR= 0.4 (95%CI 0.1-1.01). Students living in rural had practiced ECs more than those who lives in urban area AOR=2.8 (95%CI 0.9-8.6).level of utilization of ECS was higher among married students than unmarried students AOR=4.7(95%CI 0.9-23.9).Grade 9 and10 had practiced ECs more than senior students and students with ethnic group of amhara practiced more than oromo ethnic group AOR 0.2(95%CI 0.02-1.3) (Table 6).

Table 6. Socio-demographic Factors related with knowledge of EC, among Preparatory and high school female student in Debrezeit Town: June 2010

	Knowledge on ECs			
	yes	No	COR	AOR
Characteristics				
Age				
<18®	135	103	1	1
≥18	78	34	1.75(1.06-2.90)*	0.9 (0.5-1.4)
Religion				
Orthodox ®	158	106	1	1
Muslim	9	9	0.8(0.6-1.1)	1.4(0.8-2.6)
Others	46	22	2.4(0.8-6.9)	3.6(0.9-12.7)
Placeof residence				
Rural®	29	136	1	1
Urban	184	117	1.08(0.59-2.01)	1.0(0.5-1.8)
Marital status				
Ever married®	11	1	1	1
Never married	202	136	0.14(0.02-1.1)	7.8(0.9-65.4)
Educational level				
Grade 9-10®	168	127	1	1
PP1-PP2	45	10	3.4(1.58-7.51)*	3.4(1.6-7.4)*
Ethnic group				
Oromo®	106	69	1	1
Amhara	66	47	1.11(0.7-1.8)	1.4(0.7-2.9)
Others	41	21	0.8(0.43-1.4)	1.1(0.6-2.2)

® **Referent**

* Remained significance when adjusted for other variables in the table

Table 7. Socio-demographic Factors related with attitude on EC, among Preparatory and high school female student in Debrezeit Town: June 2010

	Attitude on ECs			
	yes	No	COR	AOR
Characteristics				
Age				
<18®	180	58	1	1
≥18	90	22	1.32(0.73-2.38)	0.9(0.5-1.6)
Religion				
Orthodox ®	210	54	1	1
Muslim	13	5	0.5(0.3-1.0)	0.6(0.3-1.0)
Others	47	21	0.8(0.2-3.0)	1.3(0.4-4.5)
Place of residence				
Urban®	229	72	1	1
Rural	41	8	1.1(0.6-1.9)	1.7(0.7-3.7)
Marital status				
Ever married®	11	1	1	1
Never married	259	79	1.2(0.4-3.7)	3.02(0.4-25.4)
Educational level				
Grade 9-10®	224	71	1	1
PP1-PP2	46	9	1.62(0.72-3.75)	1.7(0.8-4.0)
Ethnic group				
Oromo®	133	43	1	1
Amhara	87	26	1.4(0.92-2.23)	1.4(0.6-3.2)
Others	50	12	0.83(0.4-1.8)	1.5(0.7-3.3)

® **Referent**

* Remained significance when adjusted for other variables in the table

Table 8. Socio-demographic Factors related with practice on EC, among Preparatory and high school female student in Debrezeit Town: June 2010

	Practice on ECs			
	yes	No	COR	AOR
Characteristics				
Age				
<18®	12	226	1	1
≥18	13	99	2.47(1.02-6.03)*	0.4(0.1-1.01)
Place of residence				
Urban®	17	284	1	1
Rural	8	41	3.3(1.2-8.7)*	2.8(0.9-8.6)
Marital status				
Ever married®	20	318	1	1
Never married	5	7	11.4(2.82-44.9)*	4.7(0.9-23.9)
Educational level				
Grade 9-10®	24	271	1	1
PP1-PP2	1	54	4.8 (0.6-36)	0.2(0.02-1.3)
Ethnic group				
Oromo®	10	165	1	1
Amhara	8	105	0.8(0.3-2.1)	2.0(0.6-6.8)
Others	7	55	0.5(0.17-1.31)	3.8(0.8-13.0)

® Referent

* Remained significance when adjusted for other variables in the table

7. Discussion

This study has tried to assess knowledge, attitude and practice of emergency contraception among high school female students in Debrzeit town of Oromia regional state. Contribution of school education in promoting emergency contraceptive service delivery for the youth or girl students was considered.

Nearly 73% of respondents have had menarche below the age of 15 with mean age of 13.8 years. The result is closely similar with study done on adolescents' attitude toward promotion of condom in Addis Ababa with mean age 13.5 years (19). Almost one-eighth (13%) of the total number of study subjects reported that they are sexually active in their life time. This result is a little bit lower than result of study conducted in Agaro high school which was 14% (17) and another Study conducted among public high schools attending adolescents in the state of Morelos, Mexico showed result of 16% respondents reporting lifetime sexual activity (26) and the result is lower than study conducted on Nigerian female undergraduates (43%)¹². This variation could be due some tradition in which the girls do not provide the true response.

Among respondents who practiced sexual intercourse about twenty seven percent of them have had sex with-out the informed consent of the females (forced sex). The result was lower than other study findings in North-west Ethiopia, Debarke among high school students was (65.3%) and South central Ethiopia, Meskan & Mareko district women (59%) were suffering from sexual violence (27, 28). Although there was differences in the study period and area this result indicates that there is trend in awareness of human right in the community. Fifty percent of those who were pregnant reported that their pregnancy was unwanted. Similar Study in Addis Ababa female university students showed higher rate of unwanted pregnancy (74%), The possible explanation for this that most females who became pregnant in this study were married, based on their age & educational level thinking about interruption of

education to take measures that threaten their life or darken their future carrier is less likely in high school students than university education

In this study majority(89%) of the respondents reported that they have heard about regular modern contraceptive methods, similarly community based study in South Africa and Ethiopia showed high proportion of the study groups had some knowledge (17,29). Oral contraceptive pill was the most widely known method (36%), followed by injectable (33%) and IUDs (15%) which is similar to study conducted in Addis Ababa in which OCP primarily known followed by injectable (14).

About sixty one percent of the respondents have heard about emergency contraception. The result corresponds to study done among public high schools-attending adolescents in the state of Morelos, Mexico that 61% of students had heard of EC (26) but larger than survey conducted in Addis Ababa, Jima and Gondar (13,14,15) the explanation for this could be due to massive school education in this study and this shows teachers/ SRH clubs have a great role on passing adequate information concerning ECS.

When asked about specific type of ECs, among those who have ever heard of ECs, 76% mentioned OCP and 10% IUCDs. This finding is closely similar to survey conducted in Addis Ababa and Gondar (14,15).Main Source of information about EC was from school education (32%), and from Mass-media (24%). In this study the main source of information was different from findings of a study in Addis Ababa in which the main source of information about EC was mass media and friends. This could be because some of the respondents in this study were from rural areas (14%) have no access to mass media & and some of them may be from poor family not have access to mass media. Of those who had heard 70% know the correct timing of emergency contraceptive administration to be used with in 120 hours (5 days) after unprotected sex. This result is closely similar with study conducted at Gondar university students Ethiopia 73.3% (15). The result was higher than similar studies

conducted in Nigeria and Jima Ethiopia (12, and 13) .This could be due to adequate information they have got

Knowledge of emergency contraceptive was significantly higher of those in higher class. Knowledge of EC was also significantly high among students who are married. In this study Knowledge of EC was increased as age of the respondents' increases. Similar results on the other studies (3,14,15).

Most of the respondents 77.1% had positive attitude to wards the use of EC. This result was higher than the finding in Addis Ababa university 52.6%&.(14)

Since most of the respondents in this study 72.6% have good knowledge on ECS this might be contributing factor for higher proportion of their attitude. More than 77% of respondents agreed the idea of taking EC incase of facing problem of unprotected sexual intercourse so that any female facing problem of unprotected sexual intercourse can use it with out delay; and about 80% of them have reported willing to advice friends to use EC whenever they faced problem of unprotected sex. This shows that the youth are aware of the possible out comes of unintended sex & unwanted pregnancy and ready to take measures if sufficient information given and services related to their need are available.

Comparing to their status of knowledge on ECs smaller proportion of respondents were used emergency contraception (7.1%). This could be due to low proportion of the students who are sexually active (13%), fear of providers low access of services and unfriendly service provision might be the possible justifications. The result was higher than findings among university students in Cameron and female students of Addis Ababa university (3,14). Again this shows there is a trend in increasement in utilization of ECs.

8. Strengths and Limitations of the study

8.1 Strengths

- ◆ Students of three (all) high school students of debrezeit town were included to make the study representative of Oromia regional state government students/adolescents.
- ◆ To obtain reliable data and ensure confidentiality experienced teachers were employed and trained to instruct data collection processes.
- ◆ Different strategies of quality control considered.

8.2 Limitations

- ◆ Self-reported information is subjected to reporting errors, missed values & biases. Since the study touches sensitive issues the possibility of underestimation can not be excluded.

9. Conclusions and Recommendations

9.1 Conclusions

- ◆ In this study even though high magnitude of knowledge and good attitude toward ECs, utilization of ECs remained quit low.
- ◆ Knowledge of EC of students increased with their level of education.
- ◆ Most of them know where to get when to take ECS
- ◆ Main source of information was schools.
- ◆ Positive attitude of the respondents could be an indication of good environment for possible interventions.

9.2 Recommendations

- ◆ Increasing the accessibility of Emergency contraceptive method and provide training on the dose and effective time of emergency contraceptive to promote different type of emergency contraceptive method.
- ◆ To raise client's further skills on SRH issues IEC materials like pamphlet, news papers, posters...etc should be available in all libraries of school, Health institutes and other accessible areas.

- ◆ Youth friendly service should be strengthened as they are considered a major contributor on practicing modern contraception including EC by the coordination of werda health office and the schools.
- ◆ Further research on knowledge, attitude of & practice females and male partner on emergency contraception will be important to strengthen the utilization of ECs.

10. Reference:

1. Federal Democratic Ethiopia MOH. National Adolescent and Youth Reproductive Health Strategy 2006-2015.
2. African Forum on EC. ECafrique bulletin, December 2004, Volume 2/3
3. [Http://Ec.Princeton.Edu/Emergency-Contraception.Html](http://Ec.Princeton.Edu/Emergency-Contraception.Html) emergency contraceptive Pills .Population Reports Series Ano.9 2000
4. Kongnyuy, E. Ngassa,P. Formulu,N Doh, Survey Of KAP Of Emergency Contraception among University Students in Cameroon BMC. Emergency Medicine 2007,7:2-3
5. World Health Organization (WHO); a Tabulates Of Available Data on Frequency and Mortality of Unsafe Abortion 2nd Edition, WHO/FHE MSM/93 Geneva.
6. Solomon Worku, Misganaw Fantahun. Unintended Pregnancy And Induced Abortion In Town With Accessible Family Planning Service. The Case Of Harrar Eastern Ethiopian Eth J Health Dev.2006 20(2):81-83.
7. Tadesse E.Gudunfa A. Mengistu G. A Survey Of Reproductive Health In City Addis Abeba Eth J Health Dev. 199610 (1):35-39.
8. Emergency contraceptive pills: Medical and service delivery guide lines, second edition. 2004

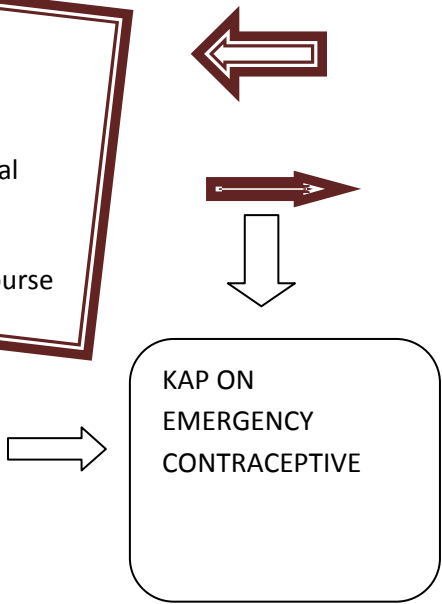
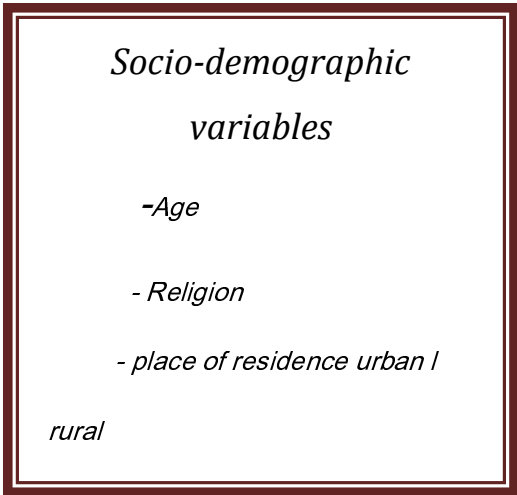
9. Emergency contraception from Wikipedia, the free encyclopedia, Available from http://en.wikipedia.org/wiki/Emergency_contraception.
10. Ministry of health of Ethiopia, Health and health related indicators 2006/2007. planning and programming department, FMOH, Addis Ababa, Ethiopia.
11. Emergency contraceptive pills. Family planning: A Global hand book for provider
12. International Family Planning Perspectives Volume 29, Number 2, June 2003 Knowledge and Perception of Emergency Contraception among Female Nigerian Undergraduates: available from <http://www.guttmacher.org/pubs/journals/2908403.html>
13. Amha Haile , Nebreed Fesseha. Emergency Contraception, Potential Clients And Providers Perspective among Female Extension Students Jima Eth.J Health Dev.2006 10(1).
14. Wagene Tamire, Fikre Enqueselassie. KAP on Emergency Contraceptive Among Female University Students in Addis Abeba, Ethiopia, Eth.J Health Dev.2007, 21 (2):111-116
15. Kebede - Emergency contraception: knowledge and practice of ECs Gondar University students northwest Ethiopia Eth Med J,2006 Jul; 44(3):221-30
16. <http://www.esog.org.et/Emergency%20Contraception%20Guideline.htm>
17. Jenni smit, Lynn MCFadyen, Helen depinho and Mags Beksinska. Expanding contraceptive choice: emergency contraception a multi-center situational analysis of emergency contraception provision and Utilization at Public Sector Clinics In South Africa. Reproductive Health Research Unit. July, 2003

18. Belaynehe Girma, Demeke Asefa, Kora Tushunie: Determinant Of Condom Use Among High School Students.
19. Fisseha Eshetu, Devid Zakus, Dereje Kebede. The Attitude Of Students, Parents & Teachers Towards Promotion and Provision Of Condom For Adolescent in A.A Ethiopia, *Eth.J Health Dev.* 1977, 11 (1): 111-116.
20. Haile.A, Fesseha.N. Emergency Contraception: Potential Clients' And Providers' Perspective. *Ethiopian Journal of Health Sciences*, Vol. 16, No.1 January 2006.
21. Chander P. Purl. Emergency Contraception. *ICMR bulletin* March 1997; 27(3): 19-30.
22. Glasier A. Emergency Contraception. *British Medical Bulletin* 2000; 56(3): 729-738.
23. Access to Contraceptive Services among Unmarried Young People In The North- East of China.
24. Family Planning Services: An Important Front In The Battle Against Poverty In Ethiopia. Ethiopian Economic Association/Ethiopian Economic Policy Research Institute. Addis Ababa, Ethiopia. December 2003.
25. Ministry Of Health of Ethiopia (MOH). Health and Health Related Indicators 2005/2006. Planning and Programming Department, FMOH, Addis Ababa, Ethiopia.
26. Walker DM, Torres P, utierrez JP, Emergency Contraception Use Is Correlated With Increased Condom Use Among Adolescents: Results from Mexico. et al. *J Adolescent Health* 2004; 35(4):329-34.
27. A. Worku, M. Addisie. Sexual Violence Among Female High School Students In Debarke, North-West Ethiopia. *East-African Medical Journal.* 2002.

28. Y. Gossaye, N. Deyessa, Y. Berhane et al. Women's Health & Life Events Study In Rural Ethiopia. The Ethiopian Journal of Health Development. Vol.17, Second Special Issue 2003.
29. Ministry Of Health Of Ethiopia (MOH).Ethiopia Health Sector Development Program, Third Joint Review Mission (JRM3). Addis Ababa, Ethiopia. March 2003.

11 Annex

11.1 Conceptual framework



Addis Ababa university, Faculty of Medicine school of public health

Self administered questionnaire to be filled by female high school students in debrzit town. Informed consent form before filling the questionnaire (guide for the respondents)

Though young people are faced with immense reproductive health problem, they have limited access to quality RH services and information that are specially designed to meet their needs.

To improve sexual reproductive health of females, understanding of the existing health problems and related behaviors of these populations is essential. Owing this study is designed to assess the level of awareness and utilization of emergency contraception among female High school students.

You are selected to participate in this study. The selection of the class and an individual was done randomly using a type of lottery. The purpose of this study is to get important information about knowledge, attitude and practice of emergency contraception and factors influencing the knowledge, attitude and practice of emergency contraception to improve future reproductive health program interventions.

These study questions will involve various personal and sexual issues of individuals. To attain this purpose you are honest and genuine participation by responding to questions. I assure you that all your response will be completely confidential and none of your response will be reported separately to any body. Therefore, there is no need to write your names on these survey papers. This study has no negative consequences on your future life. It is your full right to participate or refuse in the study. However, I kindly request your kind and good will to participate in the survey in order to attain its goal (Benefit the existing and future generation). So are you willing to participate in the study?

Yes -----

No -----

Thank you

SIGNITURE-----

DATE-----

11.2 Information sheet and consent form for the family of age less than 18 years oage

Addis Ababa University, Faculty of Medicine School Of Public Health

Self administered questionnaire to be filled by female high school students in debrzit town. Informed consent form before filling the questionnaire (guide for the respondents)

Though young people are faced with immense reproductive health problem, they have limited access to quality RH services and information that are specially designed to meet their needs.

To improve sexual reproductive health of females, understanding of the existing health problems and related behaviors of these populations is essential. Owing this study is designed to assess the level of awareness and utilization of emergency contraception among female High school students.

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It is your full right to participate or refuse in the study. However, I kindly request your kind and good will to participate in the survey in order to attain its goal (Benefit the existing and future generation). So are you willing to participate in the study?

Yes -----

No -----

Thank you

SIGNITURE-----

DATE-----

11.3 Questionnaire

Addis Ababa University

Medical Faculty

School of community Health

This questionnaire is designed to assess knowledge, Attitude and practice of emergency contraception among Debrzeit high school student girls. Based on survey results possible suggestion will be given to program planners to provide most efficient and continuous flow emergency contraception information. All the respondents are kindly requested to fill all the questions honestly. Remember your name is not recorded and no one will be able to find out who fill this questioner. If you need clarification you can ask the facilitator.

Please give only one answer to each questioner by putting “x” mark
Name of your school-----

Part-I Socio- Demographic Characteristics of respondents

S.No	Questions	Responses	Code
Q 101	How old are you?	I am----- years old	
Q102	What is your religion?	1.Orthodox ----- 2.Muslim ----- 3.protestant ----- 4.Catholic ----- 5.Others please specify----- -----	
Q103	Educational level	1.9 th grade ----- 2.10 th grade ----- 3.PP ₁ ----- 4.PP ₂ -----	
Q104	place of residence	1.Urban----- 2.rural-----	
Q105	Marital status	1.single ----- 2.married ----- 3.divorced ----- 4.widowed -----	
Q106	What is your ethnicity?	1.Amhara 2.Oromo 3.Tigrie 4.Guragie 6.Others	

Part II question on sexual behavior

S.No	Questions	Responses	Code
Q201	Age at menarche	When I was----- years old	
Q202	Have you ever experienced sexual intercourse?	1.Yes ----- 2.No -----	
Q203	If yes to Q202 at what age?	When I was----- years old	
Q204	What is your reason, cited for initiating sexual intercourse?	1.By consent ----- 2.Forced -----	
Q205	If you have never experienced sexual intercourse why not?	1.Not emotionally ready 2.Wait for marriage 3.Fear of pregnancy 4.Fear of STD/ AIDS	

Part-III. Question on history of pregnancy and its out come

S.No	Questions	Responses	Code
Q301	Have you ever been pregnant?	1.Yes ----- 2.No -----	
Q302	If yes to Q301 at what age to the first pregnancy?	When I was----- --years old	
Q303	Are all pregnancy wanted?	1.Yes ----- 2.No -----	
Q304	What was the out come of pregnancy?	1.Gave all alive birth----- ----- 2.Still birth ----- - 3.Induced abortion -----	
Q305	If induced abortion how many times?	1.One time ----- 2.Two times ----- 3.Three and above-----	

Part-IV. Respondents knowledge on Emergency Contraception

S.No	Questions	Responses	Code
Q401	Do you know how to prevent unwanted pregnancy?	1.Yes ----- 2.No -----	
Q402	Among modern contraceptives methods which once do you know?	1.Pills ----- 2.Injectables ----- 3.Condoms ----- 4.IUDs ----- 5.Tubal ligation ----- 6. Vasectomy ----- 7.Withdrawal ----- 8. Calendar/rhythm methods --- ---	
Q403	Have you ever heard about emergency contraception?	1.Yes ----- 2.No -----	
Q404	What type of emergency contraception you know?	1.OCP----- 2.IUCD-----	
Q405	From where you have get information about emergency contraception?	1.School ----- 2.Health institution ----- 3.Mass-media ----- 4.Family ----- 5.Pears ----- 6.Other please specify-----	
Q406	From where emergency contraception can be obtained?	1.Hospitals ----- 2.Clinics ----- 3.school----- 4.others -----	
Q407	When was the first time you heard something about emergency contraception?	1.Less than 6 months ago----- 2. 6-11 months ago----- 3. 1-5 years ago ----- -- 4. > 5 years ago ----- 5. Does not remember -----	
Q408	With-in what time emergency contraception pills should be taken ?	1.Within 120 hours after sex - --- 2.Within 7 days after sex ----- --- 3.Even after missed period -----	

Part-V. Student girls attitude on Emergency Contraception.

S.No	Questions	Responses	Code
Q501	Have you ever discussed about emergency contraception with your friends?	1.Yes ----- 2.No -----	
Q502	It is important to use emergency contraception	1.agree ----- 2.disagree -----	
Q503	Emergency contraception is effective in preventing unwanted pregnancy	1.agree ----- 2.disagree -----	
Q504	I will use emergency contraceptive when need arose	1.agree ----- 2.disagree -----	
Q505	I will advise friends about emergency contraception while they face problem	1.agree ----- 2.disagree -----	

Part-VI. utilization of emergency contraception among student girls

S.No	Questions	Responses	Code
Q601	Have you ever used emergency contraception?	1.Yes ----- 2.No -----	
Q602	Who recommended you to use emergency contraceptive	1.A friend ----- 2.Partner (male)----- 3.Family ----- 4.Health personel ----- 5.Others specify-----	
Q603	If yes to Q601 what type of emergency contraception?	1.OCP ----- 2.IUCD -----	
Q604	From where you received emergency contraceptive?	1.Health centre ----- - 2.Hospital ----- 3.Family Guidance Association ----- 4.Pharmacy -----	
Q605	How many times you received emergency contraception in the past one year ?	-----times	
Q606	After you used emergency contraception, did you start using a regular method of birth control	1.Yes ----- 2.No -----	

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የህክምና ፋክሊቲ የህብረተሰብ ጤና አጠባበቅ ት/ቤት

ማብራሪያ

ይህ መጠይቅ ለደብረዘይት ሁለተኛ ደረጃ ት/ቤት ሴት ተማሪዎች ላልተፈለገ ድንገተኛ እርግዝና መከላከያ መድኃኒት እውቀት አመለካከትና ተግባር ለማወቅ የሚረዳ ነው። ከጥናቱም በመነሳት ለሚመለከተው ክፍል ሀሳብ ይስጥበታል።

ስለመሆኑ በተቻለ መጠን ጥያቄዎቹን ተረድተሽበግልጽነት እንድትመልሱ ቀና ትብብርሽን እጠይቃለሁ። አስታውሱ ስምሽ አይጻፍም ስለዚህ መጠይቁ ማን እንደመለሰው በፍጹም አይታወቅም። የበለጠ ማብራሪያ ከፈለግሽ መጠይቁን የሚያስሞላሽ ሰው ጠይቁ።

ስለትብብርሽ ክልብ አመሰግናለሁ

ለእያንዳንዱ ጥያቄ የ*ምልክት በመጠቀም መልስ ስጪ ለ 101፣ ለ201፣203፣ለ፣302፣ለ604 እና ለ605 ዳኞችን በመሙላት መልሱ

የትምህርት ቤትሽ ስም _____

ቁ.ቁ	ክፍል አንድ ጥያቄ	መልስ
101	እድሜሽ ስንት ነው	
102	የምትከተይው ሃይማኖት	-አርቶዶክስ -ሙስሊም -ኖሮቴስታንት -ካቶሊክ -ሌላ ካለ ግለጫ
103	የትምህርት ደረጃ	-9ኛ ክፍል -10ኛ ክፍል -ኘሪፖራቶሪ 1 -ኘሪፖራቶሪ 2
104	የመኖሪያ ሥፍራ	-ከተማ

		<u>-ገጠር</u>
<u>105</u>	<u>የጋብቻ ሁኔታ</u>	<u>-ያገባች</u> <u>-ያላገባች</u> <u>-የተፋታች</u> <u>-ባሏ የሞተባት</u>
<u>106</u>	<u>ብሄር</u>	<u>-አማራ</u> <u>ትግሬ</u> <u>አሮሞ</u> <u>ጉራጌ</u> <u>ሌላ ካለ ይግለጹ</u>

<u>ተቁ</u>	<u>ክፍል ሁለት</u>	<u>መልስ</u>
201	የወር አበባ ያየሽበት እድሜ	በ ዓመት
202	የግብረሰጋ ግንኙነት አድርገሽ ታውቂያለሽ	-አዎን -አላደረሁም
203	ካደረግሽ በስንት አመትሽ	
204	የግብረሰጋ ግንኙነት እንዴት ጀመርሽ	-በፈቃደኝነት -ተገድጄ
205	የግብረሰጋ ግንኙነት ካልጀመርሽ ምክንያትሽ ምንድን ነው	-በሁሉም ነገር አልተዛጋጀሁበትም ጋብቻ እየጠበቅሁ እርግዝናን ፈርቼ የአባላዘር በሽታ/ኤድስ ፈርቼ

ተ.ቁ	ክፍል ሶስት	መልስ
301	እርግዝና አጋጥሞችን ያውቃል	-አዎን አላጋጠመኝም
302	ካጋጠመሽ በስንት ዓመት እድሜሽ	
303	እርግዝና ውጤቱ ምን ነበር	-ልጁ በህይወት ተወለደ ልጁ ሞቶ ተወለደ እርግዝና እዲቋረጥ አደረሁ
304	እርግዝና የሚፈልገው ነበር	
		አዎ አይደለም

ተ./ቁ	ክፍል አራት ጥያቄ	መልስ
401	ላልተፈለገ እርግዝና እንዴት መከላከል እንደሚቻል ታውቂያለሽ	-አዎ -አላውቅም
402	ከዘመናዊ የእርግዝና መቆጣጠሪያ ዘዴዎች የቱን ታውቂያለሽ	-ኪኒን -መርፊ -በማህጸን የሚገባ መሳሪያ -ካላንደር -ሌላ ካለ ይገለጽ
403	ላልተፈለገ ድንገተኛ እርግዝና መከላከያ መድሃኒት Emergency contraceptive ስምተሽ ታውቂያለሽ	-አዎ -አላውቅም
404	ካላውቅሽ የትኛውን አይነት	-እንክብሉን/የሚዋጠውን/ -በማህጸን የሚገባውን

405	ስለድንገተኛ እርግዝና መከላከያ መድሃኒት እውቀት ከየት አገኘሽ	-ከጤና ተቋማት -ከማስሚዲያ -ከትምህርት ቤት
406	ድንገተኛ እርግዝና መከላከያ መድሃኒት የት ይገኝ ይመስልሻል	-ከጤና ተቋማት -ከትምህርት ቤት -ከፋርማሲ -ሌላ ካለ ይግለጹ
407	መቼ ነው ስለድንገተኛ እርግዝና መከላከያ የሰማሽው	-ከ6ወር ወዲህ -ከ1 ወር በፊት -ከ2 አመት በፊት -ከ5 አመት በፊት
408	አንዲት ሴት ይህን መድኃኒት በስንት ጊዜ ውስጥ መውሰድ አለባት	-ግንኙነት በተደረገ በ120 -ሰዓቶችውስጥ -ግንኙነት በተደረገ በ7 ቀናት -ውስጥ -የወር አበባ ከቀረበት ጊዜ -በኋላም ይቻላል

ተ.ቁ	ክፍል አምስት ጥያቄ	መልስ
501	ስለድንገተኛ እርግዝና መድኃኒት በተመለከተ ከነደኞችሽ ጋር ተወያይተሽ ታውቂያለሽ	-አዎ -አልተወያየሁም -አስፈላጊ አይደለም
502	ሽድንገተኛ እርግዝ መከላከያ መድሃኒት መጠቀም ብልህነት ነው	-እስማማለሁ

		-አልሰማማም
503	የድንገተኛ እርግዝና መከላከያ መድኃኒት ያልተፈለገን እርግዝናን እንደሚከላከል አምናለሁ	-እስማማለሁ -አልሰማማም
504	ችግር ካጋጠመኝ እርግዝና መከላከያ መድኃኒት እወስዳለሁ	-እስማማለሁ -አልሰማማም
505	ጎደኞቼን ስለ ድንገተኛ እርግዝና መከላከያ ምክር እሰጣለሁ	-እስማማለሁ -አልሰማማም
ተ.ቁ	ክፍል ስድስት ጥያቄ	መልስ
601	የድንገተኛ እርግዝና መከላከያ መድኃኒት ወስደሽ ታውቁያለሽ	-አዎ -አልወሰድኩም
602	<u>መድኃኒት እንድትወስጁ ማን ነገረሽ</u>	<u>-ግዋደኞቼ</u> <u>-ቤተሰቦቼ</u> <u>-ሀኪም</u> <u>-ሌላ ካለ ይግለጽ</u>
603	<u>ከወሰድሽ የትኛውን አይነት</u>	<u>-እንክብል /የሚዋጠውን/</u> <u>-በማህጸን የሚገባውን</u>
604	<u>ከወሰድሽ ከየት ወሰድሽ</u>	<u>-ከጤና ጣቢያ</u> <u>-ከሆስፒታል</u> <u>-ከቤተሰቡ መምሪያ</u> <u>-ከፋርማሲ</u> <u>-ሌላ ካለ ይግለጽ</u>
605	<u>የድንገተኛ እርግዝና መከላከያ መድኃኒት ባለፈው 1 ዓመት በቻ ስንት ጊዜ ወስደሻል</u>	<u>ጊዜ</u>
606	<u>የድንገተኛ እርግዝና መከላከያውን ከወሰድሽ በኋላ መደበኛውን የእርግዝና መከላከያ ጀምረሻል</u>	<u>-አዎ</u> <u>-አልጀመርኩም</u>

DECLARATION

I, the undersigned declare that this thesis is my original work and has not been presented for a degree in this or any other university and that all source of materials used for this thesis have been duly acknowledge

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Date of submission: July 2010

This thesis has been submitted for examination with my approval as the university advisor

Name of advisor

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Signature: -----