



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

**ASSESSMENT OF EMERGENCY ORAL CONTRACEPTIVE USE AMONG  
FEMALE UNDERGRADUATE STUDENTS OF ADDIS ABABA UNIVERSITY**

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**Advisor’s Approval Sheet**

This is to certify that the thesis entitled “Assessment of Emergency Oral Contraceptive (EOC) use among female undergraduate students of Addis Ababa University” is submitted in partial fulfillment of the requirements for the degree of MSC with specialization in “Reproductive health” to the graduate program of the School of Public Health at Addis Ababa University and has been carried out by **Yared Deyas Beyene** under my supervision. The student has fulfilled the thesis requirements and hence here by can submit the thesis to the school.

Name of advisors; Abiy Seifu (BSC,MPH)

Date: -----

Signature: -----

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**Examiners' Approval Sheet**

We, the undersigned, members of the Board of Examiners of the final open defense by **Yared Deyas Beyene**, have read and evaluate his thesis entitled "Assessment of Emergency Oral Contraceptive (EOC) use among female undergraduate students of Addis Ababa University". This is to certify that the thesis has been accepted in partial fulfillment of the requirements for the MPH Degree in "Reproductive Health"

Name of internal examiner-----date-----signature-----

Name of external examiner-----date-----signature-----

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## **ABBREVIATIONS AND ACRONYMS**

AAU	Addis Ababa University
AIDS	Acquired Immuno Deficiency Syndrome
CI	Confidence Interval
EC	Emergency Contraceptives
ECP	Emergency Contraceptive Pills
EDHS	Ethiopian Demographic Health Survey
EMDHS	Ethiopian Mini Demographic Health Survey
EOC	Emergency Oral Contraceptives
ETB	Ethiopian Birr
EPHA	Ethiopian Public Health Association
GC	Gregorian Calendar
HIV	Human Immunodeficiency Virus
IQR	Interquartile Range
IRB	Institution Review Board
IUCD	Intra Uterine Contraceptive Device
KAP	Knowledge, Attitude, Practice
LNG	Levonorgestrel
LH	Luteinizing Hormone
MMR	Maternal Mortality Ratio
NGO	Non-Governmental Organization
OC	Oral Contraceptives
OCP	Oral Contraceptive Pills
PPS	Probability Proportional to Size

RC	Regular contraceptives
SD	Standard Deviation
SRS	Simple Random Sampling
STI	Sexually Transmitted Infection
UK	United Kingdom
WHO	World Health Organization

## **ABSTRACT**

**Background:** - Unintended pregnancies are major public health concern in developing countries including Ethiopia. Female university students face unintended pregnancies because most of them are sexually active and exposed to unprotected sporadic premarital sexual intercourse. Emergency Contraception (EC) is a drug or a device that prevents unintended pregnancy and its consequences. Emergency Oral Contraceptives (EOC) are being increasingly used by unmarried young women to prevent unintended pregnancies following unprotected sexual intercourse. However, little is known about Emergency Oral Contraception (EOC) use among female students at higher education in Ethiopia.

**Objectives:** - The aim of this study was to assess the proportion of Addis Ababa University undergraduate female university students who use Emergency Oral Contraceptive (EOC)

**Methods:** - Institution based cross sectional descriptive study involving 635 undergraduate female students from Addis Ababa University (AAU) was done. Data was collected from January to February 2016. Study participants were selected using multi stage stratified sampling technique. Interviewer administer pretested structured questionnaire was used to collect the data. The data was entered into Epi info version 7 then exported to STATA version 12 for analysis. Descriptive analysis was applied to estimate the EOC use and describe the study participants.

**Results:** - Overall, 78.74% were in the age group of 20-24, and 4.09% were married. Of the total respondents, 22.4% and 10.7% them reported previous use of EOC at least once and repeatedly, respectively. Among those who had unprotected sexual intercourse, 97.92 % have reported ever use of EOC. Non-consensual sex (37.32%), forgetting to take contraception (14.79%) and partner pressure (35.92%) were the main reported reasons for use of EOC.

**Conclusion and Recommendation:** - There is very high level of EOC use among sexually active female undergraduate students who had unprotected sexual intercourse. This could be due to the fact that university students have relatively better information and access to the service. Therefore, it is highly recommended that the Federal Ministry of Health make regular contraceptive methods accessible for students in higher institutions.

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# 1. INTRODUCTION

## 1.1 BACKGROUND

Emergency Contraception (EC) is a birth control that is used after unprotected sex, contraceptive failure and rape. Terms used to describe EC include „postcoital contraception“ and „the morning after pill“. Emergency contraceptives are intended to provide second chance to prevent pregnancy for women who have been exposed to unprotected sexual intercourse and who don't wish to become pregnant. <sup>[1,2]</sup>

Emergency Oral Contraceptives (EOC) is a progestin only or pills containing a combination of a progestin and an estrogen ( Yuzpe method). Effectiveness of EOC the progestin only regimen reduces the risk of pregnancy after a single act of sexual intercourse by about 60-93% , and the combined regimen by about 56-89%. EOC reduces the risk of pregnancy by up to 95%, and emergency IUD insertion reduces the risk by 99%. With respect to mechanism of action, EC works by preventing fertilization, implantation, tubal transportation of sperm and ovum. <sup>[1,2]</sup>

Although hormonal contraceptives were developed since mid-1920s in the world <sup>[3]</sup> Emergency Contraceptives (EC) were first introduced to the Ethiopian public sector in 1997G.C <sup>[4]</sup>

Adolescent and youth defined by World Health Organization (WHO) comprises of individuals between the age group 10-19 and 15-24 years, respectively<sup>[5]</sup> While in Ethiopia, youth defined in 2004 as individuals between age group 15-29 years<sup>[6]</sup> Most higher institutions in Ethiopia comprise this segment of population. Higher learning institutions fill the gap in knowledge, attitude and practice to solve the problem in the society <sup>[7]</sup> Ethiopia is increasing university enrollment of students much faster than any other Sub Saharan Africa (SSA) countries <sup>[8]</sup>

Each year, 213 million pregnancies occur globally, nearly one third of these pregnancies are unintended and about half end with unsafe abortion <sup>[9]</sup> WHO estimates that every year, nearly 6.4 million African women have unsafe abortion, which contributes to an estimated 14% of maternal deaths <sup>[10]</sup> In Ethiopia, an estimated 620,296 induced abortion were performed in 2014 <sup>[11]</sup> Consequences of unintended pregnancy due to unprotected sexual intercourse like unsafe abortion can be avoided by using Emergency Contraception (EC) <sup>[1]</sup>

A review of Demographic Health Survey in 45 countries analyzed trends on Knowledge and use of ECPs revealed that Latin America reported the highest knowledge and use of EC (34.8%, 3.5%) followed by Europe and West Asia (24.4%, 2.3%), Africa (15%, 1.8 %) and Asia (10.8%, 0.3%) respectively<sup>[12]</sup>

Family planning utilization rates and knowledge of reproductive health services in Sub Saharan Africa (SSA) is limited<sup>[13]</sup> Ethiopian Mini Demographic Health Survey (EMDHS) in 2014 showed that 42% of the married women were using family planning method. Among all women included in the survey 18.5 % of them have reported to know EC<sup>[14]</sup>

Lack of health services for young people and limited access to targeted reproductive health care contributes to and exacerbates many of their reproductive health problems. Over a quarter of all pregnant youth and adolescents report that their pregnancies are unplanned, reflecting this population's unmet need for family planning and reproductive health services<sup>[15, 16]</sup>

Unavailability of family planning and reproductive health services has even more serious consequences for countries like Ethiopia where over 65% of its population is under 25 years of age<sup>[17]</sup> with profound reproductive health needs. As a result Ethiopian youth face many sexual and reproductive health problems including sexual coercion, unintended pregnancies, abortion, sexually transmitted Infections (STIs) including HIV/AIDS<sup>[17]</sup>.

In response to this growing challenge the government of Ethiopia has introduced several reproductive health intervention targeting adolescents and youth. One of the interventions to reduce unintended pregnancy and unsafe abortion outlined in the national adolescent and youth strategy is availing Emergency Contraceptive (EC). However, information about EOC use is limited<sup>[15]</sup>

## 1.2 STATEMENT OF THE PROBLEM

Based on the World Health Organization (WHO) estimate the level of Maternal Mortality Ratio (MMR) in Ethiopia is among the highest in the world with 420 maternal deaths per 100,000 live births <sup>[18]</sup> One of the interventions to prevent maternal deaths particularly among young people is through preventing unintended pregnancies and abortion through use of EOC.

Based on EDHS 2011 report, although the use of modern contraceptives is relatively high in Addis Ababa when compared with the national estimate. Knowledge towards EC is very low (18.59%) while EC use was not assessed <sup>[19]</sup>

The median age at first sexual intercourse and age at first marriage in Ethiopia is 16.6 years and 23.1 years respectively<sup>[19]</sup> University students in Ethiopia fall in this age group. Most of them are not married but have infrequent unprotected sexual intercourse that is usually followed by use of EC <sup>[20]</sup>

Most of the pregnancies among students in Ethiopian university are unintended. Previous studies documented that 50%-92% of pregnancies among sexually active students were unintended <sup>[21, 22]</sup> Most of these pregnancies were end by induced abortion due to fear of family and interruption of school.

Despite high rate of unintended pregnancies among university students there is low uptake of contraceptive methods including emergency contraceptives <sup>[21, 23, 24]</sup> Study in Addis Ababa documented that most users of EOC are young, unmarried, university students and commercial sex workers and participants had concerns with repeat use and “misuse” of the product <sup>[25]</sup>

Considering the importance of EC in preventing unintended pregnancy, this study aimed to assess the proportion of Addis Ababa University undergraduate female university students using EOC.

### **1.3 RATIONALE OF THE STUDY**

Previous studies on EC focused on knowledge, attitude and practice of EC. But our study assesses the proportion of Addis Ababa University undergraduate female university students using EOC repeatedly.

Recommendations that will be drawn from the results of the study could be used to inform policy maker for interventions that target university students in an effort to improve overall reproductive health and family planning services in the country.

## **2. LITERATURE REVIEW**

### **2.1 Emergency Contraceptive (EC) use**

Emergency contraceptives are widely available but its use among sexually active women is limited. Several studies conducted have reported different level of proportion of EC use. The studies done in Dessie, Adama, Wachamo, Nigeria, Adwa, Ghana and South Africa showed uses of emergency contraceptives are ranging from 4.7% in Adama to 44% in Wachamo University [23, 21, 26, 27, 24, 28, 29]

However, among those who had unprotected sexual intercourse used emergency contraceptives ranging from 26.7% in Adama to 75% in Addis Ababa [21,26, 30] Common source of emergency contraceptives are public and private health institution and the reasons for use EOC are after unprotected sexual intercourse, rape, method failure and miscalculation of safe sexual time.

#### **Demographic and socio-economic characteristics.**

Most of the university students in Ethiopia were between 15-29 age groups. A study done in North West Ethiopia among university female students documented 82% were within age group of 20-24 years with mean age of 20.6 years [31] In agreement with the above evidence, study done among university female students in Adama reported mean age as 20.2 years [21] Age of respondents were a factor for emergency contraceptive use [23, 21, 22, 26, 32] where as study done among female students at AAU mentioned no statistically significant association [30]

Literature in Addis Ababa among university students documented most of the respondents were orthodox Christian by religion followed by protestant and Muslim [30] Religion was factor to use emergency contraceptive than catholic and Protestant had less likely to use than orthodox [22] In contrast, EC use was higher among the Protestants compared to Orthodox and Muslim religions [21] Where as religion is not a factor for emergency contraceptive use at different universities in Ethiopia [23, 30]

University female students in Ethiopia are unmarried. Several studies conducted in in Ethiopia reported married women ranging from 4.2% in North West Ethiopia to 18.2% in Debreworkos [31,30,21,19,33] Several study mentioned marital status a major factor of emergency contraception use [23, 21, 30, 26, 32]

Majority of female students in Ethiopian higher institution live inside campus. A study done among students in Adama 92.4% lives inside the campus<sup>[21]</sup> Current place of residence was significantly associated with EC use <sup>[26]</sup> In contrast, study done in Addis Ababa showed no association between place of residence and use of EC. <sup>[30]</sup>

Above study reported nearly half (47.7%) respondents were their first year while second (37.7%) and third year (14.8%). A two study conducted in Dessie and Adama reported as year of study increases use of emergency contraception increased <sup>[23, 21]</sup>

In a study done in Addis Ababa among female students documented the family income ranged from less than 150 birr to more than 1500 birr. Moreover, participant's family income was not associated with usage of emergency contraception <sup>[30]</sup>.

In a study done in Addis Ababa among female students documented about 13.9% of students reported that their mother can't write and read; and about 27.7% reported that their mother attended higher education. About their father education 42% reported their fathers attend higher education; and about 5.2% can't write and read <sup>[30]</sup> Study done in AAU showed that mother and father educational status was associated with EC use <sup>[22]</sup> In contrast father educational status was not a factor for emergency contraceptive use <sup>[26]</sup>

### **Reproductive characteristics**

Regarding sexual activity among female university students is reported different level. Several studies documented sexual activity ranging from 16.7% in North West Ethiopia to 42.9% in South Africa <sup>[31, 19, 21, 30, 29]</sup>

The magnitude of pregnancy among female university students is relatively moderate. A two study among female students documented the pregnancy proportion 21.74% in South Africa to 32.5% in Adama <sup>[29, 21]</sup>

With respect to magnitude of unintended pregnancy several studies reported different level. The unintended pregnancies documented were ranging from 16% in North West Ethiopia to 92% in Adama <sup>[31, 29, 19, 21]</sup> The reasons for unintended pregnancy contraceptive failure, missed pills, pressure from partner and rape.

The proportion of induced abortion among female university students in Ethiopia is high. Several studies documented the induced abortion ranging from 5% in South Africa to 84.5% in Adama<sup>[29,31,19,21]</sup> Reasons for abortion were fear of family, economic problem and discontinuation of school.

Use of contraceptives to prevent pregnancy is indispensable. A two study among female university students reported use of contraceptives from 10% in Addis Ababa to 33.7% in South Africa <sup>[19, 29]</sup> The most commonly used contraceptives were OCP, condoms and injectables. Ever user of regular contraceptive was a factor for emergency contraceptive use in Adama University <sup>[21]</sup> This was not found in another study done in Adama <sup>[32]</sup>

### **Knowledge about EC**

A study done in South Africa to assess KAP of EC among public sector primary health care only 22.8% heard about EC. Awareness was lower among older, less educated women<sup>[34]</sup> In addition a survey in Kenya on KAP of EC among female family planning clients documented 20% of participants heard about EC<sup>[35]</sup> Most of the respondents received EC information from friends, clinics, relatives and magazine.

Several studies among students reported different level of knowledge. Summary index on knowledgeable about EC ranging from 21.9% in ArbaMinch to 77.9% in Mizan Tepi university<sup>[37,33,36]</sup> Respondents mentioned hospital, clinics, pharmacy and community based distributor to get EC.

Finding from Wachamo University revealed that those who had good knowledge about EC were 8 times more likely to use emergency contraceptive than those with poor knowledge <sup>[26]</sup> In contrast, study done in Adama was found that respondents with poor knowledge about EC were 99% less likely to use emergency contraceptive than those with good knowledge <sup>[21]</sup> I

### **Attitude toward EC**

Regarding attitude toward emergency contraception there is different level of summary index. Several studies reported attitude toward EC ranging from 50% in ArbaMinch to 75% in Mizan Tepi university <sup>[37, 33, 36]</sup>

In Adama study emergency contraceptive use was significantly higher among the respondents who had a positive attitude to EC than those who had negative attitude in bivariate analysis<sup>[21]</sup> However, in multivariate analysis positive attitude among the respondents toward emergency contraception was not statistically associated than those who had negative attitude.

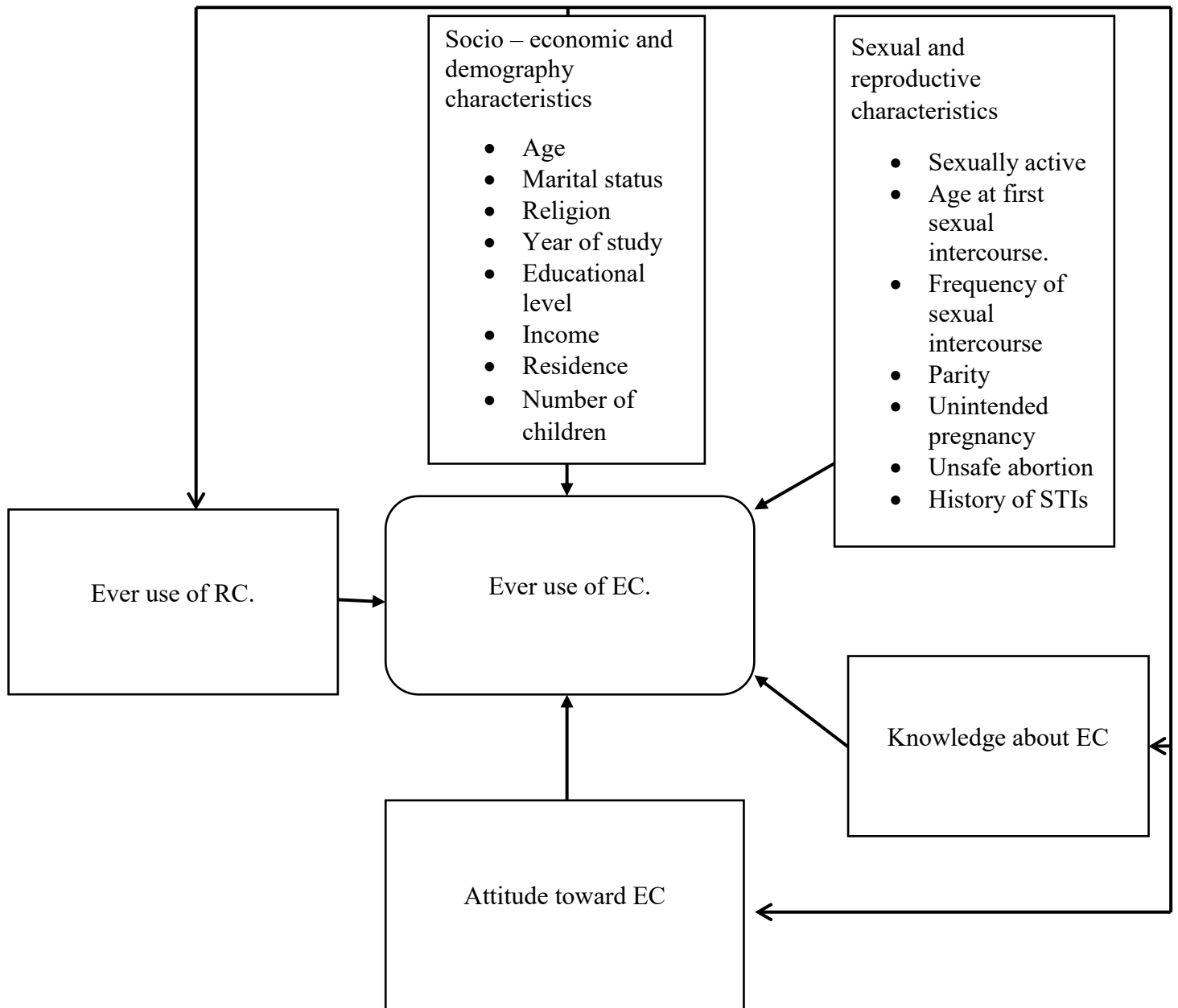
## **2.2 Repeated use of EOC:**

The cumulative failure rates of repeat use of EOC are very high as compared to other hormonal methods<sup>[38]</sup> There are concerns about EOC with respect to abuse of the method, but they are not supported by strong evidences.<sup>[39, 40]</sup> Findings from different studies revealed that over the counter availability of emergency contraceptives doesn't promote sexual risk taking, reduction of regular contraceptive use<sup>[41, 42, 43]</sup>

A study in the UK found that less than 1% ECP users requested ECPs more than three times in a year<sup>[39]</sup> Another study in the UK found that 23% had used the method more than twice in a year but, only 6% had used it more than four times<sup>[40]</sup>

Studies around the world indicate that advance provision of emergency contraception doesn't lead to unprotected sex more frequently<sup>[42,43]</sup> In contrast, a survey done Kenya and Nigeria showed that frequency of unprotected sexual intercourse are associated with frequency of Emergency Oral Contraceptive(EOC) use<sup>[44]</sup>

**Figure 1: Conceptual framework on emergency contraceptive use among female undergraduate students of Addis Ababa University, June, 2016**



### **3. OBJECTIVES**

#### **3.1 General objective**

- To assess the proportion of Emergency Oral Contraception (EOC) use and among female undergraduate students of Addis Ababa University.

#### **3.2 Specific objectives**

- To estimate the proportion of Emergency Oral Contraception (EOC) use among female undergraduate students of Addis Ababa University.
- To describe the repeat use of Emergency Oral Contraception (EOC) use among female undergraduate students of Addis Ababa University.

## **4. METHODS AND MATERIALS**

### **4.1 Study area and period**

The study was conducted in Addis Ababa University, which is the biggest and oldest governmental higher institution in Ethiopia, Addis Ababa. Currently, it runs several undergraduate and postgraduates programs. Based on the data obtained from the main office of registrar of AAU in 2015, there were a total of about 21,167 student enrolled in undergraduate program attending one of the 78 programs. Female students constitute 26% of the total undergraduate students. The students are enrolled from all regions of the country with cultural and language diversity. Moreover, there are 7 students clinics and 2 counselling center. The study period for data collection was from beginning of January 1 until February 30, 2016.

### **4.2 Study design**

Institution based cross sectional descriptive study was conducted to assess the proportion of Emergency Oral Contraception (EOC) use among female undergraduate students of Addis Ababa University.

### **4.3 Source and study population**

**Source population:** Regular female undergraduate students in Addis Ababa University.

**Study population:** Regular female undergraduate students at Addis Ababa University who fulfilled the inclusion criteria.

**Inclusion criteria:** Regular undergraduate female students in Addis Ababa University.

**Exclusion criteria:** Participants who were critically ill and can't communicate orally during the data collection process.

#### 4.4 Sample size determination

The sample size was determined using a single population proportion formula assuming; 95% level of confidence previous estimate of EOC use among female students in Addis Ababa University of 7.3 % [30], a design effect of 2 and non-response of 10%.

$$N = \frac{(z_{\alpha/2})^2 P (1-P) D}{d^2}$$

n = Sample size

d = Margin of error 3%

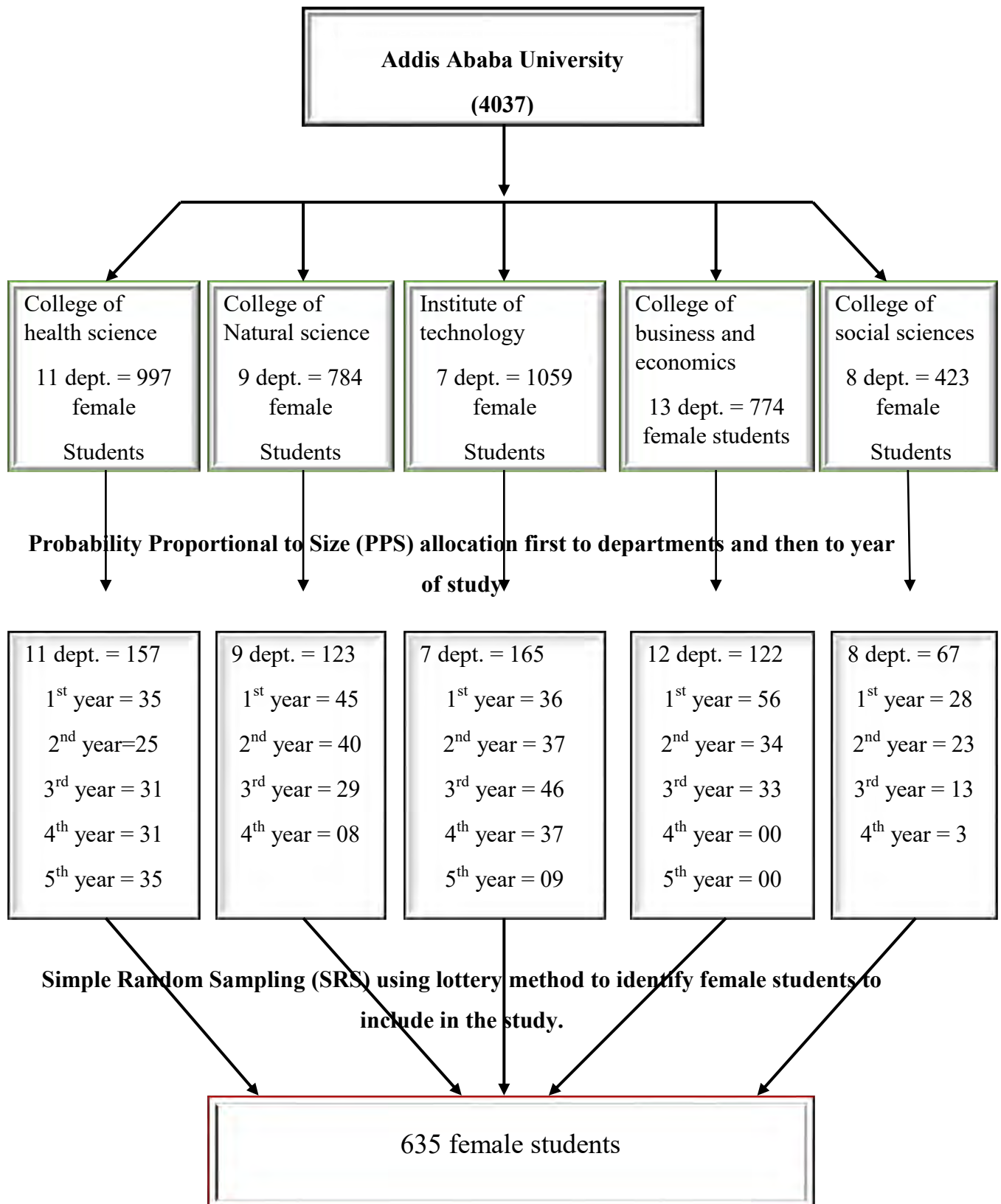
P = 7.3%

The final sample size (n) =  $\frac{(1.96)^2 0.073(0.927)2}{(0.03)^2} = 577(10\% \text{ Non-response}) = 635$

#### 4.5 Sampling procedure

Multi stage stratified sampling techniques were applied to select study participant from five colleges purposively due limitation in time and resource. Then, the total sample size were allocated to departments and year of study based on Probability Proportional to Size (PPS) of female students. The stratification by year of study was made due to variable of interest might vary across the year. Finally study subjects were selected from each department using Simple Random Sampling (SRS) technique using lottery method.

**Figure 2:** Schematic presentation of sampling procedure among undergraduate female students of Addis Ababa University, June, 2016



#### **4.6 Data collection procedure**

Structured questionnaire was prepared in English after reviewing literature of similar surveys that have been carried out previously, including Ethiopian Demographic Health Survey (EDHS). The final English questionnaire was translated to Amharic to ensure clarity.

Four female diploma nurses and one BSc Midwife were recruited to conduct and supervise data collection process respectively. The data collectors and the supervisor received training for two days on objective of the study, the questionnaire, treatment of interviewees, confidentiality of information, completeness of data and selection of study subjects.

To check the clarity, consistency, skipping pattern and order of the questions, the questionnaire was pre-tested a private college among 32 students (5% the total sample size). Options for answer were added on section 3 on duration and effectiveness of EC after pretest.

Data was collected using interviewer administered face to face interview by trained data collectors. There were routine supervision and checking of the questionnaire by the supervisors, for its completeness. The collected data were reviewed and checked for completeness before data entry.

#### **4.7 Study variables**

##### **Dependent Variable**

- Ever use of Emergency Oral Contraception(EOC) at least once anytime before the survey

##### **Independent Variable**

- Age in years: different age groups (15-19,20-24, >25)
- Marital status (Married, Single)
- Religion(Orthodox, Muslim, Protestant, Catholic)
- Ethnicity(Amhara, Oromo, Tigray, Gurage, Woliata, others)
- Residence (Inside campus, outside campus with family, Outside campus alone)
- Year of study (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> year)
- Family household income in ETB(<1500, 1500-3000, >3000)
- Parental education level (No formal education, Primary school, Secondary school, Above secondary )
- Number of child(Number of children ever had)
- Age at 1<sup>st</sup> sexual intercourse(Age in which sexual intercourse is started)

- Frequency of sexual intercourse (Frequency of sexual intercourse per week in the last 12 months)
- Parity(Number of delivery)
- History of pregnancy
- Unintended pregnancy(Pregnancy occurred with no plan)
- Abortion

These variables have been defined below under “Operational definitions”

- Knowledge about EC
- Attitude toward EC

#### **4.8 Operational definitions**

**Sexual active:** Ever had heterosexual intercourse.

#### **Knowledge about EC: -**

Awareness of the presence of contraception methods after unprotected sex, its source, when should be taken, its effectiveness, types and source of information.

**Adequate Knowledge:** Respondents who earned above the mean ( $\pm$ SD) value  $8.84\pm 1.21$  of knowledge score about EC

**Inadequate knowledge:** Respondents who score less than the mean ( $\pm$ SD) value  $8.84\pm 1.21$  of knowledge score about EC

#### **Attitude toward EC:-**

Is an opinion, out looks, values, position and intentions of the study subjects toward the utilization of EC methods.

**Positive attitude:** Respondents who score above the mean ( $\pm$ SD) value  $18.26\pm 3.9$  of the attitude score toward EC

**Negative attitude:** Respondents who score less than mean ( $\pm$ SD) value  $18.26\pm 3.9$  of the attitude score toward EC

#### **Ever use of EOCs:-**

Use of emergency oral contraceptives at least once anytime before the survey.

#### **Repeated use EOCs**

Use of emergency oral contraceptives two or more times in the 12 months before the survey.

#### **4.9 Data management and statistical analysis**

Variables were coded then data were entered into Epi info version 7 and checked to assure accuracy and completeness before data analysis. Then data were exported to STATA version 12.1 for cleaning and analysis. Descriptive statistics was used to describe the study population by frequency, percentage and graphs. For continuous variables mean, standard deviation, median and interquartile range was used.

#### **4.10 ETHICAL CONSIDERATION.**

Ethical clearance was obtained from Institutional review board (IRB) of College of Health Science Addis Ababa University. The respondents were informed about the objective and purpose of the study and verbal consent were taken from each respondent prior to data collection. The questionnaire was anonymous and no name of student was used. Also they were informed about voluntary participation in the study or with drawing at any time. Confidentiality of the information were assured and collected anonymously.

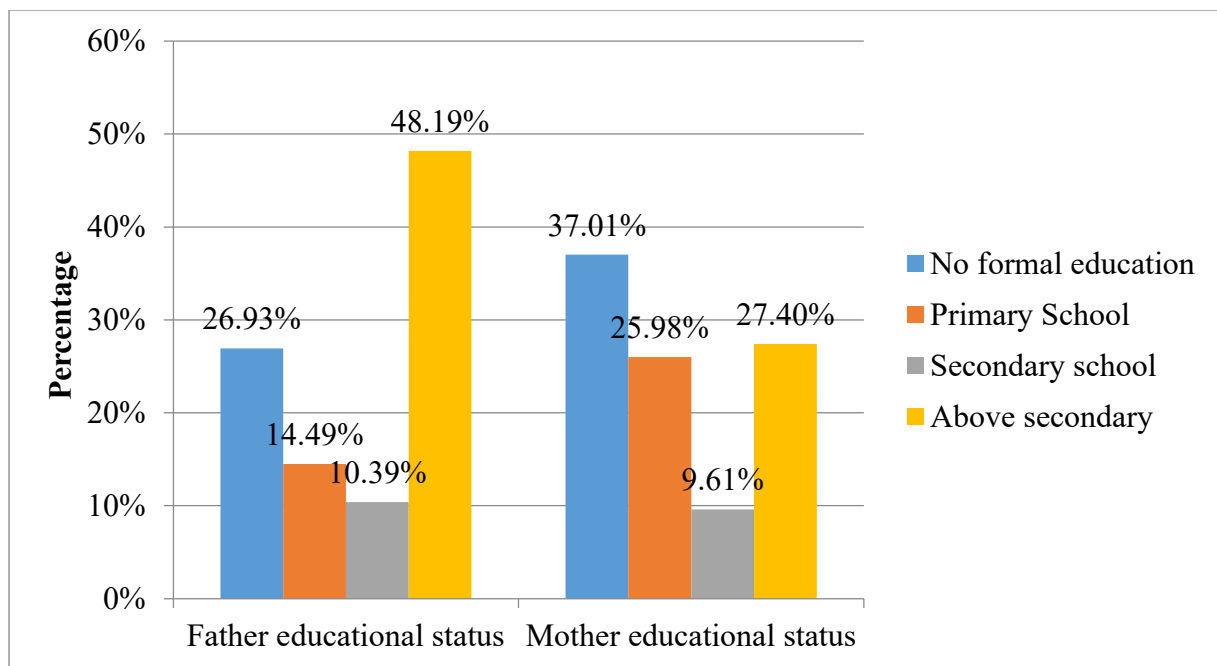
#### **4.11 DISSEMINATION RESULTS**

The final result of the study will be presented and discussed at Public Health School, College of Health Science, Addis Ababa University. Ethiopian Public Health Association (EPHA) conference, Midwife association conference. Summary of result of the study will be shared with colleges of university, Federal Ministry of Health and other relevant organizations working around sexual and reproductive health. Finally manuscript will be prepared and submitted at peer reviewed journal.

## 5. RESULT

### 5.1 Socioeconomic and demographic characteristics.

A total of 635 female students were approached of which 635 consented to participate in study giving a response rate of 100%. The mean ( $\pm$ SD) age of respondents was 21.8 ( $\pm$ 2.03) years ranging 17 and 29 years respectively. One hundred seventy one (26.93%) and 235(37.01%) of respondents fathers and mothers didn't take formal education respectively.(Figure 3). The majority of the students 342(53.86%) were Orthodox Christians. Regarding the marital status of the respondents 609(95.91%) were single. The median family income was 1900 ETB with inter quartile range (IQR) of (900, 4500). With respect to current place of residence about 578(91.02) of the participants reported that they live inside the university dormitory. (Table 1)



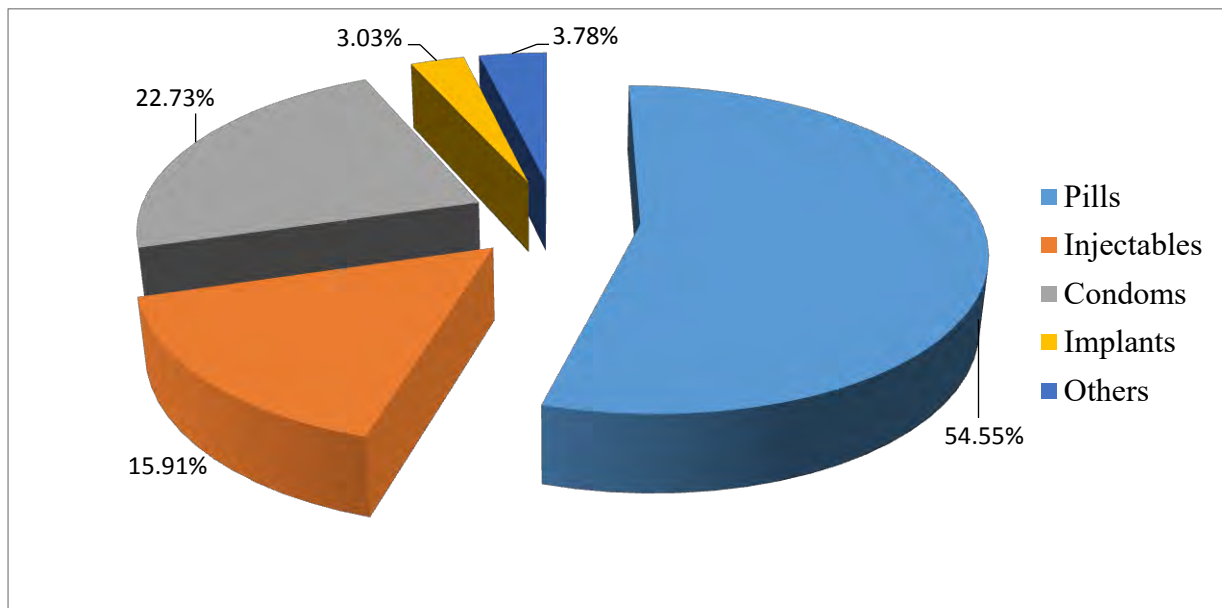
**Figure 3:** Parents educational status among female undergraduate students of Addis Ababa University, June, 2016

Table1: Socio-economic and demography characteristics of female undergraduate students, Addis Ababa University, June, 2016

<b>Socio-economic &amp; demography characteristics (n= 635)</b>	<b>Frequency</b>	<b>Percent (%)</b>
<b>Age(Years)</b>		
15-19	70	11.02
20-24	500	78.74
>25	65	10.24
<b>Year of study(Years)</b>		
Year I	189	29.76
Year II	157	24.72
Year III	155	24.41
Year IV	69	10.87
Year V	65	10.24
<b>Religion</b>		
Orthodox	342	53.86
Muslim	110	17.32
Protestant	123	19.37
Catholic	34	5.35
Others	26	4.1
<b>Ethnicity</b>		
Oromo	161	25.35
Amhara	215	33.86
Tigray	115	18.11
Gurage	66	10.39
Woliata	56	8.82
Others	22	3.46
<b>Marital status</b>		
Married	26	4.09
Single	609	95.91
<b>Household monthly income(ETB)</b>		
Low (<1500 birr)	222	34.96
Medium(1500-3000birr)	204	32.13
High(>3000birr)	209	32.91
<b>Current residence</b>		
In campus	578	91.02
Out of campus with family	47	7.40
Out of campus alone	10	1.57

## 5.2 Sexual and reproductive characteristics

Among the total female students who participated in this study, 172(27.09%) reported having had sexual intercourse at least once. Of these, 109(63.67%) had their first sexual intercourse before they were 19 years of age with mean ( $\pm$ SD) age of 19( $\pm$  1.78) and the minimum age at first sex was 13 years. Among sexually active respondents 144(83.72%) had unprotected sexual intercourse and 44(25.58%) had sex with two or more partners previously. Forty four (25.58%) of those who had sexually intercourse, 6.93% of all study participants were pregnant at least once and most of the pregnancies were unintended. Lack of knowledge about contraception 12(40%), rape 8(26.67%) and contraceptive failure 6(20%) were their reported main reasons for unintended pregnancies. The majority (63.64%) of pregnancies were terminated by induced abortion. (Table 2). Concerning regular contraceptives ever use, this study reported 135(78%) had ever used regular contraceptives among sexually active participants. (Figure 4)



**Figure 4:** Ever use of regular contraceptives among sexually active respondents, Addis Ababa University, June, 2016

Table 2: Sexual and reproductive history among female undergraduate students, Addis Ababa University, June, 2016

<b>Characteristics</b>	<b>Frequency</b>	<b>Percent (%)</b>
<b>Sexually active(n=635)</b>		
No	463	72.91
Yes	172	27.09
<b>Age at first sexual intercourse(n=172)</b>		
< 15 years	2	1.16
15-19 years	107	62.21
> 20 years	63	36.63
<b>Multiple sexual partner (n=172)</b>		
One	128	74.42
Two or more	44	25.58
<b>Frequency of sexual intercourse per week(n=172)</b>		
One time	96	55.81
Two times	62	36.05
Three or more times	14	8.14
<b>Ever had STIs (n=172)</b>		
No	148	86.05
Yes	24	13.95
<b>Ever been pregnant(n=172)</b>		
No	128	74.42
Yes	44	25.58
<b>Unintended pregnancy(n=44)</b>		
No	14	31.82
Yes	30	68.18
<b>Experience of induced abortion(n=44)</b>		
No	16	36.36
Yes	28	63.64
<b>Reason for induced abortion(n=28)</b>		
Fear of discontinuing school	15	53.57
Fear of parents & family	4	14.29
Economic problem	8	28.57
Others	1	3.57

### 5.3 Ever use of Emergency Oral Contraception (EOC)

Overall, 22.36% of them reported use of EOC at least once anytime before the survey. From the female students who reported to have sexual intercourse 82.56% reported use of EOC at least once. The use of EOC was 97.92% among female who ever had unprotected sexual intercourse. With respect to use of EOC in the 12 months preceding the survey 21.7% of the female students reported use of the method. About one in ten (10.7%) of the study participants reported repeat use of EOC in the 12 months preceding the survey.

Respondents were asked who told them to use EOC. The majority of them (53.52%) mentioned health workers followed by their female friends (29.58%) and boyfriends (14.79%). Non consensual sex (37.32%), forgetting to take contraception (14.79%) and partner pressure (35.92%) were the main reasons to use EC. (Table 3)

Regarding knowledge and attitude of study participants, overall, 455(71.65%) had adequate knowledge about EC and 389(61.26%) had positive attitude toward EC.

Of the total respondents (14.8%) had concern about EC. Where as among those who reported ever use of EOC the majority had concerns toward EC (66.2%). (Figure 5)

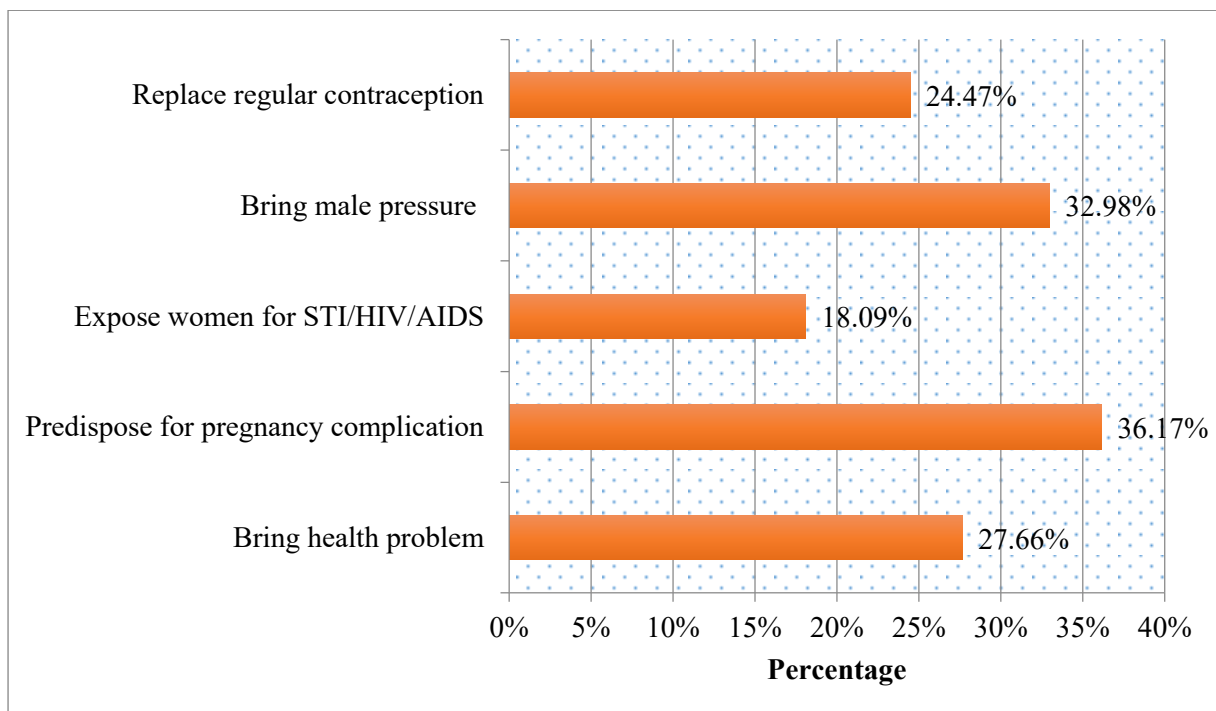


Figure 5: Concern on Emergency Oral Contraceptives (EOC) among ever user of EOC respondents, Addis Ababa University, June, 2016

Table 3: Ever use of EOC among female undergraduate students, Addis Ababa University, June, 2016

<b>Characteristics</b>	<b>Frequency</b>	<b>Percent (%)</b>
<b>Ever used EOC (n=635)</b>		
No	493	77.64
Yes	142	22.36
<b>Ever used EOC in the last 12 months (n=142)</b>		
No	497	78.27
Yes	138	21.73
<b>Frequency of Ever used EOC in last 12 months(n=138)</b>		
Once	68	49.64
Twice	39	28.47
Three or more	30	21.90
<b>Who told to use EOC(n=142)</b>		
Girl friend	42	29.58
Boy friend	21	14.79
Health professional	76	53.52
Others	3	2.11
<b>Reasons for use of EOC(n=142)</b>		
Forget to take contraceptives	21	14.79
Rape	53	37.32
Contraception failure	12	8.45
Partner pressure	51	35.92
Others	5	3.52
<b>Use of regular contraceptives after EOC use(n=142)</b>		
No	51	35.92
Yes	91	64.08
<b>Type of RC used after EOC use(n=91)</b>		
Pills	44	48.35
Injectables	12	13.19
Condoms	26	28.57
Others	9	1.42

## 6. DISCUSSION

This study has assessed the proportion of EOC use among undergraduate female university students. Among the respondents who reported having ever had unprotected sexual intercourse almost all of them reported using EOC (97.92%). This proportion is very high compared to EOC use reported by other studies. <sup>[21, 30]</sup>.

On the other hand, our study found that 22.4% of the all study participants used EOC at least once anytime preceding the survey, which is higher compared to what have been reported by studies among university students in Adama, Addis Ababa and Dessie <sup>[21, 22, 23, 30]</sup> and lower compared to EC practice reported from Ghana <sup>[28]</sup>. The possible reasons for a low EC practice observed in the reviewed studies might be partially explained by the fact that a smaller proportion of sexually active students among the participants in the studies. Despite the high use of EOC among the study participants the fact that relatively high proportions of students are sexually active and do not use barrier methods to prevent STI/HIV is a serious concern.

In this study the proportion of repeat EOC use in the last 12 months were 10.7%. This result is high compared to repeat EOC use of 4% reported by a cohort study done in England <sup>[45]</sup> The variation came due to study design difference and measurement method used for repeat use of emergency oral contraceptives. Use of EOC among almost all female university students who had unprotected sexual intercourse and a relatively high rate of repeat use of the method may indicate the lack of information and access to regular contraceptive methods which are more efficacious.

In this study about 172(27%) of the students reported that they are sexually active. This result is similar to the study conducted in Adama and Addis Ababa University among female undergraduate students <sup>[21, 19]</sup> and is higher than similar study conducted among higher education students in Northwest Ethiopia and Addis Ababa University. <sup>[31,30] [31,30]</sup> The difference could be due to increasing exposure to explicit sexual information and visual pictures among university students as a result of access to uncontrolled Internet sites and social media use and peer pressure.

Concerning pregnancy, among sexually active respondents three-fourth of the study participants were pregnant at least once and most of the pregnancies were unintended (68.18%). This is lower than what was reported by other studies in the country <sup>[21, 22, 32]</sup> In contrast, proportion of unintended pregnancy was higher than the report in the previous study done at Addis Ababa University. <sup>[30]</sup> The high rate of unintended pregnancies among female university students is alarming as it exposes the female students to different health, economic and social consequences including drop out from their study.

Regarding induced abortion, among participants who had pregnancy 28(63%) had induced abortion. This study is similar to previous study conducted in Addis Ababa University among undergraduate female students. <sup>[19]</sup> The result is higher than similar study conducted on higher education students in South Africa and North West Ethiopia. <sup>[29, 31]</sup> The difference could be the number of sexually active participants and the difference in the contexts in the study areas. Abortions being one of the causes of maternal deaths, a higher proportion of female university students reporting abortion imply that students are exposed life threatening condition which could have been prevented by use of effective contraceptive method.

Concerning regular contraceptives ever use, this study reported 135(78%) had ever used regular contraceptives among sexually active participants. This result is much higher compared to studies done in South Africa and Addis Ababa University among female undergraduate students. <sup>[29, 19]</sup> This could be due to measurement method to assess contraceptives and sexually active participants.

With respect to concerns about EC, among those who ever used EOC majority had concerns toward emergency contraception (66.2%). Most commonly mentioned concerns include that EC i) promotes health problem ii) exposes women to pregnancy complication iii) exposes to STI/HIV/AIDS, iv) promotes male pressure and v) replaces regular contraceptives. Similar results were reported by several studies done among female students in Addis Ababa, Ghana, India and Uganda. <sup>[22, 20, 25]</sup> However, findings from different studies revealed that availability of emergency contraceptives doesn't promote sexual risk taking or replace regular contraceptive use. <sup>[41, 42, 43]</sup>

## **7. STRENGTH AND LIMITATION OF THE STUDY**

### **7.1 Strength of the study**

- Use of interviewer administered questionnaire instead of self-administered questionnaire improves the quality of data collected.
- Use of female data collectors to collect the data has improved the response rate including responses to sensitive issues.
- Our study estimated the proportion of repeat use of EOC that are not mentioned in other studies.

### **7.2 Limitation of the study.**

- The study employed a cross-sectional study design and can't establish cause and effect associations.
- We cannot guarantee that students provided honest answers to the questions, since the survey involved a sensitive matter. Therefore, it is important to remember that the reliability of results of this study is dependent upon the accuracy of the responses.
- Not all colleges within the university were included and especially the knowledge, attitude and practice of EC among care providers and health institutions were not assessed, which could have been equally important to identify the problem related with use of EOC.
- A prospective study design with follow up could have been more robust method to identify associated factors for EOC use this couldn't be used because of the limitation in resource and time.

## **8. CONCLUSION AND RECOMMENDATION**

### **8.1 Conclusion**

EOC use among female undergraduate university students who had reported unprotected sexual intercourse is very high.

The main reasons for using EOC mentioned by the female students were forgetting to take pills, failure of contraceptive and rape.

Repeat use of EOC among female undergraduate university students is relatively high.

There is very high rate of unintended pregnancies and induced abortion among sexually active female university students.

## **8.2 Recommendation**

### **Governmental level.**

Given that EOC use among female students is very high among those who reported sexual intercourse we recommend that the Federal Ministry of Health make regular contraceptive methods accessible for students in higher institutions.

### **Higher institution level**

To prevent unintended pregnancy among sexually active female university students there is a need to improve reproductive health education and provision of services in the existing student health clinic in the campuses.

### **Evidence level**

The current study employed cross sectional descriptive study design that doesn't show cause and effect relationship between independent variables and EOC. Future researchers should consider prospective study with follow up to identify predictors of EOC use.

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## ANNEX

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

### **Annex I - Information sheet**

*Instruction; Read the statement to the respondents*

#### **Greeting.**

My name is-----I am working in a research team (project), which is conducted by Addis Ababa University, Health Science College, and Public Health School. The main purpose of this study is to assess prevalence of emergency oral contraceptives use & its correlation among undergraduate female students of Addis Ababa University that will bring evidence based policy making and improvement on appropriate use of service. We are inviting female students to contribute to this study. So I would like to ask you some questions about emergency contraceptive pills. Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope you will participate in the survey since your views are important. The interview takes 20-30 minutes. No identifying information will be included, confidentiality information will be assured & there are no known risks and benefits associated with this study. We will not pay you for participating in the study; your participation is based on full understanding of the purpose of the assessment and your willingness. If you want to know more about the study you can contact the principal investigator of the study Yared Deyas (+ 251-943-100048). Finally advice about emergency contraception will be given for study participants.

At this time, do you want to ask me anything about the survey?

**Annex II - Consent form**

*Instruction: Please provide a copy of the consent form to the respondent & explain it.*

With due understanding of the aforementioned information, I am willing to participate in the study.

1. (Yes) Check box:  ⇒ Proceed

2. (No) Check box :  ⇒ Thank the respondent & stop here

Name of college of respondent-----

Name of department of respondent-----

Name of Interviewer ----- Signature -----Date----/---/-----

*Supervisor checked the tool and made sure they are complete and acceptable?*

1. (Yes) Check box:

2. (No) Check box :

Name of supervisors ----- Signature -----Date----/---/-----

**Annex III– English questionnaire**

**Part I. Socio economic and demography of female undergraduate students of AAU**

Now I am going to ask some questions about socio economic and demography in order to gain a better understanding of some important life issues. I assure you all information provided will be kept in secret.

Ser No	Questions and Filters	Response	Skip
T1	Interview start time ( Use 12 hour system )	...../.....	
101	In what month & year were you born?	Month..... /..... I don't know the month...88 Year...../...../...../..... I don't know year .....88	
102	How old were you at your last birth day? Compare it with 101 questions, if not similar correct it.	Year by age ..... /..... I don't know .....88	
103	What is your current year of study?	I year.....1 II year.....2 III year.....3 IV year.....4 V year & above.....5	
104	Did your father attended formal education?	Yes.....1 No.....0	106
105	What is your father highest level of education?	Primary school(1-8).....1 Secondary school(9-12)...2 Technical/ Vocational.....3 Higher education.....4	
106	Did your mother attended formal education?	Yes.....1 No.....0	108
107	What is your mother highest level of education?	Primary school(1-8).....1 Secondary school(9-12)...2 Technical/ Vocational.....3 Higher education.....4	

108	What is your religion?	Orthodox Christian.....1 Muslim.....2 Protestant.....3 Catholic .....4 Traditional.....5 Other (specify).....99	
109	What is your ethnicity?	Oromo.....1 Amhara.....2 Tigre.....3 Gurage.....4 Woliata.....5 Other (Specify) .....99	
110	What is your current marital status?	Married/Living together...1 Divorced/separated/ widowed.....2 Never married/ Never living together.....3	
111	What is your household monthly income in birr?	Specify-----	
112	Where are you living now?	In campus.....1 Out of campus with family.....2 Out of campus alone.....3	

**Part II. Sexual and reproductive history, family planning history of female undergraduate students of AAU.**

Now I would like to ask you some sensitive questions about your sexual and reproductive history. Let me assure you again that your answer are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next questions.

Ser No	Questions	Response	Skip
201	Have you ever had sexual intercourse?	Yes.....1 No.....0	301
202	How old were you when you had intercourse for the very first time?	(Specify).....	
203	Did you ever had unprotected sexual intercourse? Probe: - Unprotected sexual intercourse is an intercourse without barrier methods.	Yes.....1 No.....0	
204	With how many different people have you had sexual intercourse with any other person in the last 12 months?	Specify.....	
205	How many times did you engage in sexual intercourse in a week in last 12 months?	Specify.....	
206	Did you have ever had STIs that is confirmed by health professional? PROBE: - Sexually transmitted infection (STIs) are disease which you got through sexual contact with symptom of abnormal genital discharge, genital sore & ulcer	Yes.....1 No.....0	
207	Have you ever been pregnant?	Yes.....1 No.....0	213
208	How many times were you pregnant?	Number of pregnancy... /...	
209	When you were pregnant, Have you wanted the pregnancy?	Yes.....1 No.....0	
210	What are the reasons for unintended pregnancy?  Record all mentioned.	Forget to take contraceptives .....1 Rape.....2 Contraceptive failure.....3 Lack of knowledge about EC .....4 Abandoned (pressure) by	

		partner.....5	
211	Have you ever given birth?	Yes.....1 No.....0	
212	How many times did you give birth in your life?	Number of births...../.....	
213	Have you ever had experience of induced abortion?	Yes.....1 No.....0	217
214	How many times did you engaged in induced abortion?	Specify.....	
215	Where does induced abortion occur? Probe to identify each type of source.	Government health facility.....1 Private health facility.....2 NGO health facility.....3 Traditional healer home.....4 Others(specify).....5	
216	What was the reason for induced abortion? Record all mentioned.	Fear of discontinuing school.....1 Fear of parents &family ...2 Economic problem.....3 Partner pressure.....4	
217	Have you ever used contraceptives?	Yes.....1 No.....0	301
218	Have you ever used contraceptives in the last 12 months?	Yes.....1 No.....0	
219	Which contraceptives methods were you ever used most commonly in the last 12 months? Record all mentioned.	Pills.....1 Injectable.....2 Condoms .....3 Implants.....4 IUCDs.....5 Withdrawal.....6 Calendar /rhythm	

		method.....7 Bilateral tub ligation.....8 Vasectomy.....9 Others(specify).....99	
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**Part III. Knowledge of EOC among female undergraduate students of AAU.**

Now I would like to talk about emergency oral contraceptive to assess your knowledge towards post pill to obtain some important issues. Let me know if any concern arises during interview.

Ser. No	Questions & Filters	Response	Skip
301	Have you ever heard about emergency contraception?	Yes.....1 No.....0	
302	Which are emergency contraceptives?  Don't read the option  Record all mentioned	Emergency contraceptive pills. (ECP).....1 Emergency intrauterine device. (IUCD).....2	
303	Where did you hear about emergency contraceptives? PROBE: - To identify each type of source of information.	Health professional.....1 From friends and relatives.....2 Media(TV/ radio/ internet).....3 Other specify.....99	
304	From where a woman can obtain emergency contraception? PROBE: - To identify each type of source	Government healthy facility.....1 NGO health facility.....2 Private health facility.....3 Other specify.....99	
305	How long after unprotected sex should emergency oral contraceptive be taken to prevent pregnancy?	Within 72 hours.....1 After 72 hours.....2	

		Within 120 hours.....3 I don't know.....88	
306	How effective are emergency oral contraceptives in preventing a pregnancy? PROBE: - Effectiveness is the ability to prevent pregnancy after use of emergency oral contraceptives	75-99% .....1 50-75%.....2 30-50%.....3 I don't know.....88	
307	EC is a method of early abortion? PROBE: - Abortion is termination of pregnancy before viability.	Yes.....1 No.....0	
308	EC can be used repeatedly in one cycle? PROBE – Use of post pill many times in a month?	Yes.....1 No.....0	
309	EC can prevent sexually transmitted infection?	Yes.....1 No.....0	

**Part IV. Attitude towards emergency oral contraceptives among female undergraduate students of AAU.**

Now I am going to assess your attitude towards emergency oral contraceptives. Give me your evaluation for each questions based on 1-5 attitudinal measurement (1- Strongly disagree, 2- Disagree, 3- Neutral, 4- Agree, 5- Strongly agree) Let me assure you again that your answer are completely confidential & will not be told to anyone.

*Data collector will place ‘X’ sign for each response for attitudinal measurement.*

Ser No	Questions for interview	Answer	Skip
401	EC cause loss of confidence between regular partners?	1) ----,2) ----,3) ----,4) ----,5) --	
402	It is good to avail EC for all females?	1) ----,2) ----,3) ----,4) ---,5) ---	
403	The service nearby is convenient to use emergency contraceptive pills?	1) ----,2) ---,3) ----,4) ----,5) ---	
404	It is good to use EC after unsafe sex?	1) ----,2) ----,3) ----,4) ---- 5) --	

405	It is sinful to use EC methods?	1) ----,2) ----,3) ----,4) ----,5) --	
406	EC cause infertility to women?	1) ----,2) ----,3) ----,4) ----,5) --	

**Part V. Practice of emergency oral contraceptives among female undergraduate students of AAU.**

Now I would like to ask you some questions about your recent use of emergency oral contraceptives. Let me assure you again that your answer are completely confidential & will not be told to anyone. If we should come to any question that you don't want to answer, just let me know & we will go to the next questions.

Ser No	Questions & Filters	Answer	skip
501	Have you ever used emergency oral contraceptives?	Yes.....1 No.....0	
502	Have you ever used emergency oral contraceptive since last 12 months?	Yes.....1 No.....0	
503	How many times after unprotected sexual intercourse have you used EOC since 12 months?	Specify.....	
504	Who recommend for you to use emergency oral contraceptives?	A friend(girlfriend).....1 Partner (male).....2 Health professional.....3 Other specify.....99	
505	Who decides for you to use emergency oral contraceptives?	Male partner.....1 Female/ Participant.....2 Both( Male/ Female).....3	
506	Why did you use emergency oral contraceptives?  Record all mentioned.	Forget to take contraceptives.....1 Rape.....2 Contraceptive failure.....3 Pressured by partner.....4	

		Others specify.....99	
507	After you used emergency contraception, did you start using a regular method of birth control? PROBE: -Regular contraceptives are traditional & modern family planning methods not used for emergency purpose.	Yes.....1 No.....0	509
508	If yes which method do you start?	Pills.....1 Injectable.....2 Condoms.....3 Implants.....4 IUCDs.....5 Withdrawal.....6 Calendar/ rhythm method.....7 Others(specify).....99	
509	Do you have any concern about emergency contraception methods?	Yes.....1 No.....0	Stop Stop
510	Which is your concern?  Record all mentioned.	It may cause health problem.....1 It may result in complications to get pregnant in the future.....2 It will result in more women suffering from STI and even HIV/AIDS.....3 If men know that this method exists, they would exert pressure on women to use it .....4 Some women may use it frequently instead of using	

		regular contraceptives.....5 Other specify .....99	
T2	Interview end time	-----/-----	

**Thank you for your participation.**

Annex IV-Amharic questionnaire

አዲስ አበባ ዩኒቨርሲቲ

ጤና ሳይንስ ኮሌጅ

የህብረተሰብ ጤና ሳይንስ ትምህርት ቤት

ስለ ጥናቱ አጠቃላይ መረጃ

ጠያቂ : ከዚህ በታች ያለውን መግለጫ በአዲስ አበባ ዩኒቨርሲቲ የመጀመሪያ ዲግሪ ሴት ተማሪዎች አንብቢ!!!

ሰላምታ!

ስሜ \_\_\_\_\_ ይባላል። የአዲስ አበባ ዩኒቨርሲቲ ጤና ሳይንስ ኮሌጅ የህብረተሰብ ጤና ትምህርት ቤት ለሚያከናውነው ጥናት መረጃ በመሰብሰብ ላይ ነኝ። የጥናቱ አላማ በአፍ የሚወሰድ ድንገተኛ የወሊድ መቆጣጠሪያ ላይ ተጠቃሚዎችን እና ተዛማጅ ምክኒያቶች ላይ ለማጥናት ሲሆን ይህም ፕሮግራም ለመቅረፅ እና አግባብ ያለው አጠቃቀም እንዲመጣ ያረጋል። አሁን ሴት ተማሪዎችን በዚህ ጥናት ከ 20-30 ደቂቃ የሚፈጅ ቃለ መጠይቅ በማድረግ ላይ እንገኛለን ። ይህን ዓላማ እውን ለማረጋገጥ ዕርሶ በፍቃድኝነት ላይ የተመሠረተ ትብብር እንዲያረጋገጥን በትህትና እጠይቃለው። በቃለ መጠይቁ ወቅት መመለስ የማይፈልጉት ጥያቄ ካለ በግልፅ መናገር ይችላሉ ግን የሚሰጡን መረጃ ለጥናቱ እጅግ ከፍተኛ የሆነ ጠቀሜታ ይኖረዋል። በቃለ መጠይቁ ወቅት የእርሶን ስምም ሆነ ማንነት ሊገልፅ የሚችል ነገር አይጻፍም። ለጥያቄዎቹ ሚሠጡት ምላሽ ያለእርሶ ፍቃድ ለሶስተኛ ወገን ተላልፎ አይሰጥም። እርሶ ለሚሰጡት መረጃ ሙሉ በሙሉ በሚሰጥር እንደሚያዝ ላረጋግጥሎ ዕውቋለው። በጥናቱ ሲሳተፉ እርሶ ላይ የሚደርስ ምንም ዓይነት ችግር አይደርስበትም እንዲሁም ጠቀሜታም ዓይኖረውም። በጥናቱ በመሳተፍዎ ምንም ዓይነት ክፍያ አንከፍሎትም። በጥናቱ የሚሳተፉት የጥናቱን ዓላማ በመረዳት እና በሙሉ ፍቃደኛ ከሆኑ ብቻ ነው። ጥናቱ በተመለከተ ተጨማሪ መረጃ ቢያስፈልግዎ ለተመራማሪው አቶ ያሬድ ደያሰ በስልክ ቁጥር +251-943-100048 ማግኘት ይችላሉ። መጠይቁ ከተጠናቀቀ በኋላ ስለ ድንገተኛ ወሊድ መቆጣጠሪያ ምክር ይሰጣል።

ስለ ጥናቱ ተጨማሪ ነገር ሚጠይቁት አለ?

**የስምምነት ቅፅ**

እባክሽ የስምምነት ቅፁን ቅጂ ለተጠያቂው በመስጠት ገለፃ አድርጌ።  
 ከላይ የተገለጸውን መረጃ በመረዳት በዚህ ጥናት ለመሳተፍ ፍቃደኛ መሆኔን እገልጻለሁ።

1) [አዎ] ሳጥኑ ላይ ምልክት ይደረግ  ⇒ መጠይቁን ይቀጥሉ

2) [አይደለሁም] ሳጥኑ ላይ ምልክት ይደረግ  ⇒ አመሰግኘው መጠይቁን ያቁሙ።

የኮሌጁ ስም-----  
 የትምህርት ክፍሉ ስም-----  
 የጠያቂው ስም----- ፊርማ ----- ቀን-----/-----/-----  
 ተቆጣጣሪው መጠይቁን በትክክል መሞላቱን አረጋግጦ ምልክት ያድርግ፤

1) [አዎ] ሳጥኑ ላይ ምልክት ይደረግ

2) [አይደለሁም] ሳጥኑ ላይ ምልክት ይደረግ

የተቆጣጣሪው ስም----- ፊርማ ----- ቀን-----/-----/-----

**ክፍል ፩:- ማህበራዊ ፤ እኮኖሚያዊ እና ስነ ህዝብ የሚዳስሰ በአዲስ አበባ ዩኒቨርሲቲ ለመጀመሪያ ዲግሪ ሴት ተማሪዎች የሚደረግ ቃለ መጠይቅ።**

አሁን ስለ ማህበራዊ ፤ እኮኖሚያዊ እና ስነ ህዝባዊ ሚዳስሰ መጠይቅ ልጠይቅት ነው። ይህም ከድንገተኛ የወሊድ መቆጣጠሪያ ጋር ያለውን ግንኙነት ለመረዳት ይረዳል። የሚሠጡን መረጃ በሚስጥር እንደሚያዝ ላረጋግጥሎዎ እወዳለሁ።

ተ. ቁ.	መጠይቅ	ምላሽ	እለፍ
Ti	መጠይቁ የጀመረበት ሰዓት ( የ12 ሰዓት አቆጣጠር ተጠቀም )	-----/-----	
101	በምን ወር ና ዓመተ ምህረት ነው የተወለዱት?	ወር_____/_____ ወሩን አያውቁትም_____88 ዓመት____/____/_____ ዓመቱን አያውቁትም_____88	
102	የመጨረሻ ልደትዎን ሲያከብሩ ስንት አመቶ ነበር? ከ101 ጋር ያመሳክሩ ሁለቱም ካልተጣጣሙ ያስተካክሉ።	ያጠናቀቁት ዕድሜ በአመት____/____ አያውቁም_____88	
103	የስንተኛ ዓመት ተማሪ ናት አሁን?	አንደኛ ዓመት.....1	

		ሁለተኛ ዓመት.....2 ሶስተኛ ዓመት.....3 አራተኛ ዓመት.....4 አምስተኛ ዓመት.....5	
104	አባትዎ የመደበኛ ትምህርት ተከታትለዋል?	አዎ.....1 የለም.....0	106
105	የአባቶዎ የመጨረሻ ደረጃ ትምህርት ደረጃ ቢገልፁልን?	አንደኛ ደረጃ (1-8 ክፍል).....1 ሁለተኛ ደረጃ (9-12 ክፍል).....2 ቴክኒክ ና ሙያ .....3 ከፍተኛ ትምህርት .....4	
106	እናቶዎ የመደበኛ ትምህርት ተከታትለዋል?	አዎ.....1 የለም.....0	108
107	የእናቶዎ የመጨረሻ ደረጃ ትምህርት ደረጃ ቢገልፁልን?	አንደኛ ደረጃ (1-8 ክፍል).....1 ሁለተኛ ደረጃ (9-12 ክፍል).....2 ቴክኒክ ና ሙያ .....3 ከፍተኛ ትምህርት .....4	
108	የምን ሀይማኖት ተከታይ ናት?	አርቶዶክስ ክርስቲያን.....1 እስልምና .....2 ፕሮቴስታንት.....3 ካቶሊክ.....4 ባህላዊ.....5 ሌላ(ግለፅ) .....99	
109	ብሔረሰብዎ ምንድን ነው?	አሮሞ.....1 አማራ.....2 ትግሬ.....3 ጉራጌ.....4 ወላይታ.....5 ሌላ ይገለፁ.....99	
110	የትዳር ሁኔታዎን ቢገልፁልን?	ያገባች/ከጓደኛ ጋር ምትኖር.....1 ፈት/የተለያዩት/የሞተባት.....2 ያላገባች/ አብራ ያልኖረች.....3	

111	የቤተሰብ ገቢ በወር ምን ያህል ብር ነው?	የወር ገቢ በብር.....	
112	አሁን የት ነው ሚኖሩት?	ካምፓስ ውስጥ.....1 ከካምፓስ ውጪ ከቤተሰብ ጋር.....2 ከካምፓስ ውጪ ብቻዬን.....3	

**ክፍል ፪:- የስነ ተዋልዶ ታሪክን እና የወሊድ መቆጣጠሪያን በተመለከተ በአዲስ አበባ ዩኒቨርሲቲ ለመጀመሪያ ዲግሪ ሴት ተማሪዎች የሚደረግ ቃለ መጠይቅ።**

ይህ ቃለ መጠይቅ የሚዳስሰው ስለ ስነ ተዋልዶ ታሪክን እና የወሊድ መቆጣጠሪያን ነው። አሁንም ደግሜ ደጋግሜ ላሳስብዎ የምወደው ሚሰጡን መረጃ በሚስጥር እንደሚያዝ ና ለሌላ ሠው ተላልፎ የማይሰጥ መሆኑን ነው። በቃለ መጠይቅ ወቅት ያልገባዎት ወይም ግልፅ ያልሆነ ነገር ካለ በግልፅ መናገር ይችላሉ።

ተ.ቁ	መጠይቅ	ምላሽ	እለፍ
201	የግብረ ስጋ ግንኙነት አርገው ያውቃሉ?	አዎ.....1 የለም.....0	301
202	ለመጀመሪያ ጊዜ በስንት ዓመቶቻቸው የግብረ ስጋ ግንኙነት የፈጸሙት?	እድሜ በቁጥር...../.....	
203	ጥንቃቄ የሳይለው የግብረ ስጋ ግንኙነት አርገው ያውቃሉ? <b>ገለፃ:</b> የግብረ ስጋ ግንኙነት ያለ ኮንዶም ሲፈፅም።	አዎ.....1 የለም.....0	
204	ባለፉት 12 ወራት ከስንት ያህል የተለያዩ ሰው ጋር የግብረ ስጋ ግንኙነት አርገው ያውቃሉ?	በቁጥር...../.....	
205	በሳምንት ምን ያህል ጊዜ የግብረ ስጋ ግንኙነት ያረጉ ነበር በዚህ 12 ወራት?	በቁጥር...../.....	
206	ከዚህ በፊት የአባላዘር በሽታ በጤና ባለሙያ የተረጋገጠ አጋጥሞት ነበር? <b>ገለፃ:</b> የአባላዘር በሽታ ማለት በግብረ ስጋ ግንኙነት የሚተላለፍ በሽታ ሲሆን ማሳከክ፣ቁስለት እና ሚሽት ፈሳሽ ብልቶች አከባቢ ሲከሰቱ ነው።	አዎ.....1 የለም.....0	
207	አርግዘው ያውቃሉ	አዎ.....1 የለም.....0	213
208	ስንት ጊዜ አርግዘዋል	ያረገዙት በቁጥር ...../.....	
209	ባለፈው ጊዜ ሲያረግዙ ፤ እርግዝናው በፍላጎት ነበር?	አዎ.....1 የለም.....0	

210	ምን ነበር መነሴው ላልተፈለገ እርግዝናው?	የወሊድ መቆጣጠሪያ መርሳት ነው.....1 ግንኙነት ለማረጋገጥ መገደድ ነው.....2 የወሊድ መቆጣጠሪያ አለመሥራት.....3 ስለወሊድ መቆጣጠሪያ አለማወቅ.....4 የወንድ ጓደኛ ጫና ነው.....5	
211	ልጅ ወልደው ያውቃሉ?	አዎ.....1 የለም.....0	
212	በህይወቶቻቸው ምን ያህል ጊዜ ወልደዋል?	የወሊዳት በቁጥር ...../.....	
213	ከዚህ በፊት ፅንሰ አቋርጠው ያውቃሉ?	አዎ.....1 የለም.....0	217
214	ምን ያህል ጊዜ ፅንሰ አቋረጡ?	በቁጥር -----/-----	
215	የት ነበር ፅንሱን ያቋረጡት?	የመንግስት ጤና ተቋም ውስጥ.....1 የግል ጤና ተቋም ውስጥ.....2 የተራድሶ ጤና ውስጥ.....3 ባህላዊ ሓኪም ጋር ነው.....4 ሌላ ግለፅ_-----.....5	
216	ለምን ነበር ፅንሱን ያቋረጡት?	ትምርህ ስለማቋርጥ ነው.....1 የቤተሰብ ፍራቻ ነው.....2 የኢኮኖሚ ችግር ነው.....3 የባለቤቶች ጫና ነው.....4	

		ሌላ ግለፅ_-----5	
217	የወሊድ መቆጣጠሪያዎችን ተጠቅመው ያውቃሉ?	አዎ.....1 የለም.....0	301
218	ባለፉት 12 ወራት ውስጥ የወሊድ መቆጣጠሪያዎችን ተጠቅመው ያውቃሉ?	አዎ.....1 የለም.....0	
219	ባለፉት 12 ወራት ውስጥ የትኛውን የወሊድ መቆጣጠሪያ ብዙ ጊዜ ተጠቅመዋል?	<p>በአፍ የሚወሰድ ኪኒን.....1</p> <p>በክንድ የሚሰጥ መርፌ.....2</p> <p>ኮንዶም.....3</p> <p>በክንድ ሚቀመጥ ኢምፕላንት.....4</p> <p>ሉፕ.....5</p> <p>የወንድ ፈሳሽ ከሴቷ ብልት ውጪ እንዲፈስ ማረግ.....6</p> <p>በቀን ቆጠራ.....7</p> <p>የወንድ ዘር መተላለፊያ ቱቦ መዝጋት.....8</p> <p>የሴት እንቁላል መተላለፊያ ቱቦ መዝጋት.....9</p> <p>ሌላ ግለፅ.....99</p>	

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ይህ ቃለ መጠይቅ የሚዳሰሰው በአፍ የሚወሰድ ድንገተኛ የወሊድ መቆጣጠሪያ ነው። ስለዚህ ስለ ድንገተኛ ወሊድ መቆጣጠሪያ እንክብል ዕውቀቶችን ለመለካት ይረዳል።በቃለ መጠይቅ ወቅት ያልገባዎት ወይም ግልፅ ያልሆነ ነገር ካለ በግልፅ መናገር ይችላሉ።

ተ.ቁ	መጠይቅ	ምላሽ	እለፍ
301	ስለድንገተኛ የወሊድ መቆጣጠሪያ ስምተው ያውቃሉ?	አዎ.....1 የለም.....0	
302	የትኛው ነው ድንገተኛ የወሊድ መቆጣጠሪያ? ምርጫውን አይነብብ	ድንገተኛ የወሊድ መቆጣጠሪያ ኪኒን.....1	

	የተገለጹትን ሁሉ ከብ ዓድርግባቸው።	ሉፕ.....2	
303	ኬት ነው ስለ ድንገተኛ የወሊድ መቆጣጠሪያ የሰሙት? መረጃ የሚገኝባቸውን ምንጮች አብራራላቸው።	ከጤና ባለሙያ.....1 ከቤተሰብ ና ጓደኛ.....2 ሚዲያ.....3 ሌላ ካለ ግለፅ.....99	
304	ድንገተኛ የወሊድ መቆጣጠሪያ ኬት ማግኘት ይችላሉ? ድንገተኛ የወሊድ መቆጣጠሪያ የሚገኝባቸውን ቦታዎች አብራራላቸው።	ከመንግስት ጤና ተቋም.....1 ከትራዲሽን ጤና ተቋም.....2 ከግል ጤና ተቋም.....3 ሌላ ካለ ግለፅ.....99	
305	ጥንቃቄ ከጎደለው የግብረ ስጋ ግንኙነት በኋላ በምን ያህል ጊዜ ድንገተኛ የወሊድ መቆጣጠሪያ ከኒን መወሰድ አለበት?	በ 72 ሰዓት ውስጥ.....1 ከ 72 ሰዓት በኋላ.....2 በ 120 ሰዓት ውስጥ.....3 አላውቅም.....88	
306	እርግዝናን በመግታት ረገድ በአፍ የሚወሰድ ድንገተኛ የወሊድ መቆጣጠሪያ ምን ያህል ውጤታማ ናቸው?	75-99%.....1 50-75%.....2 30-50%.....3 አላውቅም.....88	
307	ድንገተኛ የወሊድ መቆጣጠሪያ ፅንሰ እንዲቋረጥ ያረጋሉ?	አዎ.....1 የለም.....0	
308	በአፍ የሚወሰድ ድንገተኛ የወሊድ መቆጣጠሪያ በወር ውስጥ ደጋግሞ መውሰድ ይቻላል?	አዎ.....1 የለም.....0	
309	ድንገተኛ የወሊድ መቆጣጠሪያ የአባላዘር በሽታን ይከላከል?	አዎ.....1 የለም.....0	

**ክፍል ፬:- በአፍ የሚወሰድ ድንገተኛ የወሊድ መቆጣጠሪያ አመለካከትን የተመለከተ በአዲስ አበባ ዩኒቨርሲቲ ለመጀመሪያ ዲግሪ ሴት ተማሪዎች የሚደረግ ቃለ መጠይቅ።**

ይህ ቃለ መጠይቅ የሚዳስሰው ስለ ድንገተኛ ወሊድ መቆጣጠሪያ እንክብል ነው። ስለዚህ በአፍ የሚወሰድ ድንገተኛ የወሊድ መቆጣጠሪያ አመለካከትን ለመለካት ይረዳል። በእርሶ ግምገማ ለእያንዳንዱ ጥያቄ ከ 1-5 በሆነ መለኪያ ( ማለትም 1-በጣም አልሰማምም : 2- አልሰማምም: 3- ስሜቴ አሉታዊም አውንታዊም አይደለም: 4-እስማማለው: 5- በጣም እስማማለው) ይሰጡናል።

መረጃ ሰብሳቢው ከቁጥሩ በፊት " X" ምልክት ይደረግ!

ተ.ቁ	መጠይቅ	ምላሽ	እለፍ
401	ድንገተኛ የወሊድ መቆጣጠሪያ በፍቅረኛዎች መሃል አለመተማመንን ያመጣል?	1) --2) ---3) ----4) -----5) --	
402	ድንገተኛ የወሊድ መቆጣጠሪያ ለሁሉም ሴቶች ማቅረብ ጥሩ ነው?	1) --2) ---3) ----4) -----5) --	
403	እዚህ አካባቢ ያለው አገልግሎት ድንገተኛ የወሊድ መቆጣጠሪያ ለመጠቀም አመቺ ነው?	1) --2) ---3) ----4) -----5) --	
404	በአፍ የሚወሰድ ድንገተኛ የወሊድ መቆጣጠሪያ ከጥንቃቄ ከጎደለው የግብረ ስጋ ግንኙነት በኋላ መውሰድ ጥሩ ነው?	1) --2) ---3) ----4) -----5) --	
405	ድንገተኛ የወሊድ መቆጣጠሪያ መጠቀም ሃጢአት ነው?	1) --2) ---3) ----4) -----5) --	
406	ድንገተኛ የወሊድ መቆጣጠሪያ ማህን ያረጋል?	1) --2) ---3) ----4) -----5) --	

ክፍል ፩:- በአፍ የሚወሰድ ድንገተኛ የወሊድ መቆጣጠሪያ አጠቃቀምን የተመለከተ በአዲስ አበባ ዩኒቨርሲቲ ለመጀመሪያ ዲግሪ ሴት ተማሪዎች የሚደረግ ቃለ መጠይቅ።

ይህ ቃለ መጠይቅ የሚዳሰሰው በአፍ የሚወሰድ ድንገተኛ የወሊድ መቆጣጠሪያ አጠቃቀምን ይመለከታል። አሁንም ላሳስብዎ የምወደው ሚስጡን መረጃ በሚስጥር እንደሚያዝ ና ለሌላ ሠው ተላልፎ የማይሰጥ መሆኑን ነው። በቃለ መጠይቅ ወቅት ያልገባዎት ወይም ግልፅ ያልሆነ ነገር ካለ በግልፅ መናገር ይችላሉ።

ተ.ቁ	መጠይቅ	ምላሽ	እለፍ
501	ድንገተኛ የወሊድ መቆጣጠሪያ ተጠቅመው ያውቃሉ?	አዎ .....1 የለም .....0	
502	በአፍ የሚወሰድ ድንገተኛ የወሊድ መቆጣጠሪያ በባለፉት 12 ወራት ውስጥ ተጠቅመው ያውቃሉ?	አዎ .....1 የለም .....0	
503	ጥንቃቄ ከጎደለው የግብረ ስጋ ግንኙነት በኋላ ምን ያህል ጊዜ በአፍ የሚወሰድ ድንገተኛ የወሊድ መቆጣጠሪያ በባለፉት 12 ወራት ውስጥ ወስደዋል?	የተወሰደው ክኒን በቁጥር...../.....	
504	ድንገተኛ የወሊድ መቆጣጠሪያ እንዲጠቀሙ ማን ነበር የመከሮዎ?	የሴት ጓደኛ .....1 ባለቤቶች ( የወንድ ጓደኛ ) .....2 ጤና ባለሙያ .....3 ሌላ	

		ግለፅ.....99	
505	ማነው ድንገተኛ የወሊድ መቆጣጠሪያ እንዲጠቀሙ የወሰነው?	የወንድ ጓደኛ.....1 እርሶ ናት.....2 ሁለታችሁም.....3	
506	ለምን ነበር ድንገተኛ የወሊድ መቆጣጠሪያ የተጠቀሙት?	የወሊድ መቆጣጠሪያ መርሳት ነው.....1 ግንኙነት ለማረጋገጥ መገደድ ነው.....2 የወሊድ መቆጣጠሪያ አለመሥራት.....3 የወንድ ጓደኛ ጫና ነው.....4 ሌላ ግለፅ.....99	
507	ድንገተኛ የወሊድ መቆጣጠሪያ ከተጠቀሙ በኋላ የተለመደውን የወሊድ መቆጣጠሪያ ዘዴ መጠቀም ቀጠሉ?	አዎ.....1 የለም.....0	509
508	የትኛውን የወሊድ መቆጣጠሪያ መጠቀም ጀመሩ?	በአፍ የሚወሰድ ኪኒን.....1 በክንድ የሚሰጥ መርፌ.....2 ኮንዶም.....3 በክንድ ሚቀመጥ ኢምፕላንት.....4 ሉፕ.....5 የወንድ ፈሳሽ ከሴቷ ብልት ውጪ እንዲፈስ ማረጋገጥ.....6 በቀን ቆጠራ.....7 ሌላ ግለፅ.....99	
509	በዚህ ድንገተኛ የወሊድ መቆጣጠሪያ ዙሪያ የሚያሳስቡ ነገር አለ?	አዎ.....1 የለም.....0	አቁም አቁም

510	ከሚከተሉት የትኛው ያሳስቦታል?	<p>የጤና መታወክ ሊያስከትል ይችላል.....1</p> <p>እርግዝና ላይ ችግር ሊፈጥር ይችላል.....2</p> <p>የበለጠ ሴቶችን ለአባላዘር በሽታ ያጋልጣል.....3</p> <p>ወንዶች ጫና ያረጋሉ ሴቶች ላይ እንዲጠቀሙ.....4</p> <p>ቋሚ የወሊድ መቆጣጠሪያ ዘዴዎችን በመጠቀም ፋንታ ሴቶች በተደጋጋሚ ሊጠቀሙት ይችላሉ.....5</p> <p>ሌላ ግለፅ_-----99</p>	
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**መጠይቁ ተጠናቋል ፤ አመሰግናለሁ!!!**