AWARENESS AND UTILIZATION OF EMERGENCY CONTRACEPTIVE AMONG SECOND CYCLE PRIMARY FEMALE EVENING STUDENTS IN HAWASSA

BY

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This is to certify that the thesis prepared by Alemayehu Adinew Teshale entitled *Awareness and Utilization of Emergency Contraceptive Among Second Cycle Primary Female Evening Students in Hawassa,* and submitted in partial fulfillment of the requirements for the degree of Masters of science in Pharmacoepidemiology and Social pharmacy (MSc.) complies with the regulations of the university and meets the accepted standarda with respect to originality and quality.

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Chair of the Departement

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Table of contents

Table of Contents Page

List of Tables

List of Figures

List of Annexes

Abstract

An unintended pregnancy is mistimed or unwanted one. It is a public health problem which affects maternal and child health. Unintended pregnancies are also significant among adolescents. Unintended pregnancy is a big problem in Ethiopia particularly among these age groups. Sexual violence is another major health problem because of consequences such as unwanted pregnancy abortion and sexually transmitted diseases and physical and mental trauma all of which could contribute to the high rate of female drop out from schools. Emergency contraception utilization can potentially reduce unintended pregnancies resulted from unprotected sexual intercourse or sexual violence and thus the risks related to it. Disparities in knowledge, access and use of family planning methods have also been observed in the country. This study assessed awareness and utilization of emergency contraceptive among second cycle primary school female evening students.

A cross sectional study design was used. A total of 628 self administered questionnaire were distributed in class rooms for second cycle primary school (Grade 5-8) female evening students in Hawassa whose age was ≥ 15 years to assess their awareness, attitude and practice of emergency contraceptive and to identify their determinants which will be helpful in designing strategies to address reproductive health needs. The response rate was 463 (73.73%). To complement the quantitative data, key informant interview was also held with Family Guidance Association Ethiopia; Hawassa Branch, school directors, community pharmacy professional and DKT Ethiopia Hawassa branch manager. To determine the association between dependent and independent variables, multivariate logistic regression model at 95% confidence interval was used. Thematic analysis was used for qualitative data.

Among 463 students surveyed, 120 (25.9%) of them ever had sexual intercourse the mean age at first sexual intercourse was 15.5 (SD± 2.17); (10-20 years) and 74 (16%) had ever used contraceptives. Of those who had ever heard about emergency contraception (EC), 120 (55.8%) knew at least one correct method of EC. Only 34 (28.3%) of respondents who have ever heard about EC, had good knowledge of EC. 73 (60.8%) of the respondents had favorable attitude towards EC. However, only 27 (5.8%) study participants had ever used EC. In spite of this, of those who had ever used Emergency Contraceptive Pills (ECPs), 6 (42.9%) of respondents used it more than one time with mean frequency of 4.00 (SD±3.00).

In the adjusted logistic regression model, ever heard of Family Planning (FP) and grade level were identified to be positively associated [(AOR= 1.885; CI (1.032-3.443), (AOR=2.119; CI (1.083-4.147) for grade seven and AOR=2.068; CI (1.126-3.797) for grade eight respectively] with awareness about EC. Marital status, contraceptives use experience, fair and good knowledge of EC were identified as [(AOR=0.060; CI (0.005-0.771) for widowed, AOR=0.100; CI (0.22-0.446) for divorced, AOR=0.007; CI (0.002-0.022) and AOR=0.006; CI (0.002-0.023) respectively] negatively associated with attitude. Sexual intercourse experience, fair and good knowledge of EC had positive association [AOR=67.578; CI (6.382-715.533), AOR=15.565; CI (2.316-104.623) and AOR=89.324; CI (10.821-737.313) respectively] with utilization of EC.

Awareness and utilization of EC among primary second cycle female evening students were found to be low. In addition, ever heard about FP, grade level, marital status, contraceptives use experience, fair, good knowledge of EC, sexual intercourse experience were identified to be determinants of awareness and utilization of EC. Due to this fact, stakeholders should collaborate and come up with ways by which awareness could be improved.

1. Introduction

Many people have unprotected intercourse when they do not wish to become pregnant that could result in unintended pregnancy (Price, 1997; Glasier, 2000). Unintended pregnancy is mistimed or unwanted one that is terminated either legally or illegally (Indu *et al*., 2010; Manena-Netshikweta, 2007; Afable-Munsuz and Braveman, 2008).

Unintended pregnancy is a public health problem which affects maternal and child health. Maternal death, abortion, low birth weight baby, preterm birth and high infant mortality are attributed to it (Indu *et al*., 2010; Manena-Netshikweta, 2007; Afable-Munsuz and Braveman, 2008). It also poses a major challenge to reproductive health of young adults in developing countries. Some young women who had unintended pregnancies obtain abortion. Many of which are performed in unsafe condition and others carry their pregnancies to term, incurring the risk of morbidity and mortality (Michael *et al*., 2003).

Given the increasing adolescent sexual activity and decreasing age at first sex in developing countries the use of contraceptives has paramount importance in preventing unwanted pregnancies, unsafe abortion and its associated complications (Michael *et al*., 2003).
Hormonal contraception methods such as birth control pills are clearly the best method for protection against pregnancy (Wasie, 2012) but condoms or emergency contraception (EC) are also alternetives; when regular pills are missed or when couples have unsafe sex (Free and Ogden, 2004).

Emergency contraception, so named by the World Health Organization (WHO), comprises drugs with various dosages (the emergency contraceptive pill; ECP) or intrauterine devices used to prevent pregnancy after unprotected sexual intercourse or after a recognized contraceptive failure (Stewart *et al*., 2004)

Emergency oral contraceptives (EOC) are one of the contraceptions administered after unprotected intercourse to prevent pregnancy. It is less effective than regular contraception and are intended for occasional or emergency use only with a failure rate of 0.2% to 3% (UNDP, 1996).

Emergency contraception utilization can potentially reduce unwanted pregnancies and thus the risks related to unsafe abortions (Byamugisha, 2009).

Second cycle primary school female evening students are groups of individuals who are most housmaid or engaged on other job acctivities at day time and attend class at night which makes them to be highly volunerable to unintended sexual practice and case of rape which might lead to unwanted pregnancy. Thus, understanding of knowledge, attitude and practice of emergency contraception among second cycle primary school female evening students is critical with a policy aimed at reducing unwanted pregnancy. Unfortunately, little reseach has been conducted in this area in the country. The present study will show the scope of the problem in the study area and information gathered will provide baseline data for further study and for local policy makers in developing appropriate evidence based strategies to promote the use of emergency contraceptions.

2. Background

2.1.Prevalence of unwanted pregnancy and consequences

Most unplanned and unintended pregnancies are terminated either legally or illegally. It is estimated that worldwide between 36 and 53 million abortions are performed annually of which about a third are illegally conducted under primitive conditions. Probably one quarter to one third of the half a million maternal mortality cases per year worldwide is due to unsafe abortion (Byamugisha *et al*., 2007). In Republic of South Africa, around 30%-50% of women presenting for choice on termination of pregnancy were not using contraceptives at the time of contraception, and similar numbers of pregnancies were unplanned and unwanted (Manena-Netshikweta, 2007).

Because of significant societal costs and the potential individual risks, unintended teen pregnancy remains a public health concern worldwide. In the United States of America (USA); of the 6.4 million pregnancies recorded in 2001, approximately half were unintended. Of 3.5 million unintended pregnancies that occur each year, of the 3.1 million of unintended pregnancies, 44% resulted in births, 42% in induced abortions and 14% in miscarriages (Finer and Henshaw, 2001; Trussel *et al*., 2007).

Unintended pregnancies are also significant among adolescents: in the United Kingdom (UK), birth rate in adolescents aged 15– 19 years is 29.6% and the induced abortion rate is 21.3% (Singh and Darroch, 2000).

In France, one-third of pregnancies are unintended. Induced abortions are a frequent outcome during unintended pregnancies and are estimated at 40% (Moreau *et al*., 2009). There are an estimated of seventy six million pregnancies that occur each year in developing countries that are unwanted (WHO, 2007; Gessessew and Mesfin, 2004). The vast majority of unsafe abortion (97%) was in developing countries. Unsafe abortion accounts for 14% of all maternal deaths in sub-Saharan Africa where half of the maternal deaths occur. There are also long term health problems associated with unsafe abortion such as chronic pelvic pain, dysparu-nia and infertility (WHO, 2007; Gessessew, 2010).

In Nigeria, an estimated 760 000 abortions occur annually and a quarter lead to complications. Women usually obtain induced abortions clandestinely, and frequently these are unsafe,

accounting for 72 per cent of all deaths in young women under age and 20 000 of the estimated 50 000 annual maternal deaths (Airede and Ekele, 2003).

Each year, an estimated 297,000 induced abortions are performed in Uganda, and nearly 85,000 women are treated for complications. Abortions occur at a rate of 54 per 1,000 women aged 15-49 and account for one in five pregnancies (Singh, 2005).

Unwanted pregnancy is a big problem in Ethiopia; more than 60% of the pregnancies in adolescents are unwanted which is an alarming figure, and most of these pregnancies particularly in adolescents end up with unsafe abortion (Tadesse *et al*., 1994).

2.2.Cause of unintended pregnancy

Unintended pregnancies can arise from the interplay between individual and social factors that limit contra- ceptive use or increase the rate of contraceptive failure. A review by Campbell *et al*., 2006, highlighted several barriers that hinder poor women's ability to control their own fertility. These included a lack of access to healthcare facilities that provide family- planning services (including abortion), the high cost of contraceptives, and cultural factors that limit women's autonomy. However, it must be noted that access to healthcare services does not necessarily ensure access to contraceptive technology. Health services might have a limited offering of contraceptive methods or the method offered (if any) might be influenced by the provider's own prejudices.

A review by Black *et al*., 2010, showed that almost half of all unintended pregnancies can be attributed to contraceptive failure, which is the combination of the inherent failure rate of a given method and the likelihood of the method being used correctly. They also showed that contraceptive failure is associated with both individual factors – such as young age, lack of experience using the method, alcohol and drug abuse, and lack of information about sexual and reproductive health – and relationship factors such as intimate partner violence.

Sexual violence is the major health problem because of consequences such as unwanted pregnancy abortion and sexually transmitted diseases (STDs) and physical and mental trauma all of which could contribute to the high rate of female drop out from schools (Worku and Addisie,

2002). Unwanted pregnancy as a result of rape was observed more in younger, unmarried and economically dependent women (Dessalegn *et al*., 2008).

In Ethiopia, rape is reported to be common and associated with various health problems including unwanted pregnancy and unsafe abortion (Gessessew and Mesfin, 2004).

2.3.Emergency contraception

History of emergency contraceptive dates back to the 1960's when physicians in the Netherlands administered estrogen extracts to 13 years old girl who had been raped in mid cycle (Charlotte, 1996). Since it has been used globally it decreases the costs and emotional and physical risks to women who have had unprotected intercourse. Emergency contraceptives increase the latitude women have to make reproductive decisions by offering an alternative to abortion and childbearing (Harper and Ellertson, 1995). ECs are not effective as a regular form of contraception. Therefore, these methods are only recommended as back up for occasional use (Van Look and von Hertzen, 1993).

Emergency Contraceptive pill (ECP) is an effective method for preventing unintended pregnancy if a woman has unprotected sex, whether consensual or as a case of sexual assault. ECP is most effective within the first 24 hours, but can be effective 120 hours after unprotected sex or contraceptive failure. It is not abortifacients. If a woman is pregnant, the pills will not have an effect on the pregnancy. (Van Look and von Hertzen, 1993). Levenorgestrel only pills are the most common emergency contraceptives available in Ethiopia. The typical regimen, involves taking one dose containing estrogen and progestin (100 microgram of ethinyl estradiol and 1 mg of Levenorgestrel or 0.5 mg of levonovgestrel) with in 72 hrs after unprotected intercourse, followed by another dose 12 hrs later. The most recent data confirm that compliance with this regimen reduces the risk of pregnancy by 75%, while the combined one reduces the risk of pregnancy by 57%. The most commonly experienced adverse reactions from EC are nausea and vomiting, with progestin-only pills less often producing side effects. Less common side effects include fatigue, breast tenderness, headache, dizziness, and abdominal pain (Haynes, 2007).

2.4. Awareness and utilization rate of emergency contraceptive

Given the increasing adolescent sexual activity and decreasing age at first sex in developing countries, the use of contraceptives to prevent unwanted pregnancies and unsafe abortion is especially important (Michael *et al*., 2003). In about half of all unwanted pregnancies, conception occurs due to inadequate guidance to use contraception effectively, poor attitudes towards contraceptives, and lack of motivations (Byamugisha *et al*., 2007). Among those who are aware of emergency contraception, its usage rate is very low since the information they have regarding the methods and the timing of emergency contraception was not sufficient (Kebede, 2006). Despite the availability of contraceptives with affordable costs, there is a large number youths' with unwanted pregnancies and unsafe abortion (Wegene and Fikre, 2005).

The most popular contraceptive method for teenagers remained the condom, yet only 28% of girls reported using condoms every time they had sexual intercourse. Lack of information given to teenagers regarding contraception is highlighted as a key factor. Despite high rates of unprotected intercourse, only 8% of teenagers have used emergency contraceptive pill in the USA in recent years (Harper *et al*., 2008).

In Europe, lifetime emergency contraceptive pill use ranged from 10% in England to 28% in Sweden among sexually active girls aged 14–20 years and Higher rates in France. Nevertheless, some women use it as a regular method of contraception: in a representative cohort of French women of reproductive age (18–44 years), 15% of ECP use instances were reported by women using no other method of contraception (Aiken et al., 2005; Moreau et al., 2009).

In the United Kingdom, a survey of London women with unwanted pregnancy found that 40% were unaware of emergency contraception. In a central Oxford hospital, 30% of women seeking abortions were unaware of emergency contraception, and 11% had heard of the treatment but did not know how to obtain it (Burton and Reader, 1990).

A study on Abortion and unwanted pregnancy in Adigrat Zonal hospital, Tigray, North Ethiopia showed 7.3%(n=630) of those with unwanted pregnancies only 11 patients had the knowledge of emergency contraception (1.2%) (Gessessew, 2010).

2.5. Statement of the problem

High sexual violence, lack of access and low utilization of family planning services in developing countries contribute to the high rate of unintended pregnancies (Okonofua, 2002).

A study on comprehensive care and pregnancy: The unmet care needs of pregnant women with a History of Rape, USA (Munro *et al*., 2012) revealed among sample of 99 rape survivors ranged in age from18–42 years (mean = 25.6) majority of the sample (60%) reported being employed, while 26.3% reported being unemployed, 16% reported being a full- or part-time student, and 3% reported being a homemaker.

In Uganda, abortions occur at a rate of 54 per 1,000 women aged 15-49 and account for one in five pregnancies (Singh *et al*., 2005). According to one study, of 400 primary school students, 49% of sexually active girls were reported to have had forced sex (Heise *et al*., 1995).

In Ethiopia, Sixteen percent of young women had sex by age 15 and 35% women had sex by age 18 years. Amongst women aged 15-19 years, 17% become mothers or are pregnant with their first child. Maternal mortality in this age group when expressed in proportion to female deaths it accounts for 12.1% (EDHS, 2005). Despite the Ethiopian government's effort to prevent unwanted pregnancies and abortion among youths of age less than 24 years, the number of youths requesting termination of pregnancy is increasing annually (Wegene and Fikre E, 2005).

Rape is reported to be common in Ethiopia and associated with various health problems including unwanted pregnancy and unsafe abortion (Gessessew, 2010). The national contraceptive prevalence rate has also been more than doubled to about 29% in 2011 (EDHS Preliminary report, 2011) Regional disparities in knowledge, access and use of family planning methods have also been observed in the country (Bekele, 2008).

A study on knowledge, attitude and practice of emergency contraceptive among women who seek abortion care at Jimma University Specialized Hospital, Southwest Ethiopia (Tesfaye *et al*., 2012) revealed that of 89 women 48(53.9%) had their first sex at the age of less than 18. 44 (49.5%) of them become pregnant at the age of less than 18 for the first time where 39(43.8%) elementary class (grade 1-8) complete.

Another study on predictors of unintended pregnancy in Kerssa, Eastern Ethiopia (Kassa *et al*.,2012) showed 21.4% (n=578) unintended pregnancies were occurred under the age of 20

years and this unintended pregnancies is higher among women who were unmarried, lower economic status, at an early or late age of reproductive life, not using contraceptives consistently and attending formal education.

A study on level and differentials of fertility in Hawassa town, Southern Ethiopia (Gebremedhin and Betre, 2009) showed Seven (58%) of the reported induced abortion in the preceding 12 months had occurred in the age group 15-24 years. Out of 144 (9.5%) respondents who do not know any method of contraception, nearly half of them (47.2%) are teenagers (15-19 years). A study on sexual violence among female high school students in Debark, North west Ethiopia (Worku and Addisie, 2002) showed among the nineteen victims of rape high school students' unwanted pregnancies was 21.1%, among the rape victims 57.9% were under 18 years of age.

A study on Knowledge, Attitude and practice of emergency contraceptives among Adama university female students, Ethiopia (Tilahun *et al*., 2010) showed of the total, 660 respondents, 194(29.4%) were sexually active, 63(9.4%) had history of pregnancy and 49(7.4%) had history of abortion. About 309 (46.8%) of the students had heard about emergency contraceptives and from those who heard emergency contraceptives, 27.2% had good knowledge. Majority, four hundred fifteen (62.9%) of the students had positive attitude towards it. However, only 31(4.7%) had used emergency contraceptive methods.

A study on Emergency contraceptive: Post- secondary school Female students' and service providers perspective A case of Awassa Town, Ethiopia (Bekele, 2008) showed Out of the total 596 female college students 229(38.4%) of them ever had sexual intercourse with mean age 18.24 at their first intercourse and 83.7% had ever used one of the modern contraceptive methods. Out of 212 (35.6%) of the whole respondents who had ever heard about EC, 60.8% knew at least one correct method of EC while only 31.6% correctly identified 72 hours as the time limit for the method use. The summary index for knowledge about EC disclosed that only 17.0% had good knowledge of EC whereas 65.6% had favorable attitude towards EC.

Despite all these awareness and utilization of emergency contraceptives among second cycle female evening class students in Hawassa is not yet studied. These target groups; many of them are housemaid, part timer, vulnerable to sexual assault and involved in unintended sexual

intercourse. Knowing their awareness and utilization pattern of will be important in designing intervention to address their reproductive health need.

2.6. Conceptual framework

Independent variables like age, marital status, grade level, religion, being evening student, being housemaid (including type of employer), having job at day time, having pocket money, type of job, discussion on RH, living alone or with other person, may have relation with sexual experience, knowledge and practice of FP methods and vulnerability for sexual assault could be associated with awareness and utilization of EC as indicated in figure 2.

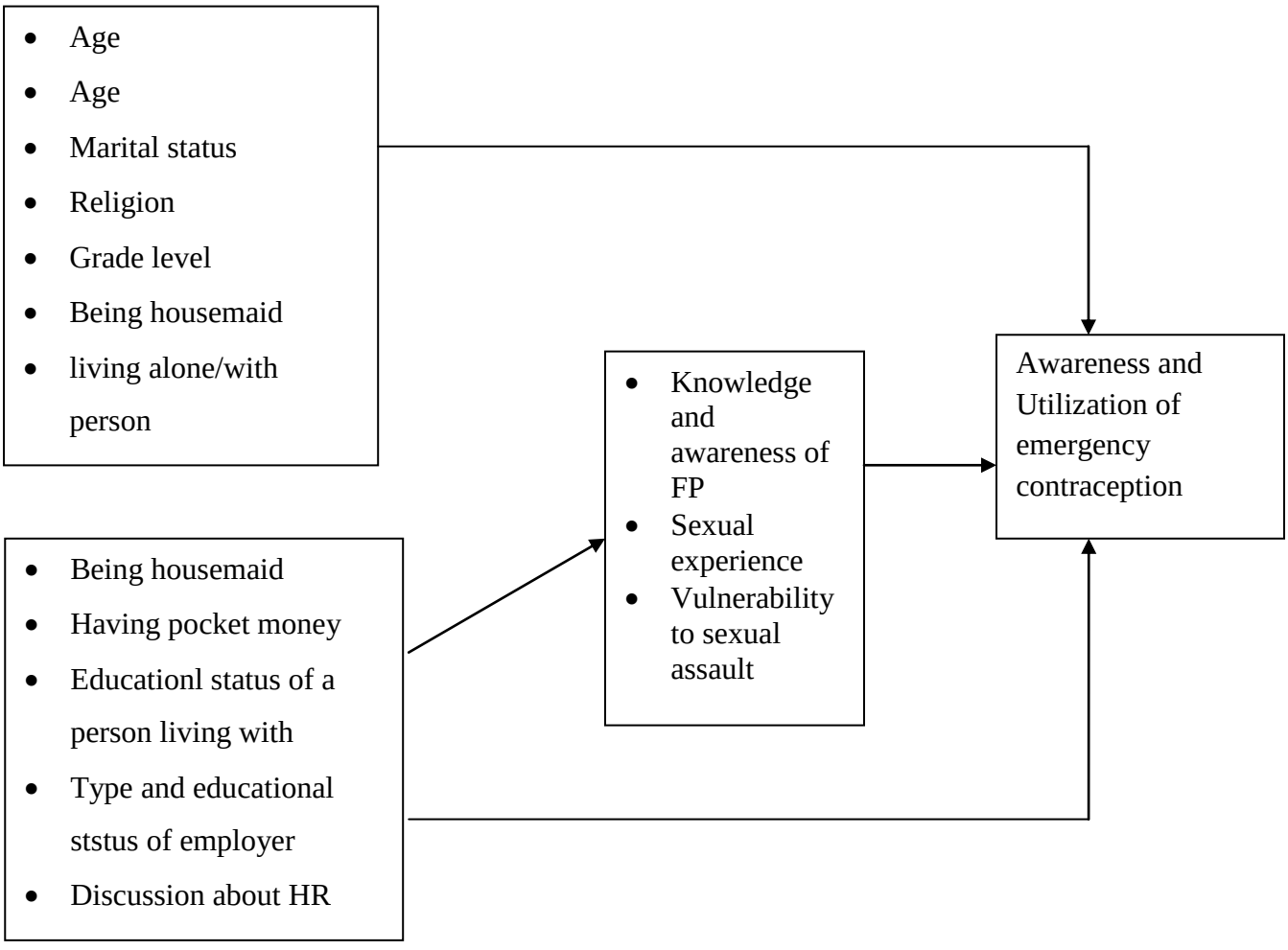

Figure 1: Conceptual Framework of awareness and utilization of emergency contraception among Second Cycle Primary School Female Students' in Hawassa, 2013.

3. Objective

3.1. General objective

- To assess awareness and utilization of emergency contraceptive among Second Cycle Primary School Female Evening Students in Hawassa City, SNNPR.

3.2. Specific objectives

- To assess the level of knowledge of emergency contraceptive among Second Cycle Primary School Female Evening Students in Hawassa.
- To assess the attitude towards emergency contraceptive use among Second Cycle Primary School Female Evening Students in Hawassa.
- To describe the utilization of emergency contraception among Second Cycle Primary School Female Evening Students in Hawassa.
- To identify determinants of emergency contraceptive awareness and use among Second Cycle Primary School Female Evening Students in Hawassa.

4. Methodology

4.1. Study design

A descriptive cross sectional study design using both quantitative and qualitative data collection methods were employed. The two approaches were arranged to complement each other.

Quantitative methods include a self administered questionnaire while qualitative methods include Key Informant Interview.

4.2. Description of the study area

Hawassa is one of the fastest growing cities in Ethiopia, situated on the shores of Lake Hawasa in the Great Rift Valley, Located 270 km south of Addis Ababa. Hawasa is the capital of the Southern Nations, Nationalities, and Peoples Region. The city lies on the Trans-African Highway 4 Cairo-Cape Town, with a latitude and longitude of 7°3′N 38°28′ECoordinates: 7°3′N 38°28′E and an elevation of 1708 meters. Based on the 2007 Census conducted by the Central Statistical Agency of Ethiopia, total population was 258 808. It is the main administrative, commercial and industrial city of the region. During the time of data collection, the city had 21 elementary schools providing evening class where 5 were private, 4 were mission and the rest were public owned schpols. Interms of health facilities, the City had four NGO, two private and elven governmental owned MCH/FP institutions that reproductive health and related services for clients in the city and its sourrounding.

4.3. Source population

The source population constitutes all female second cycle primary school (Grade 5-8) evening students who were attending their class in (2012/2013) academic year in government, private and mission primary schools in the city.

4.4. Study population

The study populations includes second cycle primary school (Grade 5-8) female evening students whose age was ≥ 15 years and were attending schools in 2012/2013 academic year in selected government, private and mission primary schools.

4.4.1. Exclusion criteria

Among 21 schools, two government, one private and one mission school were excluded from the study they did not have Second Cycle Primary School Female Students with age ≥ 15 years. Female evening students who were not at second cycle, age <15 during data collection were also excluded.

4.4.2. Inclusion criteria

All Second Cycle Primary School Female Students with age ≥ 15 Years, attending their class in 2012/13 and present during data collection were included in the study.

4.5. Sampling and sample size determination

4.5.1. Cross-sectional Survey

The total numbers of students to be included in the study were determined by using single population proportion formula. By assuming, the awareness of EC among evening students to be 35.6% from the previous study, (Bekele, 2008) and by taking 95% level of confidence and 5% margin of error, the final sample size was calculated to be 352. However, adjustment was made since the total source population (N) was below 10,000. The final sample size was calculated by assuming 10% none, inappropriate response or absenteeism and design effect of two to overcome design effect the sample size was doubled.

$$n = \frac{(Z_1\text{-}\alpha/2)^2\ p(1-P)}{d^2}$$ (Fox *et al*., 2009)

$$= \frac{(1.96)^2\ 0.356(1-0.356)}{(0.05)^2}$$

$$= 352$$

Where,

α = is level of significance mostly taken to be 5% corresponding to the desired level of confidence, 95% which corresponds

1.96.

d = the margin of sampling error tolerated usually taken to be 5%

Were few previous studies on knowledge; attitude and practice of EC among primary schools in Ethiopia, based on which the sample size was estimated. A study on potential clients' (female

P = Awareness of EC = 35.6%

n= minimum sample size

Z_1-α/2 = the standard normal variable at (1- α)% confidence level and α (level of significance) is mostly taken to be 5% corresponding to the desired level of confidence, 95% which corresponds 1.96.

d = the margin of sampling error tolerated usually taken to be 5%

The source population (N) was 1511, according to SNNPR regional education bureau 2011/2012 demographic record document. The required minimum sample was obtained from the above estimate by making some adjustment.

A total of 628 students were selected using stratified cluster sampling techniques. First, all (17) schools providing primary evening class from grade 1-8 were stratified in - to government, private and mission based on ownership. Then proportionate to their size of the enrolled students the total numbers of students to be sampled from each category of schools were determind. Finally, schools from each category (strata) and classes from the respective schools were selected based on simple random sampling (SRS). Consequently 6 government, 2 private and 2 mission schools were surveyed. Sampling procedure is shown diagrammatically in figure 2.

4.5.2. Qualitative study

Key informant interview

The respective persons from DKT Ethiopia Hawassa Branch, Hawassa City Health Bureau, pharmacist or druggist from retail outlets, Family Guidance Association of Ethiopia Hawassa Branch and school heads were selected purposively and interviewed regarding emergency contraceptive awareness and utilization pattern in particular to evening students.

4.6. Study Variables

Independent variables

- Socio demographic characteristics: age, religion, marital status, having job at day time, pocket money
- Discussion regarding reproductive health, sexual intercourse experience, contraceptive usage experience, family planning awareness
- Grade level

Dependent variables

- Knowledge attitude and practice of EC

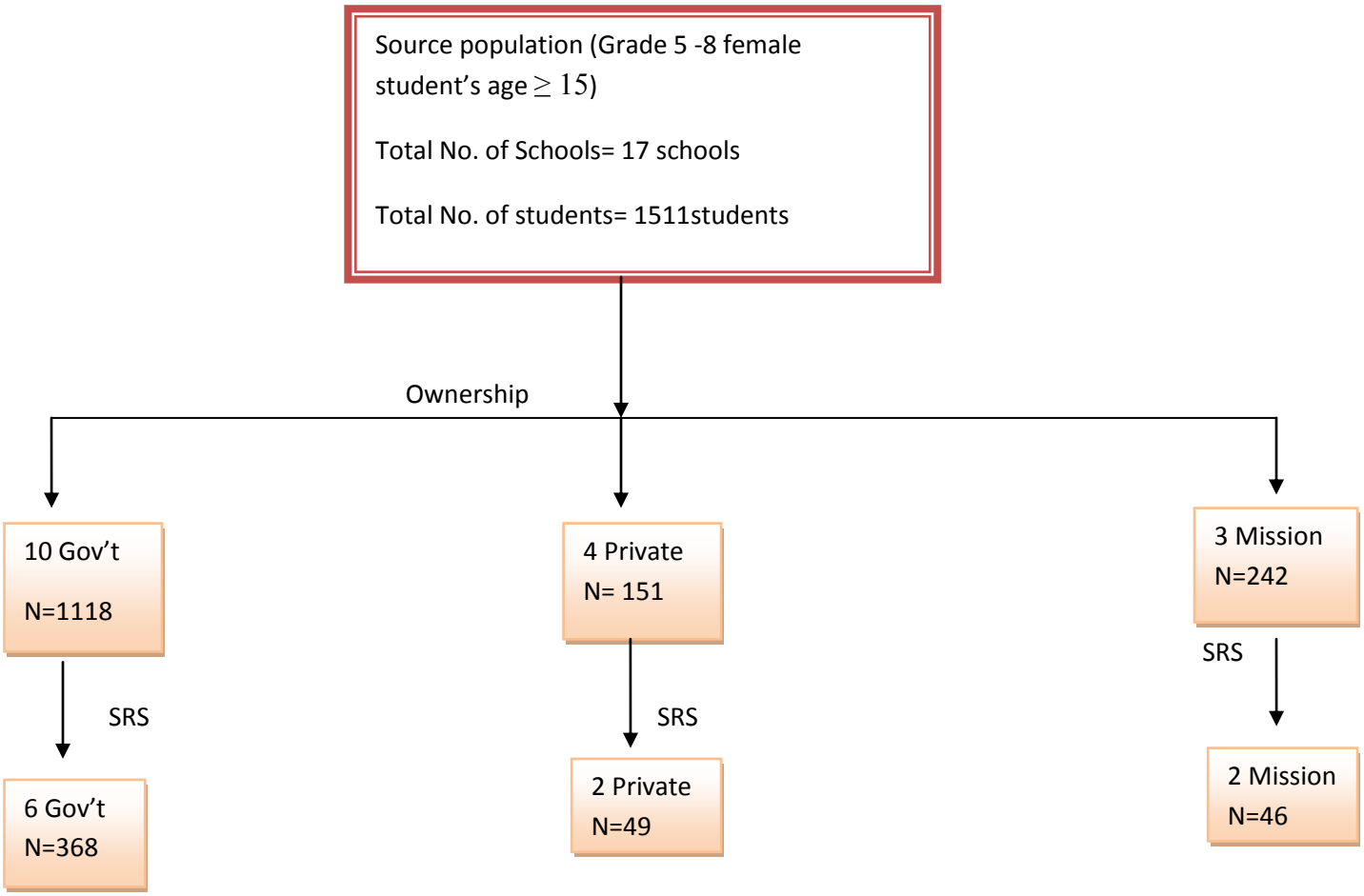

Figure 2: Diagrammatic representation of sampling techniques for schools and students surveyed in Hawassa, 2012/2013.

4.7. Data collection and management

4.7.1. Data collectors

Five data collectors were recruited from Hawassa College of Health Sciences third year clinical nurse students and trained for half day to give standardized instruction, clarify questions and offer assistance when needed during data collection. On daily bases, the completeness of self administered questionnaire collected was checked by the principal investigator in order to maintain consistency, the same procedure followed for data collection in all study sites. In addition, key informant interview were done by the principal investigator.

4.7.2. Data Collection

A combination of both quantitative and qualitative data collection techniques were used to gather information. For the qualitative data, self administered questionnaire was used. It was distributed randomly to those who were eligible for the study. Key informant interview was held with Key informants using interview guide. The data were collected in October, 2013.

4.7.3. Data Collection Instruments

The survey questionnaire which generated the quantitative data pertaining to verify students' knowledge, attitude and practice of EC and their socio-demographic characteristics were adapted and modified accordingly from previous studies to keep consistency (Bekele, 2008).

The questionnaire has five parts. The first part was intended to generate information about the respondents' socio-demographic characteristics, family and partner communication about reproductive health issues; the second part about the sexual background history of the respondents and their knowledge, attitude and practices of contraception and the third, fourth and fifth parts about the study subjects knowledge, attitude and practices of ECs and related issues.

The questionnaire was tested before the actual survey in one of the schools that was not included in the actual survey. Thirty two (5%) of the total required sample size was used for pretest to ensure its clarity, consistency and acceptance. Based on the pre-test, all the necessary modifications were made accordingly.

The key informants' interview was carried out among different purposively selected stakeholders. It was carried out by the principal investigator using open ended and responsive questions and the information obtained was recorded in notes and audio. The interview was focused on activities being implemented to create awareness about EC awareness.

4.8. Data quality assurance

The questionnaires and interview guides were consist of closed and open-ended questions. The interview guide for key informant interview, the questionnaire for the survey was prepared in the English language, and translated into Amharic and then to English to maintain consistency. The Amharic version was used for the interview and self administered questionnaire with students.

Data checking and cleaning were done by principal investigator on daily basis during data collection.

4.9. Data entry, clean up and analysis

Quantitative data was entered and analysid using SPSS version 20. The results were presented using texts and tables. Simple descriptive statistics and logistic regression model (multivariate analysis) were also used to present frequencies and explore association between independent variables and dependent variables, respectively.

After the key informant interview has been done, the data were transcribed, organized and analyzed by principal investigator. Thematic analysis was used for qualitative analysis.

4.10. Operational definitions

Knowledge- is awareness of the presence of the methods, type of EC methods, their sources, drug content, and the ability to identify when to take EC after unprotected sex, situations to take EC, mechanism of action, its side effects, legal status, and effectiveness of ECs to prevent unintended pregnancy. The study subjects' knowledge on EC are classified as good (students who scored more than 3(50%), fair (who scored 1-3 (16.7-50%) and poor (who scored Zero (0%) according to the number of correct responses to the six series of knowledge questions (Bekele 2008).

Attitude – is opinions, out looks, values, position and intentions of the study subjects towards the utilization of EC methods. Study subjects who have concerns and negative opinion about ECs and responded negatively for attitude items were regarded to have negative attitude towards EC. While those who have positive outlook and no concern towards ECs and responded the attitude questions positively were considered to have a positive attitude towards EC (Bekele, 2008).

Practice – ever use of EC on the basis of their knowledge when the study subjects are exposed to unprotected sexual intercourse to prevent unintended pregnancy (Bekele 2008).

Unprotected sexual intercourse – is an intercourse taking place without barrier methods such as no contraceptive has been used, when there is a contraceptive accident (failure) or misuse, condom rupture, slippage or misuse, failure to abstain on a fertility day of the cycle in a women who uses the calendar method and in case of rape (forced sex) (Bekele 2008).

Second cycle primary student: –Are grade 5-8 students (MOE, 2013)**.**

4.11. Ethical considerations

The study was conducted after obtaining approval from Ethics review committee, School of pharmacy, AAU. Permission was obtained from SNNPR Health bureau, Hawassa City Education Bureau and each of the selected Schools, respectively.

First, permission was obtained from director of each school. The purpose and significance of the research was explained to study participants. The study subjects were also informed as their participation is voluntary, they can skip question/s that they do not want to answer fully or partly and also to quit the process at any time if they wanted to do so. After assuring the confidentiality nature of responses, verbal consent was obtained and the questionnaires were distributed to selected female students to be filled with a strict privacy. Consent was obtained from parents or guardians for the respondents who were in the age range between 15- 18 years.

5. Results

5.1.Cross sectional survey

5.1.1. *Socio-demographic characteristics of study participants*

A total of 628 self administered questionnaires were distributed to the study participants, however, only 463 (73.7%) of the questionnaires were completed and recieved. The 165 questionnaires were not completed and as the result were discarded. This might be due to their educational status and attitude towards researchs. The mean age of the study participants was found to be 17.39 (SD± 2.9) years ranging from 15 to 50 years old. As shown in the Table 1, majority of the respondents were between the age group of 15-19 (88.6%), living in Hawassa 448 (96.8%), Protestant christian 214 (46.2%) and unmarried 424 (91.6%).

With respect to occupation, 314 (67.8%) students reported working. Of these, more than two-third, 198 (63.1%) were housemaids and received a mean salary of 216.27 Birr. most of them 156 (78.8%) were employed in family home while the rest employed in single home.

Table 1: Socio-demographic characteristics of Second Cycle Primary School Female Evening Students in Hawassa, South Ethiopia, October, 2013

	Variable	Number	Percentage
Age (n=463)	15-19	410	88.6
	20-24	46	9.9
	≥25	7	1.5
Residence (n=463)	Hawassa	448	96.8
	Vicinity of Hawassa	15	3.2
Religion (n=463)	Protestant chrstian	214	46.2
	Orthodox christian	182	39.3
	Catholic	38	8.2
	Muslim	28	6.0
	Pagan	1	0.2
Grade level (n=463)	Grade 5	159	34.3
	Grade 6	124	26.8
	Grade 8	106	22.9
	Grade 7	74	16.0
Marital status (n=463)	Unmarried	424	91.6
	Married	29	6.3
	Divorced	7	1.5
	Widowd	3	0.6
Live with (n=463)	Parents	124	26.8
	Brother/Sister	72	15.6
	Female friend	71	15.3
	Alone	70	15.1
	Husband	28	6.0
	Boyfriend	4	0.9
	Others*	94	20.3

	Variable	Number	Percentage
Educational status of			

person live with (n=393)	Can read or write	127	32.3
	College/University	86	21.9
	Primary school (1-8)	67	17.0
	Cannot read or write	61	15.5
	High school (9-12)	52	13.2
Pocket money (n=463)	Yes	334	72.1
	No	129	27.9
Source of pocket money (n=334)	Own job	185	55.4
	Parents	75	22.5
	Others**	74	22.1
Job at day time (n=463)	Yes	314	67.8
	No	149	32.2
Type of job (n=314)	Housemaid	198	63.1
	Day labor	49	15.6
	Other***	67	21.3
Housemaid Employer (n=198)	Family	156	78.8
	Male single	25	12.6
	Female single	17	8.6
Employer Educational status (n=198)	College/University	71	35.9
	Can read or write	46	23.2
	Cannot read or write	34	17.2
	High school (9-12)	26	13.1
	Primary school (1-8	21	10.6

*With Employer **Brother/sister, friends, boyfriend, Husband

*** Civil servant, preivate employee, NGO, own job

5.1.2. Sexual experience, Family planning Knowledge and practices

As shown in Table 2, of total 463 study participants, 150 (32.4%) had ever discussed about reproductive health issues and 227 (49%) ever heard about family planning (FP) methods. One hundred twenty (25.9%) of the respondents had sexual intercourse. For those who have had sex, the mean age of 15.57 (SD $\pm$ 2.2) with minimum and maximum age for sexual initiation was 10 and 20 years respectively. However, more than half of sexually active students 70 (58.3%) did

not exactly remember or know at what age they started sexual intercourse. Lifetime mean number of sexual partner (n=81) was reported to be 1.84 ((SD $\pm$ 1.5).

With respect to knowledge of FP methods, only half of the total respondents, 111 (49%) reported knowing at least one method of FP. The rest 116 (51%) have never heard about FP methods in their life time; oral contraceptive pills 80 (35.2%) followed by injectables 80 (35.2%) and intrautrine device (IUCD) 57 (25.1%) are the top three widely known contraceptive methods.

Of those who have heard about FP, only 66 (29.1%) approved wether family planning methods prevent pregnancy and space child birth. The finding also showed that, 109 (48%) of respondents heard information about FP in the last six months before the survey.

Moreover, in the survey those sexually experienced students were asked about their pregnancy. Of 120 sexually experienced respondents, 39 (32.5%) ever had pregnancy; 18 (46.2%) were unwanted. From these unwanted pregnancy, 12 (66.7%) were terminated by induced abortion. Miscalculation in calendar method and forced sexual intercourse were the major reported reasons for unwanted pregnancies. While others said, unavailability of contraceptives, condom slippage religious/moral reasons as a reason.

Table 2: Family Planning methods awareness, sexual experience, history of pregnancy and induced abortion among Second Cycle Primary School Female Evening Students in Hawassa, South Ethiopia, October, 2013.

	Variable	Number	Percentage
RH discussion (n=463)	No	313	67.6
	Yes	150	32.4
Ever heard FP (n=463)	No	236	51
	Yes	227	49
FP methods *(n=227)	OCP	80	35.2
	Injectables	80	35.2
	IUCD	57	25.1
	Calendar/rhythm	23	24.2
	Condom	55	14.5
	Withdrawal	9	10.1
	Norplant	33	4.0
Information of FP received in the last six months (n=227)	No	118	52
	Yes	109	48
Had sexual Intercourse (n=463)	No	343	74.1
	Yes	120	25.9
Ever Pregnancy (n=120)	No	81	67.5
	Yes	39	32.5
Unwanted pregnancy (n=39)	No	21	53.8
	Yes	18	46.2
Induced abortion (n=18)	Yes	12	66.7
	No	6	33.3

*More than one method was responded

As shown in Table 3, out of 463 study participants, 74 (16%) had ever used contraceptives; Injectables 28 (38.4%) and condom 20 (27.4%) were the most commonly used methods. The mean number of months the respondents life time use of contraceptive was 12.56 (SD± 12.9)

months, (n=60) with minimum one and maximum 60 months. Among those who had sexual experience, 15 (12.5%) of the respondents who had never used contraceptives mentioned lack of knowledge as a reason not to use contraceptives.

Generally the finding indicates that 362 (78.2%) of all respondents were willing to use contraceptives in the future. High cost of contraceptives 27 (26.9%), no plan to have sex 22 (21.5%) and moral or religious motives 21 (20.4%) were reasons for their hesitation to use contraceptive in the future.

Table 3: Contraceptive knowledge, practice and future intension to use of Second Cycle Primary School Female Evening Students in Hawassa, South Ethiopia, October, 2013

	Variable	**Number**	**Percentage**
Ever heard of contraceptives (n=227)	No	161	70.9
	Yes	66	29.1
Ever used CPT (n=463)	No	389	84
	Yes	74	16
Used contraceptives * (n=74)	Injectables	28	38.4
	Condom	20	27.4
	OCP	9	12.3
	IUCD	7	9.6
	Others **	18	24.6
Reasons not to use CPT (n=120)	Lack of knowledge	15	12.5
	Infrequent sex	9	7.5
	Others***	96	80
Contraceptiveuse in future (n=463)	Yes	362	78.2
	No	101	21.8

*More than one method was responded ** Include Norplant, calendar/rhythm, and withdrawal methods ***cost, parent opposition, religious reasons, reasons not mentioned,

5.1.3. Awareness and knowledge of emergency contraceptive

As shown in Table 4, only 50 (10.8%) of the whole respondents knew methods to prevent pregnancy that could arise from unprotected sex. More than half of them, 32 (64%) indicated progestin only pills help for this.

One out of four respondents, 120 (25.9%) awared about EC. Among these, 103 (85.8%) of them were in the age group 15-19.

Television/radio 59 (59%) and health care provider 27 (27%) were the major sources of information.

Table 4: Awareness and sources of information about emergency contraception of Second Cycle Primary School Female Evening Students in Hawassa, South Ethiopia, 2013

	Variable	**Number**	**percentage**
Knowledge of unintended pregnancy prevention (n=463)	No	413	89.2
	Yes	50	10.8
Methods Mentioned (n=50)	Progestin only pills	32	64
	Others*	18	36
Ever heard EC (n=463)	Yes	120	25.9
	No	343	74.1
Source of information about EC** (n=120)	Television/radio	59	59.0
	Healthcare provider	27	27.0
	Formal lecture	16	16.0
	RPH clinics	15	15.0
	Friend	11	11.0
	Employer	1	1.0

*IUCD, condom, herbal pessaries and induced abortion

** More than one source of information was responded

Of those who have heard about EC, 67 (55.8%) of the respondents correctly identified at least one correct method of EC; progestin only pills 54 (45%) or IUCD 16 (13.3%). Using herbal

vaginal pessareis 8 (6.7%) and bitter medications 2 (1.7%) were also identified as traditional EC practices.

Of those who heard about EC, majority of the respondents 59 (49.2%) did not know about composition of Emergency contraceptive pills (ECPs) but 17 (14.2%) of them cited that they are different from COCP.

Fourty two respondents (35%) correctly identified that 72 hours is the time limit to take ECPs where as, 17 (14.2%) and 19 (15.8%) of respondents perceive that the ECPs should be taken immediately after sexual intercourse and within 24 hours after unprotected sex, respectively. However, significant number of respondents 32 (26.7%) did not know the correct time limit to take ECPs.

Majority, 63 (52.5%) of the respondents who heard about EC, cited ECPs prevent occurrence of pregnancy. However, 8 (6.7%) of the reapondents perceived ECPs as abortifacient.

Of those who have heard about EC, 46 (38.3%) of the respondents did not have know how on the effectiveness of ECPs in preventing unwanted pregnancy. In contrast, 21 (17.5%) of the respondents said ECPs is more than 75 percent effective and the rest, 31 (25.8%) said 99 percent effective in preventing pregnancy.

Most respondents indicated that ECPs should be used during forced sex 42 (35.6%), accidental slippage of condom 29 (24.6%), failure of contraception 13 (11%), missed pills and infrequent sex 10 (8.5% each) and miscalculation in calendar method 7 (5.9%). However, 29 (24.6%) of the respondents did not know in which circumstance to use ECPs.

Overall, of 120 respondents who had heard about EC, only 34 (28.3%) had good knowledge and 74 (61.7%) respondents had fair knowledge about EC. The rest 12 (10%) have no Knowledge about ECPs.

Table 5: Knowledge score of respondents on Emergency contraceptive pills among those who heard about emergency contraception, Second Cycle Primary School Female Evening Students in Hawassa, South Ethiopia, October, 2013. (n=120)

	Variable	**Number**	**Percentage**
Emergency	Progestin only pills	54	45.0
contraceptive*	Combined oral pills	39	32.5
	Injectables	19	15.8
	IUCD	16	13.3
	Herbal vaginal pessaries	8	6.7
	Estrogen only pillsr	6	5.0
	Bittemedications	2	1.7
Composition of ECPs	I do not know	59	49.2
compared with COCP	The same	24	20
	Same but higher dose	20	16.7
	Different	17	14.2
Time to take ECPs	Within 72hrs	42	35.0
	I do not know	32	26.7
	Within 24hrs	19	15.8
	Immediately	17	14.2
	Within 4-6 days	8	6.7
	Missedperiod	2	1.7
Effect of ECPs	Prevent pregnancy	63	52.5
	I do not know	38	31.7
	Induce abortion	11	9.2
	Both	8	6.7
Effectiveness of ECPs	I do not know	46	38.3
	Highly effective (99%)	31	25.8
	Three-fourth (75%)	21	17.5
	Uncertain	12	10.0
	Half (50%)	6	5.0
	<30%	4	3.3
	Variable	Number	Percentage
Situation to use ECPs *	Forced sex	42	35.6

	Condom broken	29	24.6
	I do not know	29	24.6
	Failure of contraception	13	11.0
	Missed pills	10	8.5
	Infrequent sex	10	8.5
	Miscalculation	7	5.9
Knowledge of EC	Fair	74	61.7
	Good	34	28.3
	Poor/No	12	10.0

*multiple responses possible

5.1.4. Attitudes towards Emergency contraceptive pills

As indicated in Table 6, 102 (85%) respondents who heard about EC were either willing to use ECPs or recommend others to use in the future if it is needed but 18 (15%) were not. The frequently mentioned reason was expectation of ocurrence of unintended pregnancy, 32 (32.3%) of the respondents. On the other hand, 6 (35.3%) of the respondents specified not to use ECPs in the future because they thougt the drug is not effective. In addition, two of the respondents said nothing as a reason.

Most of the respondents, 58 (48.3%) who have heard about EC perceived that ECPs would hurt the baby if it fails to work. While 34 (28.3%) of respondents reported as they did not know the impact of pills on the fetus in case it fails to work.

Of those who had heard about EC, 42 (35%) respondents did not understand that ECPs can protect occurrence of abortion and its consequence. In contrary, Comparable number of respondents, 37 (30.8%) thought ECPs protect occurrence of abortion and its concequence.

With regard to influence of male partener on ECPs use, 54 (45%) of the respondents did not not perceive that men's awareness about ECPs have influence on use. In contrary, 27 (22.5%) of respondents thought men partner awareness about ECPs might impose or encourage women to use it. However, significant number of respondents, 39 (32.5%) did not understand what could be the impact of men awareness on ECPs utilization.

As the overall summary finding indicated, far more than half, 73 (60.8%) of the respondents who heard about EC had favorable attitude towards ECPs.

Table 6: Attitude of Second Cycle Primary School Female Evening Students towards emergency contraceptive, Hawassa, South Ethiopia, October, 2013

	Variable	Number	Percentage
Willingness to use ECPs (n=120)	Willing	102	85.0
	Not willing	18	15.0
Reasons to use (n=102)**	Effective	24	24.2
	Convenient	24	24.2
	Safe	20	20.2
	Other*	32	32.3
Reasons not to use (n=18) **	Not effective	6	35.3
	Against religion	5	29.4
	Dangerous to health	3	17.6
	Induce abortion	3	17.6
	Partner opposition	2	11.8
	Other***	1	5.9
ECPs hurt the fetus (n=120)	Yes	58	48.3
	No	28	23.3
	I do not know	34	28.3
ECPs prevent abortion (n=120)	No	42	35.0
	I do not know	41	34.2
	Yes	37	30.8
Men influence on ECPs use (n=120)	No	54	45.0
	I do not know	39	32.5
	Yes	27	22.5
Attitude towards ECPs summary (n=120)	Favorable	73	60.8
	Unfavorable	47	39.2

*unintended pregnancy could happen

**some respondents have multiple responses

***did not state reason

5.1.5. Emergency contraceptive practices

In order to assess appropriate utilization of barrier methods, sexually active respondents were asked their experience of failure to use condom or any other contraceptive method during sexual

intercourse. Of all sexually experienced respondents 87 (72.5%) reported that they had sexual intercourse without condom or any other contraceptive method as indicated in Table 7. Of those 48 sexually experienced respondents who had ever heard of EC, majority 26 (54.2%) had sexual intercourse without any contraception.

Concerning the utilization of EC in case of method need, all respondents were asked whether they ever used EC or not. Only 27 (22.5%) used EC to prevent unplanned pregnancy. Similarly, among those who had heard about EC and had experience of sexual intercourse, only 24 (45.8%) respondents used it; eighteen are from the age group 15-19, five from 20-24 and the remaining one from 25 and above, in relation to their residence, 22 (91.7%) were from Hawassa and only two were from vicinity of Hawassa.

Of all respondents who had ever used EC, 14 (58.3%) had ever used ECPs while 3 (12.5%) had ever used IUCD.

Regarding reasons for using EC, miscalculation in using calendar methods and not taking contraceptive were frequently cited; 10 (37%) and 9 (33.3%) respectively. On top of this, 12 (50%) of the ever user respondents were advised to use EC by their sexual partner. As shown in Table 7, of those who used ECPs, 6 (42.9%) of respondents had ever used more than one time with a mean of 4.00 (SD±3.00).

Of 436 respondents who had not ever used EC, 269 (61.7%) responded that they did not have full information regarding EC. While 115 (26.4%) of respondent mentioned that they did not have sexual intercourse experience.

Table 7: Emergency contraceptive practice of Second Cycle Primary School Female Evening Students in Hawassa, South Ethiopia, October, 2013

	Variable	Number	Percentage
Had sex without condom/CPT	Yes	87	72.5
(n=120)	No	33	27.5
Had ever used EC (n=120)	No	93	77.5
	Yes	27	22.5
Used EC (n=27)	Progestin only pills	14	58.3
	IUCD	3	12.5
	Others*	10	29.2
Reasons to use EC at that	Calendar miscalculation	10	37.0
time (n=27)	Contraceptives were not used	9	33.3
	Condom broken		
	Missed pills	4	14.8
	Failure of contraception	2	7.4
		2	7.4
Source of information to use	Sexual partner	12	50.0
EC (n=27)	Healthcare provider	7	29.2
	Friend	4	16.7
	Parents	1	4.2
Area of services (n=27)	RH clinic	8	29.6
	Public hospital	6	22.2
	Private clinic/hospital	6	22.2
	Drug retail outlet	3	14.8
	School clinic	3	11.1
Repeated ECPs use (n=14)	Yes	6	42.9
	No	8	57.1
Reasonsfor not using EC	No information	269	61.7
(n=436)	Religious reason	19	4.4
	Use other regular CPT	11	2.5
	Use calendar method	10	2.3

	Had no access	2	0.5
	Not affordable	4	0.9
	Partner opposition	6	1.4
	Other**	115	26.4

*include COCP, estrogen only pills, and condom **had no sexual intercourse till

5.1.6. Factors associated with awareness, attitude and practice of EC

As indicated in table 8, the multivariate analysis showed that, students who heard about FP were found 1.885 times more likely be aware about EC than their counterparts (AOR= 1.885; CI (1.032-3.443). In addition, grade level was markedly associated with awareness about EC [(AOR=2.119; CI (1.083-4.147) for grade 7 and AOR=2.068; CI (1.126-3.797) for grade eight] as compared to grade 5.

With regard to attitude towards EC, widowed or divorced, contraceptive use experience, fair, good knowledge of EC found to have negative association (AOR=0.060; CI (0.005-0.771), AOR=0.100; CI(0.22-0.446), AOR=0.007; CI (0.002-0.022) and AOR=0.006; CI (0.002-0.023) respectively] as shown in Table 9.

Reapondents who had sexual intercourse experience were more likely to utilize EC than their counterparts (AOR=67.578; CI (6.382-715.533). Moreover, as the grade level increases, there appears to be an increase on EC utilization (AOR=15.565; CI (2.316-104.623) for grade seven and AOR=89.324; CI (10.821-737.313) for grade eight] as idicated in Table 10.

Table 8: Association of awareness about emergency contraception with selected background characteristics among Second Cycle Primary School Female Evening Students in Hawassa, South Ethiopia, October, 2013.

	COR (95% CI)	**AOR(95%CI)**
Grade level		
5th (n=159)	1.00	1.00
6th (n=124)	0.891 (0.486-1.631)	0.911 (0.482-1.722)
7th (n=74)	2.372* (1.283-4.386)	2.119* (1.083-4.147)
8th (n=106)	2.502* (1.436-4.360)	2.068* (1.126-3.797)
Marital status		
Never married (n=424)	1.00	1.00
Married (n=29)	2.872* (1.341-6.148)	1.379 (0.476-3.998)
Others[1]	0.769 (0.161-3.680)	0.582 (0.093-3.002)
Pocket money		
Yes (n=334)	2.167* (1.284-3.656)	1.306 (0.682-2.501)
No (n=129)	1.00	1.00
Having job at day time		
Yes (n= 314)	1.791* (1.111-2.887)	1.204 (0.658-2.205)
No (n=149)	1.00	1.00
Discussion about RPH		
Yes (n=150)	2.678* (1.741-4.121)	1.348 (0.736-2.467)
No (n=313)	1.00	1.00
Ever heard about FP		
Yes (n=227)	2.947* (1.897-4.576)	1.885* (1.032-3.443)
No (n= 236)	1.00	1.00
Sexual experience		
Yes (n=120)	2.509*(1.603-3.928)	1.178 (0.530-2.618)
No (n=343)	1.00	1.00
CPT experience		
Yes (74)	2.794* (1.667-4.684)	1.380 (0.583-3.263)
No (389)	1.00	1.00

CI-confidence interval, 1 Divorced, widowed, COR-crude odds ratio, AOR-adjusted odds ratio, * P<0.05

Table 9: Association of attitude towards emergency contraception with selected background characteristics among Second Cycle Primary School Female Evening Students in Hawassa, South Ethiopia, October, 2013.

	COR (95% CI)	**AOR (95% CI)**
Grade level		
5th (n=159)	1.00	1.00
6th (n=124)	1.022 (0.476-2.194)	1.017 (0.337-3.068)
7th (n=74)	0.372* (0.179-0.774)	0.468 (0.150-1.457)
8th (n=106)	0.388* (0.198-0.761)	0.530 (0.188-1.497)
Marital status		
Never married (n=424)	1.00	1.00
Married (n=29)	0.458 (0.194-1.080)	1.816 (0.386-8.533)
Others[1]	0.698 (0.145-3.363)	0.060* (0.005-0.771)
Pocket money	1.00	1.00
Yes (n=334)	0.409* (0.208-0.805)	0.658 (0.222-1.952)
No (n=129)		
Having job at day time	1.00	1.00
Yes (n= 314)	0.494* (0.270-0.905)	0.596 (0.220-1.617)
No (n=149)		
Ever heard about FP		
Yes (n=227)	0.329* (0.191-0.567)	1.019 (0.362-2.870)
No (n= 236)	1.00	1.00
Sexual experience		
Yes (n=120)	0.430* (0.255-0.725)	3.122 (0.853-11.425)
No (n=343)	1.00	1.00
CPT experience		
Yes (74)	0.300* (0.170-0.532)	0.100* (0.22-0.446)
No (389)	1.00	1.00
Knowledge of EC		
Poor (n=12)	1.00	1.00
Fair (n=74)	0.012* (0.005-0.030)	0.007* (0.002-0.022)
Good (n=34)	0.008* (0.003-0.024)	0.006* (0.002-0.023)

CI-confidence interval, 1 Divorced, widowed, COR-crude odds ratio, AOR-adjusted odds ratio , * P<0.05

Table 10: Table 10: Association of emergency contraception practice with selected background characteristics among Second Cycle Primary School Female Evening Students in Hawassa, South Ethiopia, October, 2013

	COR (95% CI)	**AOR (95% CI)**
Age		
15-19 (n=410)	1.00	1.00
20-24 (n=46)	2.925* (1.110-7.705)	0.752 (0.96-5.898)
≥25 (n=25)	3.250 (0.373-28.299)	4.424 (0.141-138.864)
Religion		
Protestant (n=214)	1.00	1.00
Orthodox (n=182)	1.538 (0.680-3.477)	0.448 (0.112-1.787)
Muslim (n= 28)	0.001 (0.012-13.067)	0.000 (0.006-6.000)
Others[1]	0.998 (0.212-4.685)	0.897 (0.116-6.960)
Marital status		
Never married (n=424)	1.00	1.00
Married (n=29)	8.593* (3.353-22.025)	1.026 (0.143-7.346)
Others[2]	2.506 (0.301-20.863)	0.432 (0.015-12.332)
Pocket money		
Yes (n=334)	5.138* (1.199-22.012)	1.846 (0.263-12.945)
No (n=129)	1.00	1.00
Discussion about RPH		
Yes (n=150)	6.725* (2.776-16.293)	0.984 (0.186-5.195)
No (n=313)	1.00	1.00
Ever heard about FP		
Yes (n=227)	9.182* (2.725-30.944)	0.345 (0.041-2.873)
No (n= 236)	1.00	1.00
Sexual experience		
Yes (n=120)	44.868* (10.440-192.837)	67.578* (6.382-715.533)
No (n=343)	1.00	1.00
CPT experience		
Yes (74)	16.452* (6.871-39.392)	2.397 (0.477-12.039)
No (389)	1.00	1.00

	COR (95% CI)	AOR (95% CI)
Ever Pregnancy		
Yes (n=39)	5.501* (2.229-13.573)	0.525 (0.100-2.752)
No (n=81)	1.00	1.00
Knowledge of EC		
Poor (n=12)	1.00	1.00
Fair (n=74)	16.246* (4.283-61.622)	15.565* (2.316-104.623)
Good (n=34)	92.632* (24.677-347.715)	89.324* (10.821-737.313)
Attitude		
Favorable (n=73)	0.087* (0.038-0.199)	1.862 (0.416-8.340)
Unfavorable (n= 47)	1.00	1.00

1 catholic, pagan, CI-confidence interval, 2 Divorced, widowed, COR-crude odds ratio, AOR-adjusted odds ratio, * P<0.05

5.2. Key informant interviews

Interviews were conducted with six key informants from family guidance association of Ethiopia (FGAE), DKT, retail outlet, government, private, and mission schools in their respective offices. Respondent were FGAE deputy manager; DKT Hawassa branch manager; retail outlet drug dispenser and deputy directors of shools. All except retail outlet interviews were recorded. Four of them were male while the rest (two), from a retail outlet and FGAE were female. The respondents have wealth of experience ranging from 3 up to 10 years.

Availability and use of emergency contraceptives?

Key informants from FGA, DKT and retail outlet informed that EC are available in sufficient amount and uninterrupted supply since 2006.

ECPs were the most widely used EC according to key informants from FGA, DKT and retail outlet. Key informant from FGA said, Intra Uterine Contraceptive Device was used in case if the client is coming to have service after 72hrs of unprotected sexual.

According to the key informant's, youth students in the age range of 15-25, were the most common users of ECPs. Married individuals who have failed to use regular contraception methods were also reported among those who commonly use ECPs.

While a key informant from retailoutlet said that, Commercial sex workers the most common users of Emergency Contraceptive Pills. The respondent also added that "students who attened night classes usually come to get the service after 8:00 o'clock at night"

It was also reported that many of the clients who visited clinics or retail outlets make their visit between 24-36 hours after unprotected sexual intercourse.

Reasons to use emergency contraceptive?

Unplanned sexual intercourse and condom slippage are the most commonly reported circumstances that forces women to use emergency contraceptives. In this regard, one key informant said, majority of clients did not use regular or barrier contraception before or during sexual intercourse so they will be forced to use EC. Participants believe that awareness about EC is low for most clients and they added that it could be more worsen among evening female students.

Practice of emergency contraception among users?

Both key informants from FGA and retail outlet mentioned that, some clients came made repeated visits to the service outlets looking for pills emergency contraceptives.

Efforts being made and thought to create awareness in evening students?

A key informant from a mission school said that, in collaboration with a local Non Govenmental Organization called 'Tesfa Goh' the school arranged training for evening female students for consecutive six months in 2013 to create awareness on reproductive health, particularly, unwanted pregnancy. They tried to aware the available FP including EC in class room.

Key informant from FGAE said, FGAE organized youth clubs to create awarness about reproductive health in general in primary and secondary evening students. While the rest of the key informants said that, they did not give special attention to these target groups.

Factors that could be associated with awareness and practice of Emergency contraceptive?

All key informants agreed that, sexual experience, grade level, ever discuss about reproductive health and age are factors could be associated with awareness and practice of EC. In addition, key informant from FGA said, school ownership could be a factor associated with awareness and utilization of EC.

On top of this, religion could be associated with awareness and utilization of EC, according to key informant from DKT.

Awareness of the respondents about the prevalenc of unwanted pregnancy among primary evening class students?

None of the school head reported that except among the married ones they never encountered pregnancy among evening class female students. They also noted that female students attending evening classes are more prone for unwanted pregnancy due to their vulnerability for sexual violence.

6. Discussion

6.1. Sexual experience and practice of contraceptives

The response rate in this study was found to be 73.7%, which can be considered to be low while compared with 94.4% and 92% in the study by Wasie *et al*., 2012, among female students in Gondar and Bahir Dar and Tyde *et al*., 2011, among female university students in Sweden respectively. The finding might indicate the challenge to have complet response and willingness of the study subjects to fill self administered questionnaire and their value towards research though they were well informed on purpose and importance of the research. On top of this, the level of education might contribute to the discurpancy.

Only 150 (32.4%) of the study participants had ever discussed about reproductive health issues, and around half (49%) of them had ever heard about FP methods. Spending most of their time at work in house might be the reason for most of the respondents not to get in discussion regarding reproductive health issues. Though no research was found to compare with, absence of student's clubs among evening class which organize various forums for discussion on different issue including reproductive health could be the reason for the observed low awareness. This finding was supported by key informants from respective schools. They all agreed that evening students were not given the necessary attention unlike to regular students.

The mean age of first sexual intercourse among study participants, 15.57 years in this study was comparable with the mean age for first sexual intercourse among female university students in Sweden which was reported to be 16.8 years (Tyden *et al*., 2011). Most of them were relatively more familiar with oral contraceptive pills and injectable contraceptives (35.2%). Similar finding was reported among female students in Adama University where majority of them 92.5% and 79.1 were familiarized aabout oral contraceptive pills and injectables respectively. This finding might indicate that these family planning methods were relatively well advertised or acceptable by students. Current advertisement through mass media on the benefits of use of long term contraception should be strengthened as it will avoid problem that could arise due to none adherance to take oral contraceptive pills.

Unwanted pregnancy among female students may lead to different complications. In this study,

12 students out of 18 who encountered unwanted pregnancies induced abortion. Comparable finding was also reported among college students in dissie, Ethiopia and Mid-Atlantic region. Nearly half (43.3%) of students who encountered unintended pregnancy resulted in abortion among college students in Dessie, Ethiopia. Where as unwanted pregnancy was 80 (87%) among female college students in suburban university in the Mid-Atlantic region. In addition, These findings revealed that most uwanted pregnancies end up with abortion which might have risk of death of mother and other consequenses like psychological if the mother survive. The finding of this study showed, 165 (48.5%) of the respondents lack knowledge to use contraceptives, though 362 (78.2%) of the respondents were willing to use contraceptives. As respondents knowledge regarding family planning was low, high percentage of abortion cases might not be surprising but it might indicate awareness about family planning should be strengthened.

6.2. Awareness and utilization of emergency contraception

Awarness about emergency contraception in this survey was found to be low 25.9% compared to similar studies done in Adama 46.8%, Addis Ababa 43.5% and Dessie 69.6% (Tilahun *et al*., 2010; Tamire and Enqueselassie, 2007; T.Nibabe and Mgutshini, 2013). The result was supported by finding from the key informant study. The plausible explanation for the difference could be level of education. In this study, all of the study participants were primary cycle students while the study participants in Adama, Addis Ababa and Dessie were regular college/university students. In addition better access to information and more emphasis given for universiry and college students by government and stakeholders may have its contribution on the difference on the level of awareness between our study groups and respondants from the other studies.

Emergency contraceptive pill was relatively more known and used by respondents, compared to IUCD. The finding was consistent with key informants and studies done by Mengistu and Enqueselassie, 2007 and Tamire and Enqueselassie, 2007. Accessibility and easiness for use of emergency contraceptive pill might be the reason for its familiarity and use. In contrast, IUCD needs trained health care proffesionals to be administerd and only provided at health care institutions.

The study finding revealed mass media was main source of information regarding emergency contraception which is consistent with the study by T. Nibabe and Mgutshini, 2013 in Dessie,

Ethiopia on emergency contraception amongst female college students- knowledge, attitude and practice. Promoting these products through mass media particularly giving more emphasis on the frequency to use and time limit to take emergency contraceptive would be more advantageous and should be strengethened since it will let to reach many clients at a time.

Awareness about emergency contraception doesn't guarantte that respondents will have good knowledge. In this study, 25.9% of respondents were aware about emergency contraception, however, only 28.3% of them had good knowledge. Nearly proportional respondents, 84 (27.2%) had good knowledge as reported on the study by Tilahun *et al.,* 2010. During awareness creation practices basic informations regarding these products should be given due concern otherwise may lead to misuse or abuse.

Favorable attitude towards emergency contraception was observed among 60.8% of respondents. Similar proportion was also reported on the study done by Mengistu and Enqueselassie, 2007. According to key informants from FGAE and retail pharmacy, many students fear the occurance of pregnancy than HIV or other sexually transmitted infections. Integrating awareness creation about emergency contraceptive with sexually transmitted illness is very essential otherwise it could negatively affect the prevention activities and the success gained control of HIV/AIDS in the country.

7. Limitations of the study

The study has limitations which should be taken in to consideration while interpreting the results.

First, data was collected using self administered questionnaires; which may lead to inaccuracies in reporting awareness and utilization of EC.

Secondly, students participated in the study voluntarily. However, those refused to take part in the study 76 (12%), might have impact on the finding.

Thirdly, the study involved only primary schools second cycle female evening students in Hawass thus the results cannot be generalized to all those out of school in the city.

Fourth, some students may complete the questionnaires in different way despite the fact that the data collector's responsibility was limited to supervise the students without influencing any responses. However, we believe this was unlikely to have influence on findings to any appreciable degree.

8. Conclusion

Awareness and knowledge of EC among primary second cycle female evening students was found to be low. Only 25.9% of the study subjects were awared about EC and of these only 28.3% of the respondents had good knowledge. However, two third of the respondents had favorable attitude towards emergency contraception. Low rate of EC utilization and repeated use of emergency contraceptive pill was also observed among some respondents.

9. Recommendations

- ✓ SNNPR regional health bureau in collaboration with, SNNPR regional education bureau and other stakeholders should create awareness about emergency contraceptives.
- ✓ School community and parents of students should discuss about the students academic and other issues like reproductive health needs of youth.
- ✓ School management and stakeholders should take responsibility of organizing youth and other reproductive health clubs functioning at night so as to address the gap.
- ✓ Long term contraceptives like IUCD use and importance should be advocated for those who are using emergency contraceptives repeatedly.
- ✓ Further studies can be conducted out of school communities on related groups of individuals who are housemaid or daylabor, in general females who quit education at second cycle educational level to come up with strategies that could help to address the reproductive health need.

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Annex 1: Structured questionnaire for survey (English version)

Addis Ababa University
College of Health Sciences, School of Pharmacy
Questionnaire for the study
Second cycle primary female evening students
(Hawassa, 2013)

Good morning/ Afternoon?

My name is Alemayehu Adinew. Currently I am a postgraduate student at Addis Ababa University, College of Health Sciences, School of Pharmacy. I am conducting a survey to assess the awareness and utilization of Emergency contraceptive among second cycle primary female age ≥ 15 evening students.

The main purpose of the survey is to design strategy and address reproductive health need of the target groups.

To attain this purpose your honest and genuine participation is very important and highly appreciable. I, therefore, kindly request you to fill this questionnaire as accurately and carefully as possible. Please be assured that all the information gathered will be kept strictly confidential and you do not need to write your name on any of the questionnaire page. Only the researcher has the access of the information and used it for the study purpose only. You have a full right and decision to not respond all the questions or partly. Are you willing to participate? Yes ☐

No ☐ (Please, encircle or write your answer accordingly)

Thank you, have a nice day.

If you have any questions about this study, feel free to contact:

Tel: +251118962750

Mob: +251919888855

E-mail: alemayehuteshale@gmail.com

Data Collector

Name _____ Signature _____ Date _____

Supervisor

Name _____ Signature _____ Date _____

I. Background characterstics of respondents			
No	Questions	Response	Skip to
Q 101	How old are you?	Age in Years_____	
Q 102	Where did you live?	Hawassa_____1 Out of Hawassa_____ 2	
Q 103	What is your religion?	Orthodox christian_____1 Muslim_____2 Catholic christian _____3 Protestant christian _____4 Other, Specify_____99	
Q 104	What grade level are you now?	_____	
Q105	Have you interrupted education?	Yes_____1 No_____ 2	
Q 106	What is your current marital status?	Never married_____ 1 Married _____2 Divorced_____3 Widowed _____4 Living with boyfriend_____6	
Q 107	Currently, With whom you are now living with?	Alone _____1 With my friend_____2 With my boy friend_____ 3 With my husband_____ _____ 4 With my parents_____ 5 Other , specify_____99	If alone, skip to 109
Q 108	What is the educational status of the person with whom you are now living with?	Illitrate_____1 Primary education_____2 Secondary education_____3 Above secondary school_____4	
Q 109	Do you get pocket money?	Yes_____1 No_____ 2	If No, skip to 111
Q 110	Usually from where do you get money?	Parents_____ 1 Sister/brother_____2 Relative _____ 3 Friends _____4 Boy friend_____5 Husband _____6 Other, specify_____99	
Q 111	Do you have Job at day time?	Yes_____1 No_____2	If No skip to 116
Q 112	What is your Job at day time?	Day laborer_____1 Housemaid_____ 2 Housewife_____3 Other, specify_____99	
Q	If you are housemaid, Who is your	Husband and wife, family_____ 1	

113	employer?	Male, single_____2 Female, single_____ 3	
Q 114	How much do you earn per month?	_____ETB	
Q 115	What is the educational status of your employer?	Illitrate_____1 Primary education_____2 Secondary education_____3 Above secondary school_____4	
Q 116	Have you ever talk/discuss about reproductive health issues?	Yes_____1 No_____2	If No, skip to section II
Q 117	With whom?	Parents_____ 1 Brother/sisiter_____2 Employer_____ 3 Friends _____4 Boyfriend_____ 5 Husband _____ 6 Other specify_____99	
Section II. Sexual experience, knowledge and practices of contraception			
Q 201	Have you ever heard about family planning Methods?	Yes_____1 No_____ 2	If No, skip to 205
Q 202	If 'Yes' which one do you know? (more than one answer is possible)	Oral pills_____ 1 IUCD_____ 2 Injectables_____ 3 Condoms_____4 Norplant_____ 5 Withdrawal_____6 Calendar/Rhythm_____7 Other, specify_____99	
Q 203	Do you approve that family planning methods prevent pregnancy?	Yes_____1 No_____2	
Q 204	Have you ever heard/seen information regarding family planning in the last six months?	Yes_____1 No_____2	
Q 205	If 'your answer for question 117 is friends, is there anyone who has an experience of sexual intercourse?	Yes_____1 No_____2	
Q 206	Have you ever had sexual intercourse?	Yes_____1 No_____2	If No skip to 209
Q 207	At what age were you had the first sexual intercourse?	Age in years_____1 I do not remember_____96 I do not know_____98	
Q 208	How many partners have you ever had for sexual intercourse in	_____	

	your life time?		
Q 209	Have you ever used contraceptive methods?	Yes_____1 No_____ 2	If No skip to 212
Q 210	Which method have you ever used?	Oral pills_____ 1 IUCD_____ 2 Injectables_____3 Condoms_____4 Norplant_____ _____5 Withdrawal_____6 Calendar/Rhythm_____7 Other, specify_____99	
Q 211	For how long do you use it?	_____	
Q 212	what is your reason? (more than one response is possible)	Contraceptive not available _____1 Cost of contraceptive is not affordable_____2 Lack of knowledge about contraceptive_____3 Partner opposed_____ 4 Religious/moral reasons_____5 Fear of side effect_____6 Wanted to be pregnant_____ 7 Infrequent sex_____8 Other, specify_____99	
Q 213	Have you ever been pregnant?	Yes_____1 No_____2	If No skip to 218
Q 214	How many times?	_____	
Q 215	Is there a pregnancy which was unplanned?	Yes_____1 No_____2	
Q 216	How did you fail to prevent pregnancy?	Forced sexual intercourse_____1 Unavailability of contraceptives_____2 Calendar method was not correct___ 3 Contraceptive failure_____4 Condom slippage/broken _____5 Forget to take contraception_____6 Religious/moral reasons_____7 Infrequent sex_____ 8 Wanted to be pregnant_____9 Other, specify_____99	
Q 217	Have you ever had induced abortion?	Yes_____1 No_____2	
Q 218	Do you intend to use any modern contraceptive method to delay or avoid pregnancy at any time in the future?	Yes_____1 No_____2	
Q 219	If 'No', what is/are the main	Contraceptive is not	

	reasons? (more than one response is possible)	available_____1 Cost of contraceptive is not affordable_____ _2 Partner opposed_____ 3 Religious/moral reasons_____4 Fear of side effects_____5 No plan to have sex in the future_____ 6 Infrequent sex_____ _7 Other, specify_____99	
Section III Knowledge about Emergency contraception (For all respondents)			
Q 301	Is there any method that could be taken to prevent unwanted pregnancy after unprotected sex?	Yes_____1 No_____ 2	If No skip to 303
Q 302	Mention all the methods you know that could be used to prevent pregnancy after unprotected pregnancy?	_____ _____ _____	
Q 303	Have you ever heard about emergency contraceptives?	Yes_____1 No_____ 2	If No skip to section IV
Q 304	What was the firs source of information?	Television/Radio_____1 Magazines/news paper____ _____2 Relatives_____3 Internet webpage_____4 From courses/Formal lecture_____5 Boyfriend_____6 Female friends_____ 7 Healthcare providers_____8 At school clinic_____9 Reproductive health clubs_____ 10 Parents _____11 Employer_____12 Other, specify_____99	
Q 305	Of the listed, which can be used as emergency contraception? (more than one response is possible)	Combined oral pills_____1 Progestin only pills/postinor-II_____2 Estrogen only pills_____3 IUCD_____ __ 4 Herbal vaginal pessaries_____5 Bitter medications, quinine, lemon, potash_____6 Monthly injectable_____ __7 I do not know_____ 98 Other, specify_____ 99	

Q 306	How do you see the composition of drugs in ECPs compared to other regular modern contraceptive methods?	The same as in the regular contraceptive pills_____1 The same but a high dose in the same hormones_____ _2 Completely different from the regular contraceptives_____ _ 3 I do not know_____ 98	
Q 307	To prevent pregnancy effectively, how long the first dose of ECPs should be taken after unprotected sexual intercourse?	Immediately after sex_____1 Within 24 hours after sex_____2 Within 72 hours after sex_____3 Within 4-6 days after sex_____ _4 Even after a missed period_____5 I do not know_____ 98 Other, specify _____99	
Q 308	What is the effect of EC?	Prevent pregnancy from occurring __ 1 Induced abortion_____ 2 Prevent pregnancy and induced abortion_____ 3 I do not know_____ 98 Other, specify_____ 99	
Q 309	How effective are emergency contraceptive pills in preventing pregnancy?	Highly effective (99%)_____1 Three- fourth (75%)_____ 2 Half (50%)_____ 3 Below one-third (30%)_____ 4 Uncertain_____96 I do not know_____ 98	
Q 310	In what situation that EC should be taken to prevent pregnancy? (more than one response is possible)	When forced to have sex_____ 1 When condom slipped/broken_____ 2 When there is missed pills_____ _ 3 When there is failure of contraception_____ _4 When there is infrequent sex_____ 5 When there is miscalculation of calendar method_____ 6 I do not know_____ 98 Other, specify _____ 99	
Section IV Attitude and practice towards EC (For respondents who have heard about EC)			
Q 401	Do you believe that you will use EC or recommend others in case of in the future?	Yes_____1 No_____ 2	If No skip to 403
Q 402	What is your reason to use EC in the future? (more than one response is possible)	It is safer than the regular contraceptives_____1 It is more convenient than the regular contraceptives_____ 2 It is more effective than the regular contraceptives_____3	

		Other reason, Specify_____ 99	
Q 403	What is your reason not to use EC in the future? (more than one response is possible)	It is against my religion_____1 It is not effective_____ 2 It is dangerous to once health_____3 I am using regular contraceptive methods_____4 My partner does not like it _____5 It causes abortion_____ 6 Other reason, specify_____ 99	
Q 404	Do you think EC may hurt the baby in case it does not work?	Yes_____1 No_____ 2 I do not know_____ 98	
Q 405	Do you think EC is necessary to prevent abortion and its complication?	Yes_____1 No_____ 2 I do not know_____ 98	
Q 406	D you worry about that if men knew the existence of this method, they may encourage or exert pressure on women to have unsafe sex?	Yes_____1 No_____ 2 I do not know_____ 98	
Q 501	Have you ever had sexual intercourse without using condom or other contraceptive methods?	Yes_____1 No_____ 2	If No, skip to 503
Q 502	Have you ever use EC methods to prevent pregnancy?	Yes_____1 No_____2	If No, go to 508
Q 503	Which method of EC have you used?	Combined oral pills_____ 1 Progestin only pills (postinor-II)_____ 2 Condom _____3 Estrogen only pills_____4 IUCD_____ 5 Do not remember_____ 98 Other method, specify_____ 99	
Q 504	Why did you use it during that time?	Timing was miscalculated_____1 Did not use any contraceptive_____ 2 Condom slipped/broken_____3 Missed pills_____ 4 Forced to had sex_____ 5 Contraceptive failure_____ _ 6 Other, specify_____ 99	
Q 505	Who recommend you to use it?	A friend_____ 1 Partner/boyfriend_____2 Healthcare provider_____ 3 Internet webpage_____ 4 Parents_____5	

		I do not remember_____ 96 Other, specify_____ 99	
Q 506	Where did you get it?	Public hospitals_____1 Private clinics/hospitals_____ 2 Reproductive health clinics_____ 3 Pharmacies_____ 4 School clinics_____5 Other, specify_____ 99	
Q 507	Have you ever used ECPs more tthan once?	Yes_____1 No_____ 2	
Q 508	If Yes, How many times do you use it ever?	_____	
Q 509	what is your main reason?	I used regular contraceptives correctly and consistently _____ 1 Used safe period correctly_____ 2 Had no enough information about EC_____3 Had no access to EC_____4 Cost of EC is not affordable_____5 Religious/moral reasons_____ 6 Partner oppose_____ 7 Other, specify_____ 99	

Thank you!

Annex 2: Semi structured guide key informant interview (English version)

I. Interview guide concerning the provision of EC in the selected service outlets/pharmacies/Family guidance/DKT

1. Are EC methods and equipments are available sufficiently in your institution? if so what is your source and how is the continuity of the EC supply
2. Which type of EC methods is used mostly?
3. Who provide the service of EC in your institutions?
4. When does the service of EC provided?
5. Do you provide EC service? Do you take any training on EC?
6. At what age group does your most of clients are belonging? Socio-demographic characters, for what reasons that most of your clients ask for EC?
7. How do you see the awareness and utilization of EC by the clients?
8. Does the institution take any effort to create awareness on EC among clients? If No, why? What should be done to enhance the service?

II. Interview Guide for City Health Bureau/School

1. How do you see the occurrence of unwanted pregnancies in evening class students?
   - Who are most vulnerable/socio-demographic characters? What are major reasons/factors? How do you see their awareness regarding utilization of EC?
2. What are activities being implemented in creating awareness on utilization of EC?

Annex 3: Written consent form for family/Employer (English version)

Date _____

To (Family/Employer code number)_____

RE- Request for research participation

My name is Alemayehu Adinew; I am from Addis Ababa University, College of Health, School of Pharmacy, my aim is to conduct a graduate research on To assess awareness and utilization of emergency contraceptive pill among second Cycle Primary School female evening students in Hawassa as part of my graduate requirement. Your child/employee is among the participating students as she is found in the selected schools. Even if the participation of your child/employee is important for the success of this study, I must have your permission on your child/employee participation before proceeding to the detail of the process. For your better understanding, the detail conditions (Purpose of the study, your child/employee role) of the study is attached with this document. Please read the details and decide on your child/employee participation. Thank you very much.

Alemayehu Adinew

Annex 4: Structured questionnaire for survey (Amharic version)

በጥናቱ ውስጥ ተሳታፊ ለመሆን ፈቃደኝነትን ማጸየቂያ ቅጽ

በሀዋሳ ከተማ በሚኙ ሁለተኛ ሳይክል/ዙር መጀመሪያ ደረጃ ሴት የሙሁ ተማሪዎች የደንገተኛ እርግዝና መከላከያ ዘዴዎች ግንዛቤ፣ አጠቃቀም እና ተያያዥ ጉዳዮች የዳሰሳ ጥናት ውስጥ ለመሳተፍ ፈቃደኝነትን የሚልፀብት ቅጽ፣

ጤፍ ይስጥልኝ እኔ አለማሠው አደነዉ እባላለሁ፡ በአሁኑ ወቅት በአዲስ አበባ ዩኒቨርሲቲ፣ ፋርማሢ ትምህርት ቤት፣ የፋርማኪዩቲከስ እና ሶሻል ፋርማሢ ትምህርት ከፍል የጥናት ቡድን አባል ስሆን ሁለተኛ ዙር መጀመሪያ ደረጃ ሴት የሙሁ ተማሪዎች የደንገተኛ ርግዝና መከላከያ ዘዴዎች ግንዛቤ፣ አጠቃቀም እና ተያያዣቹ በሜል ርዕስ እያጠናን እንገኛለን።
በአሁኑ ወቅት ያልተፈለገ/ያልታቀደ/ ርግዝና በወጣት ሴት ተማሪዎች ዘንድ ይታያል ይሁን እንጂ ይህንን ከስተት ለመከላከል በሚገለግሉ ዘዴዎች ላይ ያለዉ ግንዛቤና አጠቃቀም ይልቁንም ሁለተኛ ዙር መጀመሪያ ደረጃ ሴት የሙሁ ተማሪዎች ላይ በጥናት የተደገፈ ሚጃ የለም። ስለሆነም የዚሁ ጥናት ዋና አላማ በሀዋሳ ከተማ ሁለተኛ ሳይክል/ዙር የመጀመሪያ ደረጃ ተማሪዎች መከከል ያለዉን ግንዛቤና አጣዙም ሁኔታ መገለጽና የተማሪዎቹን የስነ ተዋልዶ አገልግሎት ለማሻሻል የሚሰልበትን መንገድ ለማመላከት እንደግብዓት እንዲያገለግል ነው። ከጥናቱ የሚኘው ዉጠቱ ለፖሊሲ አወጪዎች ወደፊት ለሚከተሉት ስልት እና የመፍትሄ አቅጣጫ እንደ ግብአት ያገለግላል።
ስለሆነም ስለ ደንገተኛ ርግዝናን መከላከያ ዘዴዎችን በተመለከተ ያለሽን አስተያየት እና ተሞክሮ የተወሰኑ ጥያቄዎችን ልጠይቅሽ እወዳለሁ። ማጸይቁ ከጊዜሽ ከ 20 – 30 ደቂቃ የሚወስድ ሲሆን በጥናቱ ላይ እንድትሳተፊ የተመረጥሺው ትምህርት ቤትሽ እና የመሜያ ክፍልሽ ዕጣው ስለወጣላቸው ብቻ ነው። በዚህ ጥናት ወስጥ ያንቺ ተሳታፊነት ሙሉ በሙሉ በፈቃደኝነት ላይ የተመሰረተ ነዉ፤ በዚህ ጥናት ወስጥ መሳተፍም ሆነ ላለመሳተፍ መወሰንሽ በትምህርት ቤቱ ወስጥ በምታገኚው አገልግሎት ላይ ምንም አይነት ተጽእኖ የሜኖረው ሲሆን ቃለመጸይቁን በማኖረውም ሰዓት ሙቋረጥ ወይም ጥያቄዎችን አለመመለስ ይቻላል።
ማጸይቁን በመሳት በጥናቱ ለመካፈል ፈቃደኛ ብትሆኚ ሰለ አንቺ በተመለከተ የመሻ ሚጃ (ዕድሜ ጾታ፣ እምነት)፣ ደንገተኛ ርግዝና መከላከያ ዘዴ ማጸቀም/አለማጸቀም፣ ግንዛቤ መኖር/አለመኖር እና የጾታዊ ግንኙነት በተመለከተ በአሁኑ ወቅት እና ከዚህ ቀደም ያለሽን ተሞክሮ፣ **ከግል አስተያየትሽ እና ተሞክሮሽ ሜልሱን የያዘወን ቁጥር ከተሰጡት አሜጭ በሜክበብ ወይም በክፍት ቦታው በአሜጀ ጽሀፍ እንድትሞይ ትጠየቂያለሽ።**
በማጸየቁ ላይ ያንቺ ስምም ሆነ አድራሻ መመላት የሜስፈለግ ሲሆን በጥናቱ ወስጥ ለተነሱት ጥያቄዎች የምትሰጪው ምላሽ ሙሉ በሙሉ ከማንነትሽ ጋር የሜያያዝ እና በምስጠር የሚበቁ ይሆናል። ከዚህ በተጨሜም ከማጸይቁ የተሰበሰበው ሚጃ ወደ ኮምፒዩተር ወስጥ ተገልበጦ በይለፍ ቃል የሚዘጋ ሲሆን

የማጸይቁም ወረቀት ከዋናው አጥኒ እና ረዳቶች በስተቀር ሌላ ሰው እነዳያገኘው በሜቆለፍ ሚህደር ወስጥ እንዲቀመጥ ይደረጋል። ጥናቱን በተመለከተ የምታነሺው ጥያቄ ካለ በዚህ አድራሻ ያገኙኛ

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ሚጃመን የሰበሰበዉ ሰው፤ ስም_____ ፊርማ_____
ቀን_____
ኮድ_____
በሜረ ፈቀደኝነትሽን እንድታረጋግጪልን እንጠይቃለን። ለጥናቱ መሳካት ማጸይቁን በፍላጎት እና በፈቃደኝንት በመሳተፍ ስለ ተባበርሽን ከልብ እናመሰግናለን።
አዎ እስማማለሁ_____ የለም አልስማማም_____

ክፍል 1 **አጠቃላይ የማሻ መረጃ**			
ተ.ቁ.	ጥያቄ	መልስ መሸጫ	
101	ዕድሜሽ **ስንት ነው?**	ዓመት (በመሉ ቁጥር)	
102	**የት** ነዉ የምትኖሪዉ?	ሀዋሳ _____ 1 ከሀዋሳ ዉጪ 2	
103	የትኛዉ **እምነት** ተከታይ ነሽ?	አርቶዶክስ ክርስቲያን _____ 1 መሰለም _____ 2 ካቶሊክ _____ 3 ፕሮቴስታንት _____ 4 ልሎች፣ (ይገለፁ) 99	
104	**የስንተኛ ክፍል** ተማሪ ነሽ?	_____	
105	ትምህርት ቤት መሔድ **ያቋረጥሽበት** ጊዜ አለ?	አዎ _____ 1 የለም _____ 2	
106	**የጋብቻ** ሁኔታሽ?	ያላገባ _____ 1 ባለትዳር _____ 2 አግብታ የፈታች _____ 3 የትዳር ጓደኛን በሞት ያጣች 4	
107	**ከማን ጋር** ነዉ የምትኖሪዉ?	ብቻዬን _____ 1 ከሴት ጓደኛዬ/ኛቼ ጋር _____ 2 ከወንድ ጓደኛዬ ጋር _____ 3 ከባለቤቴ ጋር _____ 4 ከወንድም/እህት _____ 5 ከቤተሰቦቼ (ከእናትና/ከአባት) ጋር _____ _____ 6 ሌሎች፣ (ይገለፁ) _____ 9 9	መልስሽ **1** ከሆነ ወደ **ጥያቄ ቁትር 109** ይታለፍ
108	አብሮሽ **የሚያዉ/የምትኖረዉ/የሚያሩት** ሰዉ/ሰዎች የትምህርት ደረጃ?	መሰበብና መጻፍ የሚችል/የማችል/ሚችሉ _____ 1 መሰበብና መጻፍ የሚቻል/የምትችል/ማቻሉ ብቻ _____ 2 አንደኛ ደረጃ ያጠፍቀቀ/ች/ቁ _____ 3 ሁለተኛ ደረጃ ያጠፍቀቀ/ች/ቁ _____ 4 ኮሌጅ/ዩኒቨርስቲ ያጠፍቀቀ/ች/ቁ _____ 5	
109	**የኪስ ገንዘብ** ታገኛለሽ?	አዎ _____ 1 አላገኝም _____ 2	መልስሽ **አላገኝም** ከሆነ ወደ **ጥያቄ ቁትር 111** ይታለፍ
110	የኪስ ገንዘብ የምታገኚዉ **ከማን** ነዉ?	ከቤተሰብ (ከእናትና/ከአባት) _____ 1 ከእህት/ከወንድም _____ 2 ከጓደኛ/ኛቼ _____ 3 ከወንድ ጓደኛ _____ 4 ከባል _____ 5 ሌሎች፣ (ይገለፁ) 99	
111	**በቀን ፈረቃ** የምትሰሪዉ ስራ አለ?	አዎ _____ 1 የለም _____ 2	መልስሽ **የለም** ከሆነ ወደ **ጥያቄ ቁትር 116** ይታለፍ
112	የምትሰሪዉ **የስራ ዓይነት**?	የቀን ስራ _____ 1 የቤት ዉስጥ ሰራተኛ _____ 2 የመንግስት ሰራተኛ _____ 3 መንግስታዊ ያልሆነ ድርጅት ሰራተኛ _____ 4 የግል ድርጅት ተቀጣሪ _____ 5 የግል ስራ _____ 6 ሌሎች፣ (ይገለፁ) 99	

113	መልስሽ ቀጥር **2** ከሆነ **የአሰሪዎችሽ** ሁኔታ?	ቤተሰብ (ባለትዳ)_____ _____1 መንደላጤ_____ 2 ሴተላጤ_____ 3	
114	በወር **የሚፈልሽ**?	_____**ብር**	
115	የአሰሪዎችሽ **የትምህርት ደረጃ**?	መሰበብና መጻፍ የሚችል/የማችል/ሚቻሉ_____1 መሰበብና መጻፍ የሚቻል/የምትችል/የሚቻሉ ብቻ_____2 አንደኛ ደረጃ ያጠፍቀቀ/ች/ቁ_____3 ሀለተኛ ደረጃ ያጠፍቀቀ/ች/ቁ_____4 ኮሌጅ/ዩኒቨርስቲ ያጠፍቀቀ/ች/ቁ_____ 5	
116	ስለ ስነተዋልዶ ጠፍ **ጥያይት** አድርገሽ ታዉቂያለሽ?	አዎ_____ _1 አላዉቅም_____ 2	መልስሽ **የለም** ከሆነ ወደ **ክፍል 2** ይታለፍ
117	**ከማ** ጋር?	ከቤተሰብ_____ _1 ከእህት/ከወንደም_____ 2 ከአሰሪ_____ _____3 ከጓደኛ_____ 4 ከመንድ ጓደኛ_____ 5 ከባል _____ 6 ለሎች፣ (ይገለፁ) 99	
ክፍል 2 አጠቃላይ ሚጃ ስለ ርግዝና መካላከያ ዘደዎች			
201	ስለ **ቤተሰብ ምጣ** ሰምተሽ ታዉቂያለሽ?	አዎ_____ 1 አላዉቅም 2	መልስሽ **የለም** ከሆነ ወደ **ጥያቄ ቁጥር 205** ይታለፍ
202	**የትኛዉ** የቤተሰብ ምጣ ዘዴ ታዉቂያለሽ?	በየቀኑ የሚጥ የርግዝና መካላከያ (መቆጣጠሪያ) እንክብል_____ _1 በሚፀን ወስጥ የሚቆመጥ ርግዝና መካላከያ (መቆጣጠሪያ)_____ 2 በየ3ወሩ ክንድ ላይ የሚወጋ ርግዝና መካላከያ (መቆጣጠሪያ) መርፌ_____ 3 ኮንዶም_____ _4 ክንድ ላይ የሚበር ርግዝና መካላከያ (መቆጣጠሪያ)_____ 5 የወንድ የዘር ፈሳሽን ከሚፀን ወጪ ማፍሰስ_____ 6 የወር አበባ ቀን አቆጣጠር ስሌት_____ _7 ሌሎች፣ (ይገለፁ)_____99	
203	የቤተሰብ ምጣ ዘደዎች ርግዝናን መካላከል መቻል **ያረጋገጥሽበት** ጊዜ አለ?	አዎ_____ _1 የለም_____ 2	
204	**ባለፉት ስድስት ወራት** ወስጥ ስለ ቤተሰብ ምጣ መጀ አግኝተሻል ?	አዎ_____ _1 አላገኘሁም_____ 2	
205	**ለጥያቄ ቁጥር 117 መላሽ ምርጫ ቁተር 4** ከሆነ ከጓደኞችሽ መካከል **የታዊ ግንኙነት** ፈጽሞ የሚወቅ ነበር?	አዎ_____ _1 የለም_____ _2	
206	የታዊ ግንኙነት **ፈጽሞሽ** ታዉቂያለሽ?	አዎ_____ _1	መልስሽ **የለም** ከሆነ ወደ **ጥያቄ ቁጥር 209** ይታለፍ

		አላወቅም_____ 2	
207	**ለመጀመሪያ ጊዜ** ያታዊ ግንኙነት ስትፈጽሚ እድሜሽ ስንት ነበር?	_____ **ዓመት** አላስታወስም_____ _96 አላወቀወም_____98	
208	**እስከአሁን ከምን ያህል** ወንድ ጋር ያታዊ ግንኙነት ፈጽመሻ ታውቂያለሽ?	_____ **በቁጥር**	
209	የርግዝና መከላከያ ዘዴዎችን **ተጠቅመሻ** ታውቂያለሽ?	አዎ_____1 አላወቅም_____2	መልስሽ **አላወቅም** ከሆነ ወደ **ጥያቄ ቁጥር 209** ይታለፍ
210	**መልስሽ አዎ** ከሆነ **የትኛዉ የርግዝና መከላከያ ዘዴ** ተጠቅመሻ ታውቂያለሽ?	በየቀኑ የሚዋጥ የርግዝና መከላከላከያ (መቆጣጠሪያ) እንክብል_____ _1 በሚህፀን ዉስጥ የሚቀመጥ ርግዝና መከላከላከያ (መቆጣጠሪያ)_____ 2 በየ 3ወሩ ከንድ ላይ የሚወጋ ርግዝና መከላከላከያ (መቆጣጠሪያ) መርፌ___ _____3 ኮንዶም_____ _4 ከንድ ላይ የሚቀበር ርግዝና መከላከላከያ (መቆጣጠሪያ) _____ __5 የወንድ የዘር ፈሳሽን ከሚህፀን ዉጪ ማፍሰስ_____6 የወር አበባ ቀን አቆጣጠር ስሌት_____ _7 ሌሎች፣ (ይገለፁ)_____99	
211	ማጠቃም ከጀመርሽ **ስንት ጊዜ** ሆነሽ?	_____ **ወር**	
212	የማጠቃሚት **ምክንያት?** (ከአንድ በላይ ሚልስ ማጠት ይቻላል)	የርግዝና መከላከያ (መቆጣጠሪያ) ዘዴዎች አቅርቦት ስለሌለ_____ _1 የርግዝና መከላከያ (መቆጣጠሪያ) ዘዴዎችን ለማጠቃም ዋጋዉ ከፍተኛ ሚሆኑ_____2 ስለርግዝና መከላከያ (መቆጣጠሪያ) ዘዴዎች ግንዛቤ ባለመኖሩ_____ 3 የወንድ ጓደኛ ፈቃደኛ አለመሆን_____ 4 ርግዛና መከላከያ ማጠቃም በሀይማኖት የሚፈቀድ በማሆኑ_5 የሚህኒቶቹን ጎንዮሽ ጉዳት ፍራቻ_____6 ሚገዝ ፈልጌ_____7 አልፎ አልፎ ያታዊ ግንኙነት ስለማደርም_____8 ሌሎች ፣ (ይገለፁ) 99	
213	**አርግዘሽ** ታውቂያለሽ?	አዎ_____ 1 አላወቅም _____ 2	መልስሽ **የለም** ከሆነ ወደ **ጥያቄ ቁጥር 218** ይታለፍ
214	**ምን የህል** ጊዜ?	_____ **በቁጥር**	
215	**ያልተፈለገ** ርግዝናስ ነበር?	አዎ_____1 የለም_____2	
216	**መልስሽ አዎ** ከሆነ **እንደት** ለከሰት ቻለ?	በወሲባዊ ጥቃት_____1 የርግዝና መከላከያ ዘዴዎች አቅርቦት ስላልነበር_____ 2 የወር አበባ ቀን አቆጣጠር የተዛባ ሚሆን_____ 3 እየተጠቃምኩ የነበረዉ ርግዝና መከላከያ ዘዴ መሰራት አለመቻሉ _____4 ኮንዶም መቅደድ _____5 ርግዝና መከላከያ ማጠቃምን ማዘንጋት_____ 6 ርግዛና መከላከያ (መቆጣጠሪያ) ማጠቃም በሀይማኖት የሚፈቀድ በማሆኑ _____7 አልፎ አልፎ ያታዊ ግንኙነት ስለማጀርግ_____8 ሚገዝ ፈልጌ_____9 ሌሎች፣ (ይገለፁ)_____99	
217	**ወርጃ** ፈጽመሻ ታውቂያለሽ?	አዎ_____1 አላወቅም_____2	
218	ወደፊት ማኝኛዉንም ርግዝና መከላከያ ዘዴ ለማጠቃም **እቅድ አለሽ**?	አዎ_____1 የለኝም 2	

219	መልስሽ **የኛም** ከሆነ **የማትጠቀሚበት ምክንያት**? (ከአንድ በላይ መልስ መስጠት ይቻላል)	የርግዝና መከላከያ (መቆጣጠሪያ) ዘዴዎች አቅርቦት ስለሌለ_____ 1 የርግዝና መከላከያ (መቆጣጠሪያ) ዘዴዎችን ለማጠቃም ዋጋዉ ከፍተኛ መሆኑ_____ 2 የወንድ ጓደኛ ፈቃደኛ አለመሆን_____3 ርግዝና መከላከያ ማጠቃም በሀይማኖት የሚፈቀድ በመሆኑ_____4 የሚህኒቶቹን ጎንዮሽ ጉዳት ፍራቻ_____5 ያታዊ ግንኙነት ላለመጀጸም መወሰን_____6 አልፎ አልፎ ያታዊ ግንኙነት ስለምጀጸም _____ _7 ሌሎች፣ (ይገለፁ) 99	
ክፍል 3. አጠቃላይ መረጃ ስለ ድንገተኛ /ያልተጠበቀ/ያልተፈለገ ርግዝና መከላከያ ዘዴዎች (ለሁሉም ተሳታፊዎች)			
301	ጥንቃቄ በጎደለዉ ያታዊ ግንኙነት የተፈጠረን **ርግዝና መከላከያ ዘዴዎች** ታዉቂያለሽ?	አዎ_____ 1 አላዉቅም _____2	መልስሽ **የለም** ከሆነ ወደ **ክፍል 4** ይታለፍ
302	የምታዉቂያቸዉን **ግለጪ**	_____ _____ _____	
303	ስለ **ድንገተኛ ርግዝና መከላከያ ዘዴዎች** ሰምተሽ ታዉቂያለሽ?	አዎ_____1 አላዉቅም_____2	
304	የሚጀዉ **ምንጭ** ከየት ነበር? (ከአንድ በላይ መልስ መስጠት ይቻላል)	ቴሌቭዥን /ራዲዮ_____ 1 ሞጽሐፍ/ጋዜጣ____ _____2 ዘመድ_____3 ኢንተርኔት_____ 4 ሞደበኛ ትምህርት_____ 5 የወንድ ጓደኛ_____ 6 ጋደኛ_____ __ 7 ጠፍ ባለሞያ_____ 8 ትምህርት ቤት ክለኒክ_____ 9 ስነ ተዋልዶ ጠፍ ክበባት_____ 10 ቤተሰብ _____ 11 ከወንድም/ከእህት_____12 አሰሪ_____13 ሌሎች፣ (ይገለፁ) 99	
305	**የትኞቹ** ድንገተኛ ርግዝናን **መከላከል** ይችላሉ? (ከአንድ በላይ መልስ መስጠት ይቻላል)	በየቀኑ የሞጥ ርግዝና መከላከያ (መቆጣጠሪያ) እንክብል_____ _1 ፕሮጀስቲን (የ72 ሰዓቱ) ሆርሞን ብቻ የያዘ እንክብል_____ 2 ኢስትሮጂን ሆርሞን ብቻ የያዘ እንክብል_____ 3 በሚዘን ወስጥ ሞቅመጥ ርግዝና መከላከያ (መቆጣጠሪያ)_____ 4 ወደ ሚዘን የሚባ ዕፀዋት ተዋያ_____5 ከምጣጣ ት/ሞራን ት ያላቸዉ ሞድህኒቶች_____ 6 በየ3ወሩ በክንድ ላይ ሞወጋ ርግዝና መከላከያ (መቆጣጠሪያ) ሞርፊ_____ _____7 አላዉቅወም_____98 ሌሎች፣ (ይገለፁ) 99	
306	ድንገተኛ ርግዝና መከላከያ እንክብሎች **ይዘታቸዉ?**	በየቀኑ ከሞጥጠዉ ርግዝና መከላከያ (መቆጣጠሪያ) እንክብሎች ተመሳሰይ_____1 በያቀኑ ከሞጥጠዉ ርግዝና መከላከያ (መቆጣጠሪያ) እንክብሎች በማበዝ ከፍ ያሉ_____ _____2 በየቀኑ ከሞጥጠዉ ርግዝና መከላከያ (መቆጣጠሪያ) እንክብሎች ይለያሉ_____ 3 አላዉቅወም_____98	
307	ድንገተኛ ርግዝና መከላከያ እንክብል **በምን ያህል ጊዜ** ወስት መዉሰድ አለበት?	ወዲዉ ጥንቃቄ ከጎደለዉ ያታዊ ግንኙነት በኋላ_____1 ትንቃቄ የጎደለዉ ያታዊ ግንኙነት ከተፈጸመ በ24 ሰዓታት ወስጥ_____ 2 ትንቃቄ የጎደለዉ ያታዊ ግንኙነት ከተገጸመ በ72 ሰዓታት ወስጥ_____ 3 ትንቃቄ የጎደለዉ ያታዊ ግንኙነት ከተፈጸመ ከ4-6 ቀን ወስጥ_____ _____4 የሞጥለዉ የወር አባባ ከቀረ በኋላ 5	

		አላወቅውም _____ 98 ሌሎች፣ (ይገለፁ) _____ 99	
308	የድንገተኛ ርግዝና መከላከያ እንክብል **ተግባር**?	ርግዝናን መከላከል (መቆጣጠር) _____ 1 ወርጃን ማከተል _____ 2 ርግዝናን መከላከል (መቆጣጠር) እና ወርጃን ማከተል_3 አላወቅውም _____ 98 ሌሎች፣ (ይገለፁ) _____ 99	
309	ድንገተኛ ርግዝና መከላከያ እንክብል ርግዝናን መከላከል **አቅም**?	በጣም ከፍተኛ (99%) _____ 1 ከፍተኛ (75%) _____ 2 በከፊል (50%) _____ 3 ከአንድ ሶስተና በታች (30%) _____ 4 ርግጠኛ አይደለሁም _____ 96 አላወቅውም 98	
310	ድንገተኛ ርግዝና መከላከያ እንክብል **የምንጠቀመዉ** ?(ከአንድ በላይ መልስ መከጠት ይቻላል)	ወሲባዊ ጥቃት ጊዜ _____ 1 ኮንዶም በተቀደደ ጊዜ _____ 2 ርግዝና መከላከያ እንክብክ ባልተወሰደ ጊዜ _____ 3 እየተጠቀምን ያለዉ ርግዝና መከላከያ (መቆጣጠሪያ) እየሰራ መሆኑን በተጠራጠርን ጊዜ___ _____ 4 አልፎ አለፎ ያታዊ ግንኙነት በሜደረምበት ጊዜ _____5 የተዛባ የወር አባባ ቀን አቆጣጠር በተከሰተ ጊዜ _____ 6 አላወቅውም _____ 98 ሌሎች፣ (ይገለፁ) 99	
ክፍል 4	**አጠቃላይ ሚጃ ስለ ድንገተኛ ርግዝና መከላከያ ዘዴ አጠቃቀምና አሚላከት (ስለ ድንገተኛ ርግዝና መከላከያ ዘዴ ስምተዉ ለሚዉቁ)**		
401	ድንገተና ርግዝና መከላከያ እንክብልን **እጠቅማለሁ** ሌሎችም **እንዲጠቅሙ እመክራለሁ** ብለሽ ታስቢያለሽ?	አዎ _____ 1 አላስብም _____ 2	መልስሽ **የለም** ከሆነ ወደ **ጥያቄ ቁጥር 403** ይታለፍ
402	**ለማጠቅም የወሰንሺዉ**/ሌሎች እንዲጠቅሙ **የምትመክሪዉ?**	ሚህኒቶቹ በስህተት እንኳን ቢወሰዱ የሚደርሱት ጉዳት አነስተኛ ስለሆነ _____ 1 ለአጠቃቀም ምቹ በመሆኑ _____ 2 ርግዝናን የመከላከል (የመቆጣጠር) አቅሙዉ የተሻለ መሆኑ _____ _____ 3 ሌሎች፣ (ይገለፁ) _____ 99	
403	**ላለማጠቅም** የወሰንሽዉ? (ከአንደ በላይ መልስ መከጠት ይቻላል)	ርግዛና መከላከያ (መቆጣጠሪያ) ማጠቅም በህይማኖት የሚፈቀድ በመሆኑ _____ 1 ርግዝናን የመከላከል (የመቆጣጠር) አቅሙ አነስተኛ መሆኑ 2 ጠፍ ላይ ተጽኖ ስላለዉ _____ 3 ልላ መደበኛ ርግዝና መከላከያ ዘዴ እየተጠቀምኩ ስለሆነ _____ _4 የወንድ ጓደኛ ፈቃደኛ አለመሆን _____ 5 ወርጃን ስለሜያስከትል _____ 6 ሌሎች፣ (ይገለፁ) _____ 99	
404	ድንገተኛ ርግዝና መከላከያ እንክብል **ፅንሱን ይጎዳል** ብለሽ ታስቢያለሽ?	አዎ _____ 1 አላስብም _____ 2 አላወቅም _____ 98	
405	ድንገተኛ ርግዝና መከላከያ እንክብል **ወረጃንና ተያያዥ ችግሮችን** ይከላከላል ብለሽ ታስቢያለሽ?	አዎ _____ 1 አላስብም _____ 2 አላወቅም 98	
406	ወንድ የፍቅር ጋደኛ የድንገተኛ ርግዝና መከላከያ እንክብል መኖሩን ማወቅ **ጥንቃቄ የጎደለዉ ያታዊ ግንኙነት እንዲኖር ግፊት ያደርጋል** ብለሽ ታስቢያለሽ?	አዎ _____ 1 አላስብም _____ 2 አላወቅም _____ _____ 98	
501	**ኮንዶም/ሌላ** ርግዝና መከላከያ ዘዴን ሳትጠቅሚ ያታዊ ግንኙነት ፈጽማሽ ታዉቂያለሽ?	አዎ _____ 1 አላወቅም _____ 2	
502	**ድንገተኛ ርግዝና መከላከያ ዘዴን** ተጠቅማሽ ታዉቂያለሽ?	አዎ _____ 1 አላወቅም _____ 2	መልስሽ **የለም** ከሆነ ወደ ጥያቄ ቁጥር 508 ይታለፍ
503	**የትኛዉን** ድንገተኛ ርግዝና መከላከያ ዘዴን ተጠቅምሻ?	በየቀኑ የሚዋጥ ርግዝና መከላከያ (መቆጣጠሪያ) እንክብል_1 ፕሮጄስቲን (የ72 ሰዓቱ) ሆርሞን ብቻ የያዘ እንክብል _____2 ኢስትሮጂን ሆርሞን ብቻ የያዘ እንክብል _____3 ኮንዶም _____ _4 በሚህፀን ዉስጥ የሚቀመጥ ርግዝና መከላከያ (መቆጣጠሪያ) _____ 5 አላስታዉስም _____ 98	

		ሌሎች ፣ (ይገለፁ) 99	
504	በወቅቱ ለምን **ለማጠቃም** ወሰንሽ?	የወር አበባ ቀን አቆጣጠር የተዛባ ስለነበር 1 ልላ ርግዝና መከላከያ (መቆጣጠሪያ) እየተጠቀምኩ ስላልነበር 2 ኮንዶም በመቀደዱ 3 እየተጠቀምኩ የነበረዉን ርግዝና መከላከያ (መቆጣጠሪያ) እንክብል ስላልወጥኩ 4 ወሲባዊ ጥቃት ስለነበር 5 በወቅቱ እየተጠቀምኩ የነበረዉ ርግዝና መከላከያ (መቆጣጠሪያ) መስራቱን ማጠራጠር 6 ሌሎች፣ (ይገለፁ) 99	
505	እንድትጠቀሚ **ሚጀመዉ የሰጠሽ አካል** ከነበር? (ከአንድ በላይ መልስ መስጠት ይቻላል)	ጓደኛ 1 የወንድ ጋደኛ 2 ጠፍ ባለሙያ 3 ኢንተርኔት 4 ቤተሰብ 5 አላስታወስም 96 ሌሎች ፣ (ይገለፁ) 99	
506	አገልግሎቱን **ከየት** አገኘሽ?	ከመንግስት ሆስፒታል 1 ከግል ክሊኒክ/ሆስፒታል 2 ስነ ተዋልዶ ጠፍ ክሊኒክ 3 ሞህኒት ችርቻሮ ሱቅ 4 ትምህርት ቤት ክሊኒክ 5 ሌሎች፣ (ይገለፁ) 99	
507	ድንገተኛ ርግዝና መከላከያ እንክብል **በተደጋጋሚ** ተጠቅመሽ ታውቂያለሽ?	አዎ 1 አላወቅም 2	
508	መልስሽ **አዎ** ከሆነ **ምን ያህል ጊዜ** ተጠቃምሽ?	በቅጥር	
509	**ምክንያትሽ**?	ሌለ ርግዝና መከላከያ (መቆጣጠሪያ) ዘዴ እየተጠቀምኩ ስለሆነ 1 የወር አበባ ቀን አቆጣጠር ስሌትን በአግባቡ ስለምጠቀም 2 ስለ ድንገተኛ ርግዝና መከላከያ (መቆጣጠሪያ) ዘዴ በቂ ግንዛቤ ስላልነበረኝ 3 ድንገተኛ ርግዝና መከላከያ (መቆጣጠሪያ) እንክብል በአቅራቢያ ስላልነበረ 4 ድንገተኛ ርግዝና መከላከያ (መቆጣጠሪያ) እንክብል ዋጋ ፍተኛ በመሆኑ 5 ርግዝና መከላከያ (መቆጣጠሪያ) መጠቀም በሀይማኖት የሚፈቀድ በመሆኑ 6 ወንድ ጓደኛ ፈቃደኛ አለመሆን 7 ሌሎች፣ (ይገለፁ) 99	

Annex 5: Semistructure guide key informant interview (Amharic version)

Annex 5. Semistructure guide key informant interview (Amharic version)

I. **ቃለመጠይቅ መረጃ መሰብሰቢያ ነጥቦች (ለተመረጡ መድሀኒት ቸርቻሮ ቦቶች፣ ቤተሰብ መምሪያ፣ ዲኬቲ)**

1. የድንገተኛ ርግዝና መከላከያ ዘዴዎች አቅርቦት በተቋሙ ዉስጥ ምን ይመስላል? ወደፊት የሚኖረዉስ የአቅርቦት ሁኔታ መናገር ይቻል ይሆን?
2. የትኞቹ ድንገተኛ ርግዝና መከላከያ ዘዴዎች ባብዛኛዉ ጥቅም ላይ ይዉላሉ? አገልግሎቱን የሚሰጡት ባለሙያዎችስ ምን ይመስላል (ስልጠና ሁኔታ)? ለማን (እድሜ፣ የኑሮ ሁኔታ ፣ ሰራ፣ መቼ እና እንዴት ነዉ አገልግሎቱ የሚሰጠዉና እየተሰጠ ያለዉ? አገልግሎቱን ለመጠቀም ያስቻላቸዉ ምክንያቶች?
3. የተገልገዮቹን የግንዛቤና አጠቃቀም ሁኔታ እንዴት ታየዋለህ/ሽ?
4. ተቋሙ ግንዛቤን ከመፍጠር አኳያ እያደረገቸዉ ያሉ ነገሮች ካሉ? በተለይ በማታ ተማሪዎች ላይ? ከሌለስ ምን ታስቧል? ምንስ መደረግ ያሻል ብለህ/ሽ ታስባለህ/ሽ አገልግሎቱን ከማስፋትና ከማሻሻል አኳያ?

II. **ቃለመጠይቅ መረጃ መሰብሰቢያ ነጥቦች (ከከተማጤና መምሪያ/ትምህርት ቢሮ)**

1. ያልተፈለገ ርግዝና ከስተትና ስርጭት በማታ ተመሪዎች ላይ ምን ይመስላል? የትኞቹ የበለጠ ተጋለጭ ናቸዉ ብለህ/ሽ ታስባለህ/ሽ (እድሜ፣ የማህበራዊ ኑሮ ሁኔታ፣ ለድንገተኛ ርግዝና መከላኩያ ዘዴዎች ያላቸዉ ግንዛቤና አጠቃቀም ሁኔታስ)? እዚህን ዘዴዎች ለመጠቀም ያሉ ተግዳሮቶች?
2. ግንዛቤንከመፍጠርና አጠቃቀምን ከማሳደግ አኳያ እየተደረጉ/የታሰቡ ያሉ ርምጃዎች ሁኔታስ?

Annex 6: Amharic version written consent form for parents/guardian

ቀን----------

ለ(የቤተሰብ/አሰሪ/የቅርብ ተጠሪ መለያ ቁጥር) ----------

ጉዳዩ - የቤተሰብን/አሰሪን/የቅርብ ተጠሪ ፈቃድ ስለመጠየቅ

ስሜ አለማይሁ አድነዉ ይባላል በአዲስ አበባ ዩኒቨርሲቲ፣ ጤና ሳይንስ ኮሌጅ፣ ፋርማሲ ት/ክፍል ተማሪ ስሆን ዕድሚያቸዉ 15 እና ከዚያ በላይ የሆኑ ሁለተኛ ዙር/ሳይክል መጀመሪያ ደረጃ ሴት የማታ ተማሪዎች የድንገተኛ ርግዝና መከላከያ ዘዴዎች ግንዛቤ፣ አጠቃቀም እና ተያያዥቹ በሚል ርዕስ እያጠናን እንገኛለን።፡፡ የእርሶም ልጅ/ሰራተኛ ከሚደረግባቸው ት/ት ቤቶች ስለምትገኝ ከጥናቱ ተሳታፊዎች አንዷ ነች፡፡ የልጆ/ሰራተኛ ተሳትፎ ለዚህ ጥናት ስኬታማነት አስፈላጊ ሲሆን ጥናቱን ከመጀመሩ በፊት የእርሶን ፈቃደኝነት ማግኘት ስለሚኖርብን ከዚህ ደብዳቤ ጋር የጥናቱን ዝርዝር ጉዳዮች የሚመለከቱ ጉዳዮችን(ሚስጥራዊነት:የጥናቱዓላማ፣ በምርምሩ ላይ የልጅዎ/ ሰራተኛዎ ሚና) አባሪ አድርጌ የላኩኝ ሲሆን ዝርዝር ሁኔታዎችን አንብበዉ የልጅዎን/ሰራተኛዎን ተሳታፎ ይወስኑ ዘንድ በአክብሮት እንጠይቆታለን፡፡

አለማየሁ አድነዉ

ከሰላምታ ጋር