

Assessment of Knowledge, Attitude and Practice Towards Emergency Contraceptive Methods among Female Students in Abdisa Aga High School, Fiche Town, Northern, Ethiopia, 2016

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Abstract: Despite the availability of highly effective methods of contraception, many pregnancies are unplanned and unwanted. These pregnancies carry a higher risk of morbidity and mortality, often due to unsafe abortion. Many of these unplanned pregnancies can be avoided using emergency contraception. Literature reveals that there is existence of knowledge, attitude and practice gaps on emergency contraception in the world including Ethiopia. This study was designed to assess knowledge, attitude and practice towards emergency contraceptive methods among female students in Abdisa Aga high school Fitch town, North shewa, Ethiopia. A descriptive cross-sectional study was conducted on 258 female students in Abdisa Aga high school Fiche town, north shewa, Ethiopia from 19/12/2015-30/08/2016. Study populations was selected from different educational levels (9th & 10th) using stratified random sampling technique. Data was edited, tallied and analyzed manually by using scientific calculator and was presented in texts, tables, and figures. In this study, 258 female students were participated. Out of them 235(91.1%) were between the age of 14-18 years. One hundred ninety (73.6%) of them were Oromo Ethnic group. Two hundred forty seven (95.7%) of those respondents were unmarried. Eighty eight (34.1%) had heard about emergency contraceptive, 45(51.1%) of them mentioned the correct recommended timing for oral pills of emergency contraception use. About 96(37.2%) of respondents had a history of sexual intercourse, and only 11(34.4%) of them used emergency contraceptives (ECs). In general knowledge of emergency contraceptive (EC) is low, the major source of information were mass media TV/radio. The majority of students those heard of Emergency contraceptives had no knowledge of the correct time limit to Emergency Pills and Intrauterine Contraceptive Device. Lack of information about emergency contraceptive could be barrier from being utilization by individual who need Emergency contraceptives (ECs) and this lead to unintended pregnancy. The study recommends that academic institution and health bureaus should work on the promotion and enhancement of health education about emergency contraceptive among students of high school.

Keywords: Emergency Contraceptive, Knowledge, Attitude, Practice

1. Introduction

1.1. Background Information

Emergency Contraceptive is a method of contraception used after unsafe intercourse and before the potential time of implantation, offers women a last chance to prevent pregnancy after unprotected intercourse [1, 2]. Since it is difficult to determine the infertile time of the cycle with certainty

emergency contraceptive better be provided for any women who is concerned about her risk of pregnancy regardless of the cycle day of exposure [3]. There are two types of emergency contraceptive. Hormonal methods (pills) and Intrauterine device (IUD). Hormonal emergency contraceptives pills consist of a) combined oral contraceptive pills: taken within 72 hours of unprotected sexual intercourse and then 12 hours

late. b) Progesterone only pills one pill should be taken as the first dose as soon as convenient, but not later than 3 days (72 hours). After unprotected intercourse to be followed by another one pills 12 hours later [4]. Despite the availability of highly effective methods of contraception many pregnancy are unwanted and unplanned. The WHO estimated that in the developing countries one woman dies every eight minutes due to unsafe abortions [5]. A number of studies of clandestine abortion in developing countries have reported that abortion and abortion morbidity are most common among young and unmarried women [6] For many years different activities have done to improve access to emergency contraception's (EC) across the world. These efforts have been highly successful in developed countries, where EC is now widely available over the counter [7, 8]. The rate of unplanned pregnancies varies around the world. The number particularly high among teenagers and poor sectors of the population, but it is also seen among women over 35. both single and married. While the total number of unplanned pregnancies has diminished over the past few decades, the percentage remains high among teenagers [9] who could be due to gap in awareness, negative attitude towards contraception, low accessibility or as a result of sexual assault. The annual number of induced abortions, in Africa rose between 2003 and 2008, from 5.6 million to 6.4 million. In 2008, the most abortions cured in Eastern Africa (2.5million), followed by Western Africa (1.8million), Northern and middle Africa (0.9million), and Southern Africa (0.2million) [10]. In Africa, however the success of EC programs remained limited. Low knowledge levels among the general population woman in Senegal and Zambia reporting having ever heard of EC, in the majority of African countries, less than one percent of all women have reported ever using it [11, 12]. A study finding also indicated that pills and injection were most commonly known and used methods, mentioned by 66.2% and 64.45% of study subjects respectively [13] Unintended pregnancy can carry serious consequences for women, their families and countries. To list some of them are denying a fundamental human right to control one's own fertility, Limits economic growth, and Negative environmental impact high maternal mortality and morbidity, high infant mortality; impact on child health and development [11, 15]. In Ethiopia In 2008, 101, unintended pregnancies occurred per 1,000 women aged 15-44. And 42% of all pregnancies were unintended pregnancy occurred. Per 1000 women age 15-44 and 42% all pregnancies were unintended [16-21]. This indicates the need for assessing the knowledge, attitude and practice about EC of female students in Abdisa Aga high school. The study was help for the best future planning and finding to meet adolescents need by removing obstacles, to which they give solutions like by reinforcing &making right informed decisions on emergency contraception services. If it is used correctly it can help adolescents to prevent unintended pregnancy and its consequences. Therefore the result of this study will help for in solving problems of adolescent population by giving emphasize in providing information about emergency contraception recommending ideas on how contraception

services would be available to students in and identifying the reason on nonuse of ECs. Thus this study was come up with information related to Knowledge, Attitude and practice of Abdisa Aga high school female students.

1.2. Statement of Problem

Adolescents' access to and awareness of regular contraception are low, and awareness of and access to emergency contraceptive pills are even lower. Even when adolescents are aware of their contraceptive choices, they face many obstacles in obtaining accurate information and access to contraceptives. Emergency contraception is no exception. A review of the evidence shows that adolescents' restricted access to emergency contraception is due to their lack of awareness of emergency contraceptives (ECs); barriers to their use of family planning clinics, including embarrassment, lack of familiarity with the clinics, and inconvenient clinic hours; and fear of a pelvic examination and provider attitudes. In addition, providers lack awareness and knowledge of the correct use of ECs and often have biases and misconceptions, which pose significant barriers to EC use by adolescents. Also, the legal, political, and social status of ECs and contraception as a whole can serve to hinder timely access to ECs. Gender inequity and cultural norms often make it hard to address the issue of contraception for adolescents. While condoms are available to adolescents in many countries, lack of power within relationships can make it difficult, if not impossible, for young women to negotiate condom use with their partners. In many cultures, sex-related issues are rarely discussed, even between spouses. Many young women also experience coerced sex. A review of 14 studies conducted in developing countries found that 15 percent to 30 percent of sexually active girls reported that their first sexual experience was coerced [22].

1.3. Significance of Study

This study was therefore intended to provide information necessary to support and guide the use of ECs approaches and policies regionally and locally. The main aim of the study was to determine the current prevalence and the knowledge, attitude and practice (KAP) of the adolescents/high school students of Ethiopia on ECs use. Making emergency contraceptive pills (ECPs) accessible to adolescents can help prevent unintended pregnancy. The prevention of unintended pregnancy in turn prevents the risks that adolescent pregnancy poses for mother and child, including abortions. In addition, providing emergency contraceptives can provide adolescents with abridge to other reproductive health services. These studies help to provide significant information on the level of current situation of ECs use in Abdisa Aga high school in Fiche town even in other north shewa town like in Gebreguracha. In addition, it helps to evaluate the effectiveness use of EC and interventions measures.

2. Objectives

2.1. General Objective

To assess knowledge, attitude and practice towards

emergency contraceptive methods among female students in Abdisa Aga high school Fitch town, North shewa Ethiopia.

2.2. Specific Objectives

- To determine the prevalence of students use emergency contraceptives (ECs).
- To assess the knowledge of high school students/adolescents about ECs.
- To assess the attitude of adolescent about ECs.
- To describe the practice of protect unwanted pregnancy and abortion.
- To identify the factor associated with emergency contraceptive among adolescents.

3. Methodology

3.1. Study Area and Period

The study was conducted in Abdisa Aga high school in Fitch town, which is located at 112 km away from Addis Ababa and 4km from Salale university. The school serves grade 9th and grade 10th students from Fiche town and its adjacent kebeles. According to the statics obtained from the school offices a total of 1572 students enrolled during 2016 academic year. From those603 are female students with 351 from grade 9th and 252 from grade 10th respectively. The study was conducted in Abdisa Aga from 19/12/2015-30/08/2016.

3.2. Study Design

A descriptive cross sectional study design was used to assess knowledge, attitude and practice of emergency contraceptive methods among female students in Abdisa Aga high school Fiche town, north shewa, Ethiopia.

3.3. Source Population

All female students in Abdisa Aga high school.

3.4. Sample Size & Sampling Techniques

Since the data was not available on emergency contraception among high school female students in the area, 50% of population proportion considered to determine sample size based on single population proportion and the level of precision (d) is (0.05).

$$n = (Z\alpha/2)^2 p (1-P) / d^2$$

Where

n =minimum sample size of the study subject

z =standard normal distribution curve /value for the 95% confidence interval (1.96)

p = proportion of population with KAP emergency contraception among high school female students (50%)

d= the margin of error taken (0.05).

By using the above formula, n=384

Since source population <10,000 population correction formulas will be employed with following formula:

$$Nf = n / (1+n/N) = 384 / (1+384/603) = 235$$

n = minimum sample size (384), N = total number of female

students (603), Nf =minimum final sample size. Thus, nf=235. After which nf become 235 and considering 10% non-response rate of 23 lastly the final sample size become 258. The required numbers of samples were selected proportionally among each grade students using stratified sampling technique. A sampling frame of female students from each grade is being made and simple random sampling is being employed to draw study subjects from each class.

3.5. Materials and Data Collection Procedure

Pretested and structured questionnaire was used. Data collection tools were adapted after review of relevant literatures. The questions and statement was grouped and arranged according to the particular objectives that they can address. Data were collected through self-administered structured questionnaire. Randomly selected students from each class rooms were taken to one class room or hall based on their willingness to participant in the study. They were provided the questionnaire and oriented how to fill the questionnaire.

3.6. Study Variable

3.6.1. Dependent Variable

- Knowledge about contraception
- Attitude about contraception
- Practice about contraception

3.6.2. Independent Variable

- Age of respondents
- Sex of respondents
- Family income
- Educational level of respondents
- Residence
- Religion
- Place of living
- Ethnicity
- Marital status

3.7. Data Processing, Analysis and Presentation

After data collection each questionnaire was checked for completeness and consistency. Then the data was analyzed manually by using scientific calculator and rechecked the missed data based on the quality control method and we discard it. By tallying method we count the frequency, percentage and total number of certain answers. After this data process we were presents our result using different methods such as table, figure and finally we interpreted accordingly.

3.8. Operational Definition

Knowledge; is the study subjects awareness on existence of Emergency Contraceptive, type of EC knew time limit to be taken EC after unprotected sex with 72/120 hours & occasions when EC is used/not used.

Attitude: Attitude is the study subjects opinion outlook, position and ideas towards EC methods. Study subject who have concerns and negative opinions about EC.

Practice: is ever use of EC on the basis of their knowledge when the study subjects are exposed to unprotected sexual intercourse to prevent unintended pregnancy.

3.9. Data Quality Control

- Data collection instrument was pretested on 5% similar students from grade 9th and grade 10th of Fiche high school to check the validity and reliability.
- In addition, data collectors were adequately trained for one day on the administration and checking of completeness of the questionnaire.
- Supervision by the principal investigator throughout the data collection period was carryout.
- To avoid any biases and to assure quality of data we were cross check the consistence and completeness of our data every day after come back from field for data collection. So that there were no missing of information.
- We would try to ask the participants with language they can understand to solve misunderstanding, because of language barrier. And we discard the data which was not complete.

3.10. Ethical Consideration

The ethical approval letter of permission was obtained from Addis Ababa university and official permission was sought from the Abdisa Aga high school administrative body to get permission and cooperation. The respondents were informed about the objective and purpose of the study and verbal consent was obtained from each respondents. Also they were informed about their right of not participating in the study. In addition confidentiality of information was assured and privacy of the study populations were respected and kept as well. Moreover, to ensure confidentiality the names of respondents was not written in the consent form.

4. Results

4.1. Socio Demographic Characteristics

A total of 258 respondents have participated in this study with a response rate of 100%. Majority/235(91.1%)of the respondents were between 14 and 18 years old age and 23(8.9%) were above 18 years. Regarding the religion of respondents 180(69.8%) were Orthodox and 58(22.5%) were protestant followed by 3.9% wakefeta and 3.1% Islam. Regarding of ethnicity 190(73.6%) of respondents were Oromo, and 58(22.5%) Amhara, Ethnic group, 6(2.3%) Guragie and 4(1.6%) Tigray. From the respondents 247(95.7%) of the respondents were unmarried, 7(2.7%) were married and 4(1.6%) were divorced. Most of respondents, 162(62.8%) were from urban and live with their parents and 96(37.2%) were from rural and either they live alone or with their peer. Concerning income of their families, 162(62.79%) earn greater than or equal 1500birr per month. Majority of respondents (228 or 88.37%) have access of media.

Table 1. Distribution of respondents by their socio demographic characteristics at Abdisa Aga high school, Northern Ethiopia, 2016.

characteristics	response	number	percent
Age	14 -18	235	91.1
	>18	23	8.9
	Total	258	100.0
Ethnicity	Oromo	190	73.6
	Amhara	58	22.5
	Guragie	6	2.3
	Tigray	4	1.6
Religious	Tota	258	100.0
	Orthodox	180	69.8
	Protestant	60	23.2
	Wakefata	10	3.9
Marital status	Islam	8	3.1
	Single	247	95.7
	Married	7	2.7
Grade	Divorced	4	1.6
	Total	258	100.0
	9 th	145	56.2
Residence	10 th	113	43.8
	Urban	162	62.8
Family income	Rural	96	37.2
	<1500	96	37.21
Per month	>1500 or 1500	162	62.79
	Availability of	Available	228
Media	Un available	30	11.63

4.2. Knowledge About Emergency Contraception

Out of the total respondents eighty eight (34.1%) have information about emergency contraceptive method. From this 62 (70.45%) mentioned oral pills, 8(9.1%) mentioned IUCD and 18(20.45%) mentioned both ECs. (See fig 1 below)

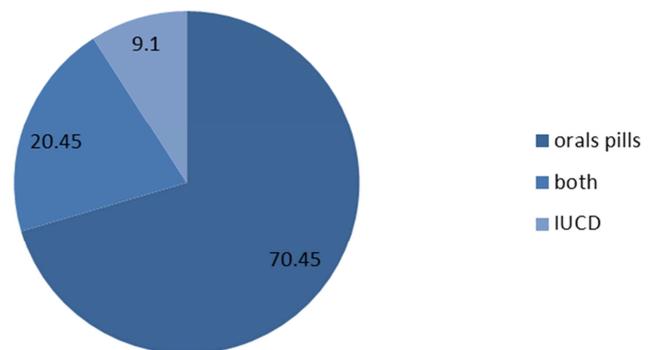


Figure 1. Knowledge of respondents on methods of Emergency Contraceptive at Abdisa Aga high school, Northern Ethiopia, 2016.

The major source of information was radio/TV. Forty seven (53.41%) of respondents got information from radio/TV. Regarding situations of EC taken, fifty of them (56.8%) mentioned that EC indicated after unprotected sexual intercourse, 25(28.4%) mentioned that EC indicated when unintended pregnancy occurred, 13(14.8%) as ongoing contraception. Regarding the place of ECs obtained, 37(42.05%) of respondents mentioned that EC method could be obtained from pharmacy, 28(31.82%) mentioned EC could be obtained from health institutions, 20(22.73%) mentioned that EC could be obtained from private clinic and the rest 3(3.40%) mentioned that it could be obtained from shop. In

case of time recommended of pills and IUCD, 45(51.1%) know that 72 hours recommended time for pills and 6(6.8%) mentioned that 120 hours recommended time for IUCD.

Table 2. Knowledge assessment of female students at Abdisa Aga high school, Northern Ethiopia, 2016.

Variable	response	number	percent
Ever heard EC	Yes	88	34.1
	No	170	65.9
	Total	258	100.0
From what you heard	Radio/TV	47	53.41
	From health profession	10	11.36
	From teacher	13	14.77
	From reproductive club in school	18	20.46
	Total	88	100.00
Type of EC	Pills	62	70.45
	IUCD	8	9.09
	Both	18	20.45
	Total	88	100.00
Place of EC obtain	Health institution	28	31.82
	Pharmacy	37	42.05
	Private clinic	20	22.73
	Shop	3	3.40
Situation the EC should be taken	Total	88	100.0
	After unprotected sexual intercourse	50	56.8
	When unintended pregnancy occurred	25	28.4
Recommended time for pills effective	Ongoing contraception	13	14.8
	Within 72 hours	45	51.14
	Within 120 hours	15	17.05
Recommended time for IUCD effective	Do not know	28	31.81
	Total	88	100.00
	Within 72 hours	7	8
Know how to prevent un intended pregnancy	Within 120 hours	6	6.8
	Do not know	75	85.2
	Total	88	100.0
Know how to prevent un intended pregnancy	Yes	88	34.1
	No	170	65.9

Based on the above questions, the overall level of knowledge about EC, 34(13.18%) had good knowledge, about 52(20.16%) had fair knowledge and the rest, 2 respondent who have information about EC and 170 together 172 (66.66%) had poor knowledge (see figure below)

level of knowledge

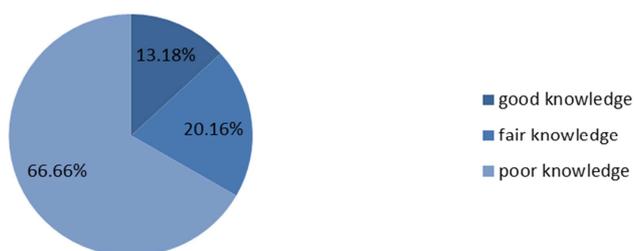


Figure 2. Overall level of knowledge on emergency contraceptive among female students in Abdisa Aga high school, northern, Ethiopia, 2016.

4.3. Attitude Towards Emergency Contraception

From the respondents who have information about EC, 56 (63.6%) agree to use EC after unprotected sexual intercourse, and 58(65.9%) of them agree to give advice to their close friends to use ECs when they faced unprotected sexual intercourse, 49(55.7%) of respondents agree with the likely promotion of prevalence of HIV and other STDs when use of ECs in the society increased, on the other hand 41(46.6%) agree unplanned sexual intercourse was problem of all young females.

Table 3. Attitudes of Emergency Contraceptive among female students in Abdisa Aga high school female students, Northern Ethiopia, 2016.

Variables	Response	Number	Percent
If I had unprotected sexual intercourse, I would use EC	Agree	56	63.6
	Disagree	10	11.4
	Neutral	22	25
If a closed friend have unprotected sexual inter course, I would advise her to use ECs.	Total	88	100
	Agree	58	65.9
	Disagree	20	22.7
Wide spread of ECs will increase the risk of STI included HUI/AIDS.	Neutral	10	11.4
	Total	88	100.0
	Agree	49	55.7
ECs promote promiscuity	Disagree	27	30.7
	Neutral	12	13.6
	Total	88	100.0
ECs is one way of abortions	Agree	61	69.3
	Disagree	13	14.8
	Neutral	14	15.9
I don't want to use ECs for fear of side effects	Total	88	100.0
	Agree	16	18.2
	Disagree	57	64.8
ECs will affect ongoing regular contraception's negatively	Neutral	15	17
	Total	88	100.0
	Agree	41	46.6
It is a good idea to avail ECs for all female students	Disagree	43	48.9
	Neutral	4	4.5
	Total	88	100.0
Unplanned sexual intercourse is problem of all young females	Agree	8	9.1
	Disagree	71	80.7
	Neutral	9	10.2
ECs can used continuously for long time	Total	88	100.0
	Agree	46	52.3
	Disagree	33	37.5
ECs can be used continuously for long time	Neutral	9	10.2
	Total	88	100.0
	Agree	41	46.6
ECs can be used continuously for long time	Disagree	31	35.2
	Neutral	16	18.2
	Total	88	100.0
ECs can be used continuously for long time	Agree	12	13.6
	Disagree	61	69.3
	Neutral	15	17.1
ECs can be used continuously for long time	Total	88	100.0.

4.4. Practice of Emergency Contraceptive (EC) of the Respondents

From respondents 96(37.2%) had experience of sexual intercourse. From them 32(33.3%) had unprotected sex, and 11(34.4%) of them use ECs method and the rest mentioned different reason which disable them to use ECs. From them 7(21.9%) mentioned drugs unavailable, 5(15.6%) replied that they don't know from where to get, 4(12.5%) replied that they

fear social stigma, 3(9.3%) mentioned that health institution far to get, and 2(6.3%) replied that health workers unwilling to give it. From respondent who used ECs method 11 or all of them used oral pills. But only 8(72.7%) of them used within 72 hours, and regarding source of information 7(63.6%) of them got from male friends, 3(27.3%) got from female friends and 1(9.1%) got from health workers. From respondent who had sex, 8(8.3%) of them faced unintended pregnancy.

Table 4. Distribution of respondents by their practice of Emergency Contraceptives at Abdisa Aga High school female students, Northern Ethiopia, 2016.

Characteristics	Responses	Number	Percent
Ever had sex	Yes	96	37.2
	No	162	62.8
	Total	258	100.0
Had unprotected sex	Yes	32	33.3
	No	64	66.7
	Total	96	100.0
Why did not use ECs	Health worker unwilling	2	6.3
	Drugs unavailable	7	21.9
	Do not know from where to get	5	15.6
	Fear of social stigma	4	12.5
	Health institution is far to get	3	9.3
	I used it	11	34.4
	Total	32	100.0
Types used after unprotected sex	Oral pills	11	100
	IUCD	0	0
	Total	11	100
Times have taken the method	Within 72 hours	8	72.7
	Within 120 hours	2	18.2
	Do not know	1	9.1
	Total	11	100.0
Who told you to use ECs	Female friends	3	27.3
	Male friends	7	63.6
	Health workers	1	9.1
	Total	11	100.0
Faced unintended pregnancy	Yes	8	8.3
	No	88	91.7
	total	96	100.0

4.5. Associated Factors for General Awareness of ECs by Some Selected Variables Among High School Female Students in Abdisa Aga High School

With chi-square, the study tried to see whether the independent variables are associated with dependent variables or not.

Table 5. Association of age with knowledge of Ecs.

Variables	Know Ecs No.	Know Ecs No.	Total No.	X ²	p-value
Age	14-18	70	165	235	21.94 0.000
	>18	18	5	23	
	Total	88	170	258	

X² cal (21.94) is greater than X² tabulated (x² at level of significance=0.05, df=1 is 3.84.)

Table 6. Association of residence with knowledge of Ecs.

Variables	Know Ecs No.	Not know Ecs No.	Total No.	X ²	p-value
Residence	Urban	66	96	162	8.51 0.0025-0.005
	Rural	22	74	96	
	Total	88	170	258	

X² cal (8.51) is greater than x² tabulated (x² at level of significance =0.05, df=1, is 3.84)

Table 7. Association of level of education with knowledge of Ecs.

Variables	Know Ecs No.	Not Know Ecs No.	Total No.	X ²	p-value
Grade	9 th	38	107	145	9.3 0.001-0.0025
	10 th	50	63	113	
	Total	88	170	258	

X² cal(9.3) is greater than x² tabulated (x² at level of significance=0.05, df=1, is 3.84)

Table 8. Association of religion with knowledge of Ecs.

Variables	Know Ecs No.	Not know Ecs No.	Total No.	X ²	p-value
Religious	Orthodox	49	131	180	13.94 0.0025-0.005
	Protestant	32	28	60	
	Wakefata	4	6	10	
	Islam	3	5	8	
	Total	88	170	258	

X² cal (13.94) is greater than X² tabulated (X² at level of significance=0.05, df=3, is 7.81)

This show, there is significant association between the listed dependent variables and independent variables.

5. Discussion

The aim of this study is to assess, the knowledge, attitude, and practice on Emergency contraceptives among female students in Abdisa Aga high school. In this study 88 (34.1%) of respondents had information of ECs. From who have information of ECs respondents, 70.5% mentioned pills and 9% mentioned IUCDs and 20.5% mentioned both. When compared this result with study conducted in university students, it is slightly lower. In study conducted in Addis Ababa University and Unity University students 43.5% of them have heard of ECs and among them 82.8% mentioned pills and 34.2% mentioned IUCD. [23]. This difference might be due to the university students might have more access for information of Emergency Contraceptive(EC) and they were matured than high school students. They have more access of information than high school. Majority of students who have information of emergency contraceptive, do not know how to use emergency contraceptive method and the time limit of these method. In this study, from respondents who ever heard ECs, 51.1% of them knew time limit of pills and 6.6% of them knew time limit of IUCD. The study done on Mekele University 88% of those ever heard of EC mentioned pills and 58.8% of them identified the limit time pills [21]. similar study conducted on Addis Ababa University and Unity University (34.2%) of those who have heard of EC mentioned

IUCD, but only 8.7% could tell the correct time of administration of IUCD the possible reason may be location awareness on EC [23]. The possible reason may be location of awareness on emergency contraceptive. This difference might be due to university students had more awareness than high school students.

Concerning their attitude 43.18% had positive attitude toward EC should be available for all females. This is slightly lower than the study conducted on under graduate female Mekele students 76% of those ever heard EC, 44.3% of them had positive attitude toward ECs should be available to all women [21]. This difference might be due to time gap of study. Regarding of sexual intercourse experience, 96(37.2%) of respondents were experienced sexual intercourse from those sexual experienced 8(8.3%) were faced unwanted pregnancy. The study conducted on Addis Ababa university and unity university students (59.5%) of the total respondents have ever had sex in the past (35.1%) of them had pregnant [23]. The report that their pregnancy were unwanted when compared to the study 37.2% of respondents had sex which is less than Addis Ababa university and unity university the difference may be due to Abdisa Aga high school female students live with their parents which might had affect on sexual activities of Abdisa Aga high school female students. Out of this experienced sexual intercourse only (34.4%) were used EC. According to study conducted in Addis Ababa university students (49%) had every used their method when compared to the study its high. The difference is due to the university students are more awareness on access, availability and confidence of students than high school students [23].

6. Strength and Weakness

6.1. Strength of the Study

The data was collected using a structured self-administered pre-tested questionnaire.

Cross sectional study design was used.

Adequate sample size was applied according to single population proportion formula.

6.2. Weakness of the Study

During this study there may be observational bias.

There was financial constraint while conducting the study

7. Conclusion and Recommendation

7.1. Conclusion

This study showed that the knowledge of emergency contraception from the total respondent is low. Most of the respondents who have ever heard of emergency contraception had positive attitude. Half of students from those heard of EC were not knew the correct time limit of ECP and majority of students not know time limit of IUCD. The utilization of EC was very low this leads to higher chance of unintended pregnancy.

7.2. Recommendation

The academic institution should work on the promotion and enhancement of health education and counselling about EC, for Abdisa Aga high school. Established reproductive health clubs in the school to address targeted issue including ECs, integration of reproductive health issue to the curriculum.

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