Sexual & Reproductive Healthcare ■■ (2015) ■■–■■

Contents lists available at ScienceDirect

Sexual & Reproductive Healthcare

journal homepage: www.srhcjournal.org

Use of emergency contraception in Nigeria: An exploration of related factors among sexually active female university students

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ARTICLE INFO

Article history:
Received 2 February 2015
Revised 7 September 2015
Accepted 6 October 2015

Keywords:
Correlates
Emergency contraception
Nigeria
Sexually active

ABSTRACT

Objective: Unsafe abortions account for nearly one-third of maternal deaths among young people. Women who have an induced abortion are usually literate and less than 30 years old; usually undergraduates with unintended pregnancies. Many of these pregnancies could have been prevented by contraception. The aim of this study was to determine the correlates of uptake of emergency contraception among university students.

Methods: A cross-sectional study was conducted among 1328 sexually active, never married female university students. Self-administered questionnaire was used to assess knowledge, perception and practice of emergency contraception. Multivariate logistic regression was used to identify the predictors of emergency contraception.

Results: Majority of the participants were aware of emergency contraception (72.6%), had good knowledge (56.0%), and had the perception that it is effective (74.6%) and easy to use (72.4%). The main sources of information about emergency contraception were friends (32.9%) and the media (20.0%). About 52.0% of the participants had unprotected sex in the preceding six months, while 718 (54.1%) had ever used emergency contraception. The main sources of the commodities were sexual partners (46.2%) and medicine stores (35.4%). The uptake of emergency contraception was predicted by being ≤19 years (AOR = 3.193), rural dwelling (AOR = 4.247), perceptions that it is effective (AOR = 2.229E11) and easy to use (AOR = 6.680E8).

Conclusion: Use of contraception among sexually active female Nigerian university students is predicted by the perception about its effectiveness and ease of use. Sexual and reproductive health programmes should focus on improving knowledge and addressing misconception in order to improve perception about emergency contraception.

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Introduction

About 42.5% of the world's population is less than 25 years old and about 85% of this demographic segment lives in low or middle-income countries [1,2]. Sub-Saharan Africa has a population of about 900 million people yet it accounts for more than half of the global maternal mortality [3,4]. A major cause of maternal mortality is abortion and it complications resulting from unintended pregnancy. Sexual behaviour of young people has become a crucial social and public health concern, especially with regard to unintended pregnancies. Africa has the highest rate of intended (136 per 1000) and unintended pregnancy (86 per 1000) worldwide [5], constituting 41% and 39% respectively of all global intended and unintended pregnancies [6]. The incidence of unintended pregnancy is quite high in Nigeria, with many of the women turning to abortion to avoid unwanted births [7,8].

The widening bio-social gap, especially in most low-income countries, has led to an increase in pre-marital sexual activity, which exposes vulnerable young people to the risk of unintended pregnancies [9,10]. Pre-marital sexual activity is increasing among university students in Africa as a result of this and other factors, such as rapid urbanization and exposure to mass media, among others [9,11–13].

Poor mental health, sexual coercion, low trust in others, and increased university enrolment are associated with risky sexual behaviour among university students [9,14,15]. Multiple partners, unprotected sex, and cross-generational and transactional sex have been reported among female university students in Nigeria [15,16].

Unintended pregnancy is an issue of grave social concern with long-term psychosocial and economic implications for mothers. Among young women, it may be characterized by relinquishing of their chance of educational attainment, placement in a lower-income group, and increased the risk of having to raise a child as a single parent [9,17]. There is also greater likelihood of fetal mortality, premature delivery, low birth weight, and impaired cognitive development [18]. Unintended pregnancies can also lead to unsafe abortions, which account for nearly one-third of the maternal deaths

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http://dx.doi.org/10.1016/j.srhc.2015.10.004
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Please cite this article in press as: Olumide Abiodun, Use of emergency contraception in Nigeria: An exploration of related factors among sexually active female university students, Sexual & Reproductive Healthcare (2015), doi: 10.1016/j.srhc.2015.10.004

among young people [19,20]. Studies across sub-Saharan Africa and China show that women who tend to have induced non-medical abortion are below the age of 30 years and are literate; many of them being above the secondary educational level, usually undergraduates [13,21–23]. A study in southwest Nigeria of 1876 women seeking abortion at hospitals showed that most (60%) abortion seekers were aged between 15 and 24 years, unmarried (63.2%) and predominantly students of higher institution [24].

Many of these pregnancies could be prevented by emergency contraception (EC) which is a method of birth control used to prevent pregnancy after an act of unprotected sexual intercourse [25]. It consists of emergency contraceptive pills (ECP) which are 70–85% effective if taken within 72 hours after unprotected sex [26] and a copper intra-uterine contraceptive device (IUCD) which if inserted within 5 days after unprotected sex is over 95% effective [27]. However, despite the great potential of EC to promote women's health by reducing the morbidity and mortality attributable to unwanted pregnancies, its use is still low at 2–30% in Nigeria [28]. A more recent study among female students of a University in southwest Nigeria put the uptake of emergency contraception at 27.6% [29].

A limited number of studies on emergency contraception among university students in Nigeria exist. However, they investigate the general population of female students. This study concentrates on sexually active, never married students to the exclusion of those who have never had sex. This study seeks to address this gap by correlating the association between socio-demographic factors, knowledge and perception about EC with uptake and non-uptake of EC among female Nigerian university students. A micro-level approach that can determine reasons for uptake and non-uptake of EC may facilitate the design of better interventions.

Materials and methods

Study design and setting

A cross-sectional study was conducted among sexually active, never married female students at Babcock University, Ilishan, Nigeria, between September 2013 and January 2014. Babcock University is one of the 51 private universities in Nigeria. The University has total of about 9955 regular undergraduate students, out of which 5744 (57.7%) were female.

Sample size and sampling procedure

Total sampling was used. All consenting female students of Babcock University, Ilishan, Nigeria, were therefore eligible to take part in the study. Questionnaire administration was carried out during the monthly fellowship meetings which is compulsory for all students. All ineligible participants were eliminated at analysis. Data analysis was based only on students who indicated they were sexually active and never married.

Measurement and definition of variables

The self-administered questionnaire used contained 40 questions on socio-demographic factors, knowledge, perception and practice of emergency contraception. The questionnaire was adapted from a similar study [30]. Some changes were made to suit the study context. Three Reproductive Health Specialists were requested to vet the instrument and establish content validity. The Specialists made various suggestions which were taken into account, and necessary corrections were made. There was consensus among the Specialists on the suitability of the instrument for use in the study context. The questionnaire was then pretested among 600 female students at a Public University in Nigeria. Necessary adjustments were made.

Independent variables

Age was dichotomized and coded as ≤19 ("younger") and >19 ("older"). The age range of the participants was between 15 and 42 years. The modal age was 19 years, which was used as the cut-off point. Place of residence was categorized as rural, urban or sub-urban. The variable was then dichotomized into rural or urban, the former combining rural and sub-urban. The level of study was dichotomized into "junior students" (100 and 200 levels) and "senior students" (300, 400 and 500 levels). Religious affiliation was dichotomized into Christianity and Others. Monthly allowance was dichotomized and coded as ≤10,000 ("low allowance") and >10,000 ("high allowance"). The median monthly allowance was 12,000 Naira and the mode was 10,000 Naira, which was used as the cut-off point. 199 Naira is the equivalent of about 1 US dollar.

Awareness referred to whether the participant had heard about emergency contraception before. The source of information about EC was assessed only among those who were aware of EC and was dichotomized into the media and friends; and others (parents, teachers/school, church/mosques, etc.).

Knowledge about EC was assessed using a number of questions which included

1 Choosing correctly the forms of EC from a list
2 Choosing correctly the circumstances when EC is required from a list
3 The timing of ECP use relative to sexual activity
4 The frequency of dosing of ECP

The knowledge questions consist of a total of 23 items. Each correct answer is given a score of one, while a wrong answer is given a score of zero. The scores of each of the participants were then added up and graded over a maximum of 23. The knowledge scores were then dichotomized into "poor knowledge" (≤11) and "good knowledge" (>11). The mean and median knowledge scores were 10.85 and 11 respectively. The median score was used as the cut-off point.

The perception of effectiveness and ease of EC was assessed using one question each, requiring a "Yes" or "No" answer. "Yes" implied that the participant thought that ECs were quite effective at preventing pregnancy and that ECs was easy to procure and the dosing was convenient. Knowledge and perception of emergency contraception were only assessed among those who were aware of emergency contraception.

Dependent variable

Uptake of EC was assessed by the question: Have you ever used any modern method to avoid pregnancy after having unprotected sexual intercourse? Participants were expected to respond either "yes" or "No".

Statistical analysis

Data analysis was carried out using SPSS software Version 17.0. Data analysis was based only on students who indicated that they were sexually active and never married. Frequency, percentages and relevant summary statistics were used to describe the independent and dependent variables. Bivariate analysis was used to determine associations between independent variables and the uptake of EC. Logistic regression analysis was done with the calculation of the crude odds ratio (COR), and 95% confidence interval (CI) to identify the determinants of uptake of EC. Multivariate

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