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KAMUZU COLLEGE OF NURSING

FEMALE STUDENTS PERCEPTION ON EMERGENCY CONTRACEPTION AT LILONGWE TECHNICAL COLLEGE

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DECLARATION

I declare that this dissertation is completely the results of my own investigation and has not been presented or submitted in candidature for any other degree at any other university.

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LIST OF ABREVIATIONS

STI : Sexually Transmitted Infection

AIDS : Acquired immunodeficiency syndrome

C.C.A.P : Church of Central Africa Presbyterian

CPR : Contraceptive Prevalence Rate

EC : Emergency contraception

HPM : Health Promotion Model

ICPD : International Conference on Population Development

JHPIEGO: John Hopkins Program for International education and Gynecology and Obstetrics

KCN : Kamuzu College of Nursing

MDHS : Malawi Demographic and Health Survey

MICS : Indicator Cluster Survey

MOH : Ministry of Health

QECH : Queen Elizabeth Central Hospital

R.C : Roman Catholic

RH : Reproductive health

ABSTRACT

Unwanted pregnancy followed by unsafe abortion can be avoided by using different contraceptive methods, including emergency contraceptives. Information on knowledge, attitude and practice of emergency contraceptives among women is particularly important because of high rates of teenage and unwanted pregnancies as well as soaring STI and HIV/AIDS rates. This is a qualitative study, whose purpose was to assess female student's perception on emergency contraception. The study was done at Lilongwe Technical College. The study was guided by the health promotion model (HPM) by Pender. The specific objectives of the study were: to assess student's knowledge on emergency contraception, to describe accessibility of emergency contraception among female students, to assess the attitude of female students on emergency contraception and to assess utilization of emergency contraceptives among female students. Ten female students were recruited for the study using purposive type of sampling. In depth interviews were done to collect data. An interview guide was used to collect information and data was analyzed through content analysis. Before embarking to the research, permission was granted by the College Research and Publication Committee. Permission was granted by Lilongwe Technical College principal to carry out the research at the College. Study findings showed that many students were aware of contraceptives in general and not emergency contraception. The low knowledge on emergency contraceptives was contributed by lack of information as in regards to emergency contraception. It has been recommended that Government should open up more youth friendly services. This will help the youth to access information pertaining to reproductive health, hence reducing the incidences of unwanted pregnancies.

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CHAPTER ONE

EMERGENCY CONTRACEPTION

1.0 INTRODUCTION

For centuries, women have tried various home remedies, such as douching or jumping to prevent pregnancy after sexual intercourse. By and large these remedies have been completely ineffectual. Today, however, there are effective contraception methods that can be used after sexual intercourse-''emergency contraception or EC''. The most well known and widely available method is emergency contraceptive pills (ECPs), also known as the "the morning after pill''. (Khame & Sharif 2001)

Emergency contraception is a term used to describe methods of contraception that women can use after sex to prevent pregnancy. Emergency contraceptive pills should be started as soon as possible after unprotected intercourse, ideally no later than 120 hours.EC is a unique method in that it can be used after intercourse has taken place; as such it is particularly important for women who are not using long term contraception, who may be vulnerable to sexual coercion, or who are only planning to be sexually active occasionally and therefore do not wish to start on a long-term contraception method. Http://www. All.org/issues/bc os.htm

Young people are at risk of unwanted pregnancies and sexually transmitted infections (STIs). Access to EC by young people can reduce emotional stress related to teenage pregnancies which is an immediate outcome of unplanned, spontaneous and unprotected sexual intercourse. Pregnancies or early marriages can force them to drop out of school or job training and in the process, heighten stress, worsen economic problems, lower self-esteem and strain relationships .Proper counselling and education about contraception, including dual protection, can help partners prevent pregnancy as well as protect against infections caused through unsafe sexual activity. Http// www white ribbon alliance.org/resources

The researcher has therefore decided to conduct a study on female students, to determine their knowledge, attitude and utilisation of EC.

1.1:BACKGROUND

The International Conference on Population and Development (ICPD) program of action underscores that reproductive health including sexual health is essential to human well being. It also recognises that universal access to reproductive health information and services, including family planning and maternal services, can affect population dynamics through voluntary fertility reduction, as well as to reduce maternal, infant and child mortality, and prevent HIV infections.(Reproductive health policy 2006)

As a signatory to ICPD, policies in Malawi are geared toward attainment of sexual and reproductive health within the country. The maternal mortality ratio is 807 per 100,000 live births [MICS 2006]. The third cause of maternal deaths is due to complications of abortions (Mtimavalve, 1996). The percentage of unwanted pregnancies ranges from 29% of first births to 50% of fourth or higher births (MDHS 2000). Total fertility rate has declined from 6.7 in 1992 to 6.3 in 2000 and 6.0 in 2004. Contraceptive prevalence rate (CPR) for modern contraceptives increased significantly from 7% in 1992, 14% in 1996, to 26% in 2000 and 28% in 2004.(Reproductive health policy 2006)

National family planning welfare council of Malawi (2000), states that, historically family planning in Malawi started in 1984 and was intensified in 1992 and updated in 1994 when the government of Malawi formulated a national family planning policy. In 1998, the government of Malawi included adolescents and youths family planning guidelines in the policy with an aim of meeting youth's contraceptive needs.(National Family Planning Welfare Council of Malawi 2002)

Emergency contraception EC is an important reproductive health service for Malawian women. At a 1998 conference on emergency contraception in Malawi, which included officials from the ministry of health (MOH), there was consensus that although health care providers had a generally high level of knowledge of EC, there was a low level of knowledge regarding EC in the community and also the country lacked corresponding policy or guidelines for the administration of EC among adolescents for whom unintended pregnancy can have life-changing effects. Approximately five times as many

girls reported using herbs, strings or other traditional methods for contraception as those who used modern forms of emergency contraception.(JHPIEGO 2007)

Although EC was mentioned in the 2001 National Family Planning and Reproductive Health Policy, until 2003, EC services had remained largely unavailable in Malawi. Contraceptive prevalence rate (CPR) in Malawi over the past 7 years shows some increasing trend, albeit slowly. (JHPIEGO 2007)

Unfortunately, rape and other form of non-consensual sex are a frequent occurrence in Malawi. Although no national surveys quantify non-consensual sex because of the difficulty to measure and insensitivity, both anecdotal evidence and reports of local media indicate that it is higher in Malawi than in many other countries. In fact, 17% of clients of EC data base reported that they were seeking the services as a result of rape or non-consensual sex.(JHPIEGO 2007)
With this less -than -optimal CPR in Malawi comes as a resultant risk of unintended pregnancies and frequency of non- consensual sex which calls for extra attention to address the situation. It is therefore highly commendable that Emergency Contraception has been endorsed by the (MOH) as a means of preventing unintended pregnancy on an emergency basis (National Reproductive Health Strategy 2006-2010).

EC services have been improved in all 28 districts in Malawi. A Total of 83 facilities provide comprehensive EC services, including provision of up to date information and access to family planning. The facilities that have served the largest number of EC clients are Ndirande Health Centre [213] and Queen Elizabeth Central Hospital [166] in the south, Dowa youth life centre [145] in the central region and Jenda health centre[87] in the northern region. At all the facilities, more than half of EC clients were under the age of 25 [Ndirande 56%, QECH 61% and Dowa youth life centre 69%, Jenda 81%].(JHPIEGO 2007)

EC services have been in high demand since they were introduced in 2003 by JHPIEGO and the MOH. To date, approximately 2,856 Malawian women have accessed EC services across the country. Every year, the number of women accessing EC increases and if these trends continue, it is expected that by 2010 approximately 5,000 women will have averted an unintended pregnancy (JHPIEGO 2007)

PROBLEM STATEMENT

Demographic and health surveys from 2000 show that less than two percent of youth ages 15 to 24 have ever used emergency contraception in America, Cambodia, Haiti, Malawi, and Uganda. In the Reproductive Health policy 2006, it is stipulated that family planning methods should be provided to all women of reproductive age, regardless of parity and marital status. In this policy it is also stated that emergency contraception should be made available to all requesting clients who have had unplanned and unprotected sexual intercourse. Emergency contraception helps to prevent unwanted pregnancies among the youth. Students are at risk of unwanted pregnancies and unsafe abortions. In view that student are vulnerable to unwanted pregnancies, this study intended to assess if students are aware of family planning services and if they are able to access these services to prevent unwanted pregnancies.

1.3 SIGNIFICANCE OF THE STUDY

The findings of the study has provided information on how EC is perceived by students, there level of knowledge and attitude related to EC, which influences utilisation. The study identifies gaps that should be addressed. Relevant authorities may be involved in an effort to promote EC availability and usage among students to prevent unwanted pregnancies and school drop-outs.

The findings will also assist in the evaluation of emergency contraception services programs, for effectiveness in meeting needs of the students to promote family planning services.

1.4 OBJECTIVES

Broad objective

To determine female student's perception on emergency contraception at Lilongwe Technical College.

1.5 Specific objectives

These were to:

- Assess students knowledge of emergency contraceptives.
- Describe accessibility of emergency contraception among female students.
- Find out attitude of female students on emergency contraceptive.
- Assess utilisation of emergency contraceptives among female students.

1.6 OPERATIONAL DEFINITIONS

ABORTION- The termination of pregnancy or premature expulsion of the products of conception by any means before the foetus becomes viable

ADOLESCENTS- Transitional period from childhood to adulthood and includes all young people between 12 and 19 years

CONCEPTION- Becoming pregnant

CONTRACEPTIVES- drugs or devices that are used to prevent pregnancy.

EMERGENCY CONTRACEPTION- methods of contraception that women can use after sex to prevent pregnancies.

REPRODUCTIVE HEALTH- is complete state of physical, social and mental well being of an individual in all matters concerning reproductive health system.

YOUTH- A transitional period from childhood to adulthood encompassing all young people between 10 and 24 years irrespective of their marital status.

CHAPTER TWO

LITERATURE REVIEW

2.0 INTRODUCTION

The primary purpose for reviewing literature is to gain a broad background or understanding of what is available about a problem. This background enables the researcher to build upon the works of others, since major breakthrough or discovery of new information in the field are based on previous work (Burns and Grove 1997).

A scrutiny of previous work acquaints the researcher with what has been done in the field, thereby minimising the possibility of unintentional duplication, and increasing the probability that a new study will make a distinctive contribution to knowledge. Literature review will provide the researcher with information of what has already been done on the topic under study.

2.1 INTERNATIONAL STUDIES

Adolescents and young women are at the greatest risk of unintended pregnancy because they are unlikely to see a family planning provider before or immediately after the sexual activity. Therefore, preventing unintended pregnancy among them is the important concern. Sexually active young women are clients with special needs for contraception. They are eligible to use a variety of the available contraceptives. Introduction of emergency contraception (EC) in the recent past can help them avoid such unintended pregnancies.

Haggstron , Hurison & Tyden (2002) conducted a study to assess sex behaviour among college student in Sweden and improvement in contraceptive use over time. The results revealed that, almost half of the students (46%) had had intercourse. The median age at intercourse of those who had had intercourse was 15 years in both genders. More student in practical (vocational –technical) programs (60%) than in theoretical (college preparatory) ones (37%) had had sexual intercourse. More teenagers in theoretical (90%) than in practical programs (64%) had used contraceptives at their first intercourse, an increase from 65% in 1975 to 76% in 1999. One fourth of the teenagers were under the influence of alcohol at the first intercourse(Ec Afrique 2006).

Naravage and Yongpanic in 2002, did a situation analysis of emergency contraception use among young people in Thailand. The majority of young people who filled out

purchaser questionnaire learned about EC through friends [17 of 22] or drug store personnel [5 of 22]. Among the 22 young purchasers, more men than women had made the decision to choose EC. When asked why they use EC, the most common reason was that they had sex infrequently [8 out of 22]. The rest said if EC failed, they would keep the baby; less than a half said they would seek an abortion. Most young people had purchased EC more than once [17 out of 22]. When asked whether they would keep on using EC, the majority [15 out of 22] said that they would. In terms of past contraceptive use, the majority of young people or their partners [12 out of 22] had used oral contraceptives or condoms before switching to EC. Nearly half [10 out of 22] of the young people said they had used EC in combination with other methods. In some FGDs, some men mentioned that they used EC with temporally partners whom they believe were free of STIs and HIV, but used condoms with women who might have more than one partner such as prostitutes. In general married men said that their wives did not use EC (EC Afrique 2007)

Walker, Torres and Gutierrez, in 2004, conducted a study in Mexico to examine the association between knowledge of or experience of EC, and condom use among in-school youths. Through a self administered survey, the authors found out that 61% of students had heard of EC, and 36% of girls and 39% of boys had correct knowledge about EC. The probability of a student reporting he/she was capable of interrupting sexual intercourse to use a condom was significantly higher for those who had correct EC knowledge. History of EC use was also strongly correlated with condom use at last sexual intercourse. The authors concluded that history of EC use had no adverse effects on condom use, but rather was associated with an increased probability of condom use and increased perceived ability to negotiate condom use. These data support the position that there is no justification to withhold EC information or access from adolescents(EC Afrique 2007)

Gold, Wilfred, Smith & Parker, in 2004 conducted a study in United States, titled advance provision of EC and the effects on adolescent's sexual and reproductive behaviour. The purpose was to examine whether adolescents given EC in advance engage in a higher sexual and contraceptive risk -taking behaviours than those who obtain it on an as-need basis. Participants included 301 adolescents aged 15-20, who were randomly assigned to groups that either received EC in advance, or were given instructions on how to get it. At both one and six months follow up interviews, there were no differences between groups

in reported incidences of unprotected intercourse, either within the past month or at last intercourse. The authors concluded that advanced provision of EC to adolescents is not associated with more frequent unprotected intercourse or with reduction in the use of condoms or hormonal contraception. In the first month after enrolment, adolescents receiving EC in advance were nearly twice as likely to use it and to begin taking it earlier, when it is more effective. (EC Africa 2007)

Duppot, Webbe, Dass & Thomtons , in 2001conducted a cross sectional study in UK, on EC use and sexual risk. Using a self administered questionnaire, 62% reported needing EC after unprotected sex in the previous three months, 70% were repeated users of EC, and other 95% of participants did not think they were at high risk for STIs including HIV. The two most common reasons for not using condoms were sex being more enjoyable and getting carried away. The authors concluded that making EC more accessible could result in it being used as a regular form of contraception. They also suggested that information regarding risk behaviour should be routinely given with EC in order to avoid increases in STI infection rate.(EC Afrique 2007)

Free, Lee & Orsen in 2005 conducted a study on EC use and non-use by 30 British women aged 16-25. Through a series of a qualitative in -depth interviews, the women discussed the perceived risk of different contraceptive options, their self-evaluation of needing EC, and difficulties they encountered in asking for EC. The authors concluded that the attitude and concerns of young people especially those from the disadvantaged background, may impede their ability or willingness to take advantage of recent effort to increase access to EC. Future efforts to increase EC use, they say, must take account factors that influence young women's non-use of EC (EC Afrique 2007)

Falah-Hasani, Kasunen, Shiri & Rimpela, in 2007 conducted a study on awareness, use and the effect of emergency contraception in Finland. The aim of the study was to investigate awareness and use of EC among Finnish girls aged 12-18 years. A self administered questionnaire was sent to a population based sample of 12-18 years old girls. Results: Nine percent of 14-18 year old had used EC once and 1% three times or more. It was also observed that EC use increased with the increased alcohol consumption, particularly at age 14. Smoking, dating and poor school achievements were related to

increased use as well as not living in nuclear family. Adolescent girls were well aware of the existence of the emergency contraception.(EC Afrique 2007)

2.2 IN AFRICA

Sylliab & Dieng, in 2002 carried out a study, titled perception and practices of EC among young people in Senegal. The results of the study revealed that few adolescents knew much about EC. Many young people believe that EC could be useful-especially by unwed girls who, in the case of pregnancy often turn to clandestine abortions to avoid the wrath of family and school. According to the study, adolescents not only learn about EC from the foreign media and from friends, but also from health care providers. They prefer getting information about EC from health care facilities. (EC Afrique 2007)

Steward and Quilky in 2004, conducted a study on factors predicting contraceptive use among adolescents in Zimbabwe. Cross sectional data was collected from 963 non pregnant women aged 15-19 years, to determine factors for EC use. Results indicate that the presence of a community based distribution worker was the most significant variable predicting contraceptive use. Presence of a community based distributor increased the probability of contraceptive use when adolescents had limited or no education. The study findings suggest that community based distribution programs may be a good way to reach adolescents, usually a population with poor access to family planning information and services.(EC Afrique 2007)

In 2006 Roberts , Moodley, and Esterwizen conducted a study to assess the knowledge, use and attitude of emergency contraception among tertiary students in Durban, South Africa. The institutions included the university of Natal [Durban main campus], Durban institute of technology [M.L. Sultan campus] and EThekwini College. A scoring system was developed to analyse the response of each student. A total of 436 students [56.5%] had heard of emergency contraception. Few knew the specific methods of emergency contraception and only 11.8% knew the correct limit for its use. Only 60 students [7.8%] knew how effective emergency contraception was in preventing pregnancy. Ninety-one students [11.8%] had used emergency contraception and 50% responded that if they had to, they would use it or recommend it to a friend. A logistic regression model showed that the predictors for a high knowledge score were university of natal students, having heard

of EC, having used it before and having received formal sex education. They concluded that knowledge and use of EC by tertiary students was limited and that there was need to carefully design education programs to promote EC on the campus.(EC Afrique 2007)

In 2001 Ezekiel, conducted a study to assess knowledge and perception of EC among female Nigerian undergraduates. Of the 880 respondents, 43% were sexually active, 39% had ever practiced contraception and 34% had ever had an induced abortion. Overall, 58% of the respondents reported knowing about EC. However, only 18% of respondents who reported knowing about EC knew the correct time frame in which EC must be used to be effective.(EC Afrique 2007)

2.3 IN MALAWI

No study on Emergency Contraception was found. However JHPIEGO designed and developed a comprehensive assessment to evaluate performance in EC services provision and provider's skill capacity in 2006. The following were the results:

SERVICE UTILISATION

EC services have been on high demand since they were introduced in 2003 by JHPIEGO and the MOH. Most women accessing EC had unprotected sex [44.3%] and 17% of women needed EC because of rape. This suggests that the majority of clientele [61%] do not use any form of family planning.

FAMILY PLANNING AFTER EC

Sixty two percent of clients who accessed EC services received a FP method. Majority of women accepting FP methods are under age 25. While it is exceptional that there is high uptake of FP following EC provision, the data suggest that the biggest reason for not accepting FP method is either being too young or having to consult one's husband first. Further sensitisation to family members, especially parents and husbands, is the best opportunity to strengthen FP services.(JHPIEGO 2007)

SUMMARY

To crown it all, emergency contraception is one way of preventing pregnancies among the youth. Basing on the studies done so far, it clearly shows that though emergency contraceptive are open to everybody, many people are not using them.More studies need to be carried out to find out why this service is not being utilised effectively.

CHAPTER THREE

CONCEPTUAL FRAMEWORK

3.0 HEALTH PROMOTION MODEL

This study was guided by the health promotion model developed by Pender. Pender acknowledges that health promotion is a priority in an individual and is action directed towards achieving or increasing the level of person's well being.

This framework was chosen because of its emphasis on health promotion activities and disease prevention. Pender (1987), defines health promotion as activities that are directed towards the development of the behaviour and attitudes that promote peoples well being.

Based on social learning theory and similar in structure to the health belief model, Pender's health promotion seeks to find reasons why individuals do not participate in health behaviour and preventive services.

Major variables in this model include perceptions of benefits, barriers, importance of health, control of health and definition of health. Individuals are likely to participate in health behaviour if they perceive high benefits and low barriers.

The model emphasises on the major factors that affect one's intention to engage in health behaviour. These are cognitive perceptual and modifying factors and factors influencing the likelihood of participating in health promotion behaviour. The primary motivational mechanisms are cognitive perceptual factors. Oxford English dictionary (2004) defines cognitive as the mental action or process of acquiring knowledge through thoughts, experience and senses, while perception is the ability to see, hear or become aware of something, a way of regarding, understanding and interpreting something. These factors act early and are the driving forces within the individual to indulge in the health promotion behaviour and maintain them.

These perceptual factors deal with issues like the importance of the health promotion behaviour, perceived efficiency, definition of the health behaviour, perceived health status and perceived barriers to the behaviour. These factors including individual's psychological well being have a direct influence on the individuals' likelihood of participating and initiating health promotion behaviour and its associated activities. Therefore there is a direct relationship between the cognitive perception factors and health promoting behaviours. This means that for a person to be engaged in a health

promoting activity, he or she needs to have cognitive-perceptual factors. It is according to one's understanding and the availability of the cognitive-perceptual factors that lead to health promoting activity or not. Behavioural factors such as; interpersonal influences, situational factors, demographic and biological factors and their characteristics constitute modifying factors. Demographic factors include; sex, age, marital status, education, religion, and ethnicity and have a direct influence on one's choice to engage in health promotion behaviour.

3.1 APPLICATION OF THE MODEL TO THE STUDY

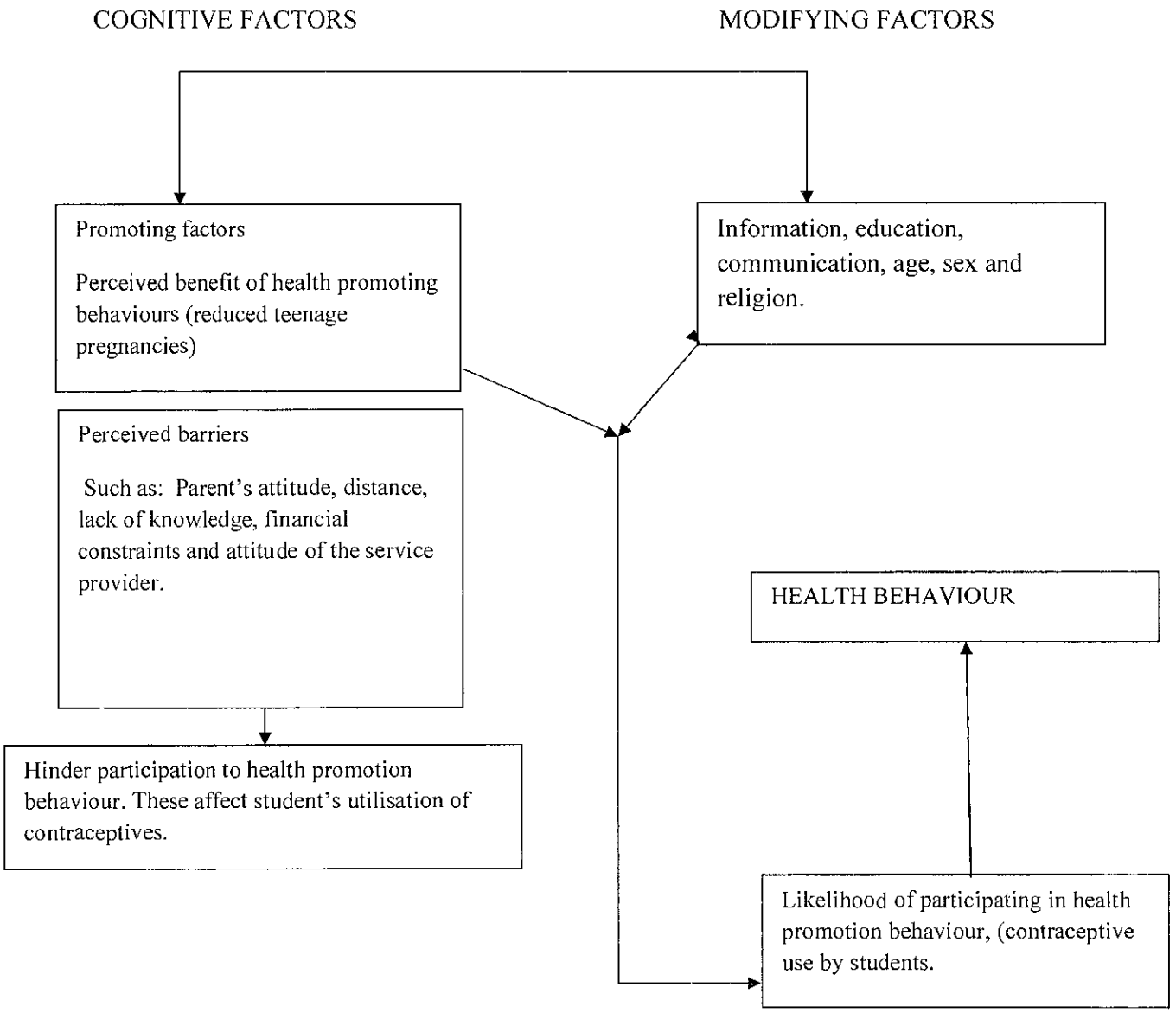
People look at perceived benefits, health status and the factors that accompany the likelihood of participating in barriers to the health behaviour to achieve the desired health status. In this research, cognitive perceptual factors have a greater influence on the individuals' health promotion behaviours. This is because the way the individual think and perceive the status affects the way of acting. In this case students' perception of teenage pregnancies, abortions and school drops outs would affect their response to acceptance and utilise of contraceptives.

Modifying factors affect or assist the individual in bringing or refusing change of behaviour. These form the basis of behaviour change. In the study modifying factors include; students' information on contraceptives, educational level, sex, religion, communication and age. These are also important in the study because they affect one's perception and value attached to the new behaviour, in this case, the use of contraceptives and how quickly or easily change can occur in the individual.

Therefore cognitive perceptual and modifying factors need to be studied because these may affect student's likelihood of utilising contraceptives. In this study communication, education, information can bring positive change or act as barriers to contraceptive use. Perceived health include good health, reduced teenage pregnancies, continuing education and reduced abortions. Perceived barriers include issues like inadequate information, religion, poor attitude of service providers and age. This would affect the likelihood of student's utilisation of contraceptives. See Fig 1 for summary.

3.2 FIG 1

HEALTH PROMOTION MODEL FROM PENDER



Frasier 1999

CHAPTER 4

RESEARCH METHYODOLOGY

4.0 INTRODUCTION

This section describes the methodology techniques that was employed to carry out this study. It also involves a description of the study design, the study setting, .sampling and sample selection, pretesting, data collection tools or instruments, data analysis, ethical consideration and study limitation.

4.1 RESEARSH DESIGN

Burns and Groves [2001] define research design as an overall plan for obtaining answers to research questions and for testing research hypothesis. The research design spells out the strategies that the researcher adopts to develop information that is accurate and meaningful.

In this research a qualitative method was used, because the purpose of this research was to determine knowledge, utilisation and opinions among female students. Information was obtained through in depth interviews. Qualitative research is systematic, interactive and subjective approach used to describe life experiences and give them meaning. This type of research is conducted to describe and promote understanding of human experiences such as pain, caring and comfort. Because human emotions are difficult to quantify [assign a numerical value] qualitative research seems to be a more effective method than quantitative research for investigating these emotional responses. In addition, qualitative research focuses on discovery and understanding of the whole, an approach that is consistent with the holistic philosophy in nursing [Burn N, Grove S.K. 2001].

4.2 SETTING AND POPULATION

The study was conducted at Lilongwe Technical College. Lilongwe Technical College was chosen because it has female students who may be at risk of unwanted pregnancies, early marriages and school drop-out.

4.3 SAMPLE

Ten female students were recruited in this qualitative study. Qualitative research designs tend to use very small groups. A small sample size may better serve the researcher who is

interested in examining a situation in depth from various perspectives. The other reason of taking a small sample size in this study was that; qualitative research tends to generate a lot of information, which could be difficult to analyse if the sample size was large.

4.4SAMPLING

Sampling involves selecting a group of people, events, behaviours, or other elements with which to conduct a study. Purposive sampling was used to recruit the participants in this study. Purposive sampling is sometimes referred to as judgemental sampling. Purposive sampling involves the conscious selection by the researcher of certain subjects or elements to include in the study .Polit and Hungler (1997). Sampling proceeds on a belief that the researcher's knowledge about the population and its elements can be used to hand pick the subjects to be included in the sample. In this view, purposive sampling was chosen because the researcher selected participants based on age, sex and education.

4.5 DATA COLLECTION INSTRUMENTS

A semi-structured interview guide was used to collect data. Polit and hungler (1997) describe a semi-structured interview guide as a guide that uses both open and close ended questions. Open ended questions allow respondents to answer in their own words and they allow the researcher to evaluate both attitudes and information levels.

Interviews help in collecting data in a systematic way and give the researcher chance to adapt to questions from the participants. The instrument had two sections. Section A contained demographic data, which included; age, marital status, and religion. Section B consisted of open-ended questions for eliciting information, which required explanation from the participants. This included students' knowledge of emergency contraceptives, utilisation and opinions.

PRETESTING

Prior to the actual study, the instrument was pre-tested at Sky way Business College. The purpose of the pre-test was to refine the data collecting tool, by correcting ambiguities, to make it more clear and appropriate for the intended study population to understand it. A sample of 2 students was used.

4.6 DATA COLLECTION PROCEDURE

Data collection is the process of gathering data from the participants .Burns and Grove, (2001). Approval was granted by the research college committee for the researcher to go ahead and conduct a research. Each participant read and signed the consent in presence of the witness. A semi structured interview guide was used to collect data which was developed from specific objectives of the study. This guide served as a check list during the interview to ensure that information was obtained in a systematic manner. The researcher herself, on a one to one basis conducted the interviews with the respondents to ensure that quality data was obtained. Each interview lasted for about 50-60 minutes. Data was collected from female students of Lilongwe Technical College. In all there were 10 participants who were recruited for the study. The interviews were conducted in English as all the participants were conversant with the language. A tape recorder was used and note taking. Note taking was used as a backup in case there was technical failure and also to facilitate data analysis.

4.7 DATA ANALYSIS PROCESS

The collected data was analysed through content analysis. This type of analysis is designed to classify words in a text study into a few categories chosen because of their theoretical importance. The technique provides a systematic means of order or intensity of occurrence of sentences .Grove and Burns (1997). Data analysis is conducted to reduce, organise and give meaning to data. It is a process of fitting data together, of making the invisible obvious, and of linking and attributing consequences to antecedents. The whole process requires active observation and recall of collected data. Morse and Field (1996)

Content analysis was used to analyse data. Data analysis was done manually looking at common themes, by sorting interview notes, organising and ordering the data, reading over and over the interview notes for better understanding, and describing the theme. The researcher in isolation, listened to the tape data over and over in order to get understanding of what the participants said while comparing with the notes taken during interviews. Transcript were read through over and over while listening to the tape recorded data to make sure the transcript were correctly done, and then finally read through to understand the content.

4.8 ETHICAL CONSIDERATIONS

The study involved young people and also concerns an area in their lives that is considered " most private" that is, issues related to sexual intercourse.

For protection of clients' rights, Kamuzu College Research committee reviewed the research proposal for the study. Permission was sought from Lilongwe technical college and from the participants themselves before data collection. The participants were given information about the study.

The participants were told the purpose of the study, its significance, such as contribution on policy changes and revision of family planning programs to address EC issues that is, to the MOH in Malawi.

They were alerted on the risk of violation of privacy on sexual life in the informed consent.

They were also told that participation was voluntary and that they could withdraw from the study at anytime; this would not yield any penalty.

Interviews were conducted inside the room for privacy sake. The information obtained was highly confidential and kept securely.

Participants were identified by codes and not by names this was to ensure confidentiality. Following data analysis the instrument were destroyed.

Consent was sought from the principal at Lilongwe technical college before starting the interviews. Informed consent was obtained from all participants prior to inclusion in the study.

4.9 LIMITATIONS

This study had some limitations in the sense that the sample was too small to represent all female students at Lilongwe Technical College. This resulted from limited time and funds to carry out a large survey, as a result generalisation of findings will be difficult.

The results of this study will not be published elsewhere and will not be applied to the human population.

CHAPTER 5

PRESENTATION OF FINDINGS

5.0 INTRODUCTION

This chapter presents findings pertaining to female student's perception of emergency contraception at Lilongwe Technical College. The study yielded a wide range of qualitative data from ten participants. Data was analyzed using content analysis. Results are presented in tables and narrative form.

The presentation of findings focused on the following areas: students' knowledge of emergency contraception, accessibility of emergency contraception among female students, attitude of female students' n emergency contraception and utilization of emergency contraception among female students.

SAMPLE OF CHARACTERISTICS

TABLE 1: Showing some of the sample characteristics (N=10).

CHARACTERISTIC	FREQUENCY (N=10)	PERCENTAGE
AGE OF PARTICIPANTS		
20-25	8	80%
26-30	2	20%
RELIGION		
C.C.A.P	4	40%
R.C	4	40%
SEVENTHDAY ADVENTIST	1	10%
BAPTIST	1	10%
COURSE		
SECRITARIAL	4	40%
AUTO ELECTRIC	2	20%
PLUMBING	1	10%
CISCO NETWORKING	1	10%
COMMUNITY	1	10%
DEVELOPMENT	1	10%
H.R.M		
YEAR OF STUDY		
YEAR 2	5	50%
YEAR 1	4	40%
YEAR 4	1	10%
MARITAL STATUS		
UNMARRIED	10	100%
MARRIED	-	

5.1 DERMOGRAPHIC DATA

The participants age, ranged from 20 to 29 years. The age was significant in that the answers given by different age groups in the interview enriched the study. Young people gave little information and older students gave more experienced information. Majority of the participants belonged to C.C.A.P and R.C denomination. Majority of the participants were in their second year of study and all of them were not married.

5.2 KNOWLEDGE OF EMERGENCY CONTRACEPTIVES

The researcher sought to know whether the participants were knowledgeable of the ways to prevent pregnancy. Majority of the students knew about pills and condoms. On emergency contraception, majority of the participants had not heard about emergency contraception even though it is available in most of the hospitals including clinics. Among the students some had a rough idea of emergency contraception as they said

> *"That they are tablets specifically available for prevention of pregnancy. These tablets are taken within 72 hours following un- protected sexual intercourse".*

One of the participants wanted to know what emergency contraception was, because she has never heard of emergency contraception's, this was how she was quoted:

> *"I have never heard about emergency contraception, what is it?"(Po33)*

One of the participants wanted to know the advantage and disadvantages of emergency contraception and this was how she expressed the question;

> *"Am a student and not married, yet you are coming to ask me about emergency contraception, which is a new concept in my life, what are the advantages and disadvantages of EC?" (P034)*

This also showed that these students were not familiar with emergency contraception's. However, a minority of the participants indicated that they had heard of these methods from a variety of sources including family planning clinics, teachers in schools and from general discussions with the fellow students, this was a comment from one of the participants;

> *"a friend of mine told me about this method. She said that she heard from the radio that nowadays there is emergency contraceptive which to prevent pregnancies. She didn't tell me the dose or its side effects"(P031)*

When they were asked where they would get more information of family planning, the majority of the students generally cited from the clinics. Minority of the students said that they can get the information from the radio.

5.3 WHEN SHOULD STUDENT USE EC?

For most contraceptives the timing is crucial to ensure effectiveness of the method. This is more so for emergency contraceptives that is to be taken within a specified timeframe for it to be effective. On knowledge when emergency contraception's could be used, from all the participants interviewed, it was not readily clear on the appropriate time women should use emergency contraceptives. A variety of responses elicited notably; after sex, before sex or when one realizes she is pregnant'. One participant even said that;

"it is used when one is in menses."(P037)

The minority of the students had an idea of some of the side effects. These included such side effects as; pain in your stomach, allergic to pills while another one said vomiting and nausea. These responses provided further insights and confirmation that there is little knowledge about emergency contraception and how it works.

A majority indicated that this is an appropriate method for one who has been raped or if one has been forced into sex to prevent pregnancy. This was how one participant said on the rape issue;

"sometimes you can be forced into sexual act, you can get unwanted pregnancy which you may end up aborting or dropping school, so this method can be useful in preventing this unwanted pregnancy."(P039)

5.4 VIEWS AND ATTITUDE ON EMERGENCY CONTRACEPTION

Generally many communities have not readily accepted modern methods of contraception as these have been viewed as deliberate means of controlling fertility. The majority of the students said that this method is good in that it can prevent pregnancies among the youth, however they had reservations that this method on the other hand is bad as it can encourage promiscuity among the youth and can also increase the incidences of HIV and AIDS since these students will only be protected from pregnancy and not from sexually transmitted infections.

One of the students said that they were not comfortable with this method, and she said;

"the fact that emergency contraception is taken after sexual intercourse, I feel that it one way of encouraging abortions among the youth". (P032)

One of the students even commented that;

"why is government trying to promote the use of emergency contraceptives among the youths when it knows that this can encourage promiscuity among the youth, I think government should think twice on this issue."(PO33)

This showed that, though some students recommended that it was good to have emergency contraception's among the youth, some were against this idea.

In time of rape many students recommended the use of emergency contraception; however one recommended that;

"the raped victims go to the hospital for medical attention, as it is only at the hospital where they can get proper management."(P031)

On whether they would recommend EC to a friend in case of need, majority said that they would tell a friend about EC in time of need for her to make an informed choice on EC, thus whether to use or not to use EC. One participant however, said that

" I would not recommend EC to a friend in time of need, but rather would advise her to go to the hospital if need arises. Because I believed that it is from the hospital where she can get the right information about her health if need arise."(P030)

5.5 CONCERNS ON EMERGENCY CONTRACEPTION

Contraception in general has generated controversies, often suspicion and fears within the recipient community. As a new method in the community, it was important to establish from the onset whether the participants would have fears or concerns about emergency contraception method. There were reservations about emergency contraceptives mainly related to the participant's views that EC was similar to abortion. The participant's fear of side effects and the view that there was a risk that EC might encourage unsafe sexual behaviour. Minority of the participants believed that EC is similar to abortion. The participants thus feared that the availability of EC could encourage promiscuous behaviour and reduce the use of condoms, which

would increase HIV transmission. According to the students, it was a risk that EC, which only prevents pregnancy, would increase STIs if condoms were not used as well.

One of the participant expressed concerns that this method could lead to infertility. This was what she said:

> *"this method prevents pregnancy, and if you take them while not married, I feel it can cause infertility. Some of these barren women, may be they are so because of emergency contraception".(P031)*

5.6 FOR WHOM SHOULD EC BE AVAILABLE?

In many communities contraceptive use has been acknowledged for a limited category of women, mainly those who are married. Contraceptive use among the unmarried women is generally deemed inappropriate. http://cecinfo.org/html/res-product-issues.htm.

Many students viewed contraceptives in context of promiscuity and generally against their culture and faith. This was the remark of one participant;

> *"Being a Roman catholic, the use of contraceptives is against my faith. We believe that taking contraceptives is like killing the unborn baby, but rather we use natural method of contraception".(P035)*

Emergency contraception as a method was acceptable by students, particularly those who were a bit older in age. Minority of the students recommended that the use of EC on the youth should be promoted especially to those who are sexually active as this could help to prevent unwanted pregnancies and incidences of abortion.

Having acknowledged the incidence of rape and its consequent problems, emergency contraception was a welcome solution. While acknowledging the potential usefulness of EC, minority of the students had concerns and felt that EC should be designed for a specific group of students. Majority of the students said that it should not be given to everybody except those with accidents especially rape.

5.7 WHERE SHOULD EC BE AVAILABLE

In Malawi all types of contraceptives are generally available at the health facilities. However oral contraceptives and condoms are available through community based distributors. A combination

of these channels makes accessibility of contraceptives easier and therefore ensures large population coverage.

Currently EC is only available in hospitals and clinics. Many participants indicated that EC should be available in a variety of places including; the school's library, cafeteria, in the toilets for non-residential students and hostels for residential students. Minority of the students expressed fear that boys can be a hindrance in accessing the methods, meaning that even if ECs were available at the college, accessibility could still be a problem because of fear of their male counterparts. However, they suggested that the method should be available for the entire students, residential and non residential. They also suggested that for, the residential student they should be placed in places where they can be easily accessed like the hostels and library. For non residential students should be placed in the toilets for easy accessibility".

5.8 WHO SHOULD BE INFORMED ABOUT EC

Generally the participants felt that all students at the college should be informed about EC, more so 'the young generation' and adolescents. One participant said:

> "*one of my friend last year dropped out of school because of pregnancy. May be she had no knowledge of this method, may be had it been that she was aware; she could have taken them to prevent pregnancy. I feel all students should be informed about this method for them to make informed decisions.*" (P038)

It was stated that it was particularly important that the students at the college be informed about EC and where it can be obtained. The participants suggested that the students should be informed through youth meetings and peer groups; some even suggested that information should be obtained from the health facilities.

To ensure that the information reaches the various target groups, majority of the students suggested organization of seminars for various groups. Majority of the students further suggested that youth groups which are already involved in drama entertainment sessions should incorporate information on EC in their activities. It was also suggested that posters, billboards could be placed in schools and public places and community centres.

5.9 UTILISATION OF EMERGENCY CONTRACEPTION AMONG FEMALE STUDENTS

On utilization of emergency contraception, all students said that they have never used emergency contraceptives , reasons being that they that had never heard of EC and how to access them; and for those who had heard about it, cited that attitude of health service provider was a hindrance in accessing the service. One of the participants expressed feelings that her parents would not like it if they hear that she taking contraception pills, this was how she put it;

> *"my parents will not like it if they hear that am taking emergency contraception's. these drugs are made for married people".(P034)*

One participant said that she cannot use emergency because it was against her faith. This student belong to the Roman Catholic Church which usually discourages its members on the use of hormonal contraception, instead the members are encouraged to use natural family planning methods as a way of contraception.

Some of those who said that they have heard about emergency contraception said that it is against their faith to use EC when not married. Though a minority of the students said that these methods can be accessed in government hospitals, they said that they cannot go to government hospitals as there is no privacy this was how one participant commented;

> *"Nurses are very rude in the clinics. Especially when they see that you are a youth trying to access family planning services, they will label you as being very promiscuous hence their attitude will not be welcoming".*(P033)

Minority of the participants cited lack of finance as another contributing factor, as in some clinics like Banja Lamtsogolo, these services are accessed at a fee. One participant made remarks that;

> *"My parents are struggling to pay my fees; I cannot afford to pay for the services. I don't want to go to government hospitals to access these services because there is no privacy. I prefer private clinics of which I can't afford".(P037)*

CHAPTER 6

6.0 DISCUSSION OF STUDY FINDINGS

The inclusion of adolescent family planning guidelines in the national family planning policy by the government in 1998 was meant to achieve high contraceptive use in Malawi by meeting the contraceptive needs of the youths through provision of unbiased and non discriminatory information (UFPWCM 2000). In this chapter the author discusses the study findings citing significant areas in relation to emergency contraceptive perception among female students at Lilongwe technical college. The discussion describes the demographic data, knowledge of contraceptives, attitude toward EC, availability of EC and utilization.

6.1 DEMOGRAPHIC DATA

The findings of the study have shown that majority of the students were in the age range of 20-25 years. This means that majority of students in the institution are the youth. Youths are sexually active and rebellious in everything and tend to try to do everything which includes sexual intercourse (UNFPA 1999). If these students indulge in sexual activities, they may end up having unwanted pregnancies. Utilization of emergency contraceptive can help to prevent unwanted pregnancies which can lead to school drop outs and abortions. This also concurs with a study done by Frank, Eliza and Christina (2002) where it was found that college students aged 18-24 have the highest rate of unwanted pregnancy and also represent the largest age group to seek abortions.

All the participants were of tertiary education level. In health promotion activities education level is very important as it is believed that educated people are able to understand issues concerning their health better than the uneducated. It can also help them to understand the importance of participating in health promotion activities such as the use of contraceptives which can help to prevent unwanted pregnancies.

The majority of the participants were in their first and second year of study, meaning that they were still considered at risk of unprotected sex which can lead to unwanted pregnancies. This concurs with the Centre for Disease Control and prevention study [1995] where it was estimated that 86% of college students nationwide have had sexual intercourse and that nearly one-third of students attending four year institutions have experienced pregnancy.

The study has also revealed that religion plays a special role in the use of contraception's. It helps to shape the peoples thinking and attitude towards certain things. For instance Roman Catholics are not in favour of hormonal contraception's such as pills or injections; they discourage their members from using them. Instead they teach of natural family planning methods. This was evidenced by an answer from the student who belonged to a Roman Catholic denomination, who said that they know about natural family planning method. Of all the students, they were the only one who mentioned about natural family planning method. This shows that utilization of family planning method also depends on religion. All the participants were not married. As unmarried people and still at school they are the right group to have information on emergency contraception. They are also exposed to many temptations which can lead them to have unprotected sex, resulting into unwanted pregnancy hence dropping out of school or resorting to criminal abortions.

6.2 KNOWLEDGE OF EC AMONG FEMALE STUDENTS

Emergency contraception (EC) refers to methods that women can use to prevent pregnancy after unprotected sexual intercourse, method failure, or incorrect use. There is growing worldwide acceptance and promotion of EC as a measure to reduce the level of unwanted pregnancies and, hence, unsafe abortions. Very little is known about societal perception of EC. Aziken and Okota (2004)

Early sexual activity in young women is burdened with a relatively higher chance of unprotected sexual intercourse. This is because of the nature of their relationship with their partners, which may involve difficulties in negotiating safe sex as well as problems in having a steady relationship. Hence when young women choose to have sexual intercourse, multiple strategies are necessary to encourage them to avoid unintended pregnancies. One such strategy is to increase awareness of EC among them. Joyce and Olenga (1998)

Rates of emergency contraceptive use vary widely but are generally low, especially as reported from population-based surveys. Demographic and Health Surveys from 2000 show that fewer than two percent of youth ages 15 to 24 have ever used emergency contraception in Armenia, Cambodia, Haiti, Malawi, Turkmenistan, and Uganda. In a survey of sexually active youth in 2000-2001, 10 percent of Jamaican university students had used ECPs. Among young women who had previously had clandestine abortions in Nigeria, 16 percent had used ECPs. Ec afrique (2007)

Findings in this study show that, the majority of the students have heard about contraceptives in general as they mentioned pills, condoms and injections as form of contraceptives. Condoms were the commonest method mentioned by students in the study. The findings differ from work done in Benin among female undergraduate students, where the commonest method ever used was withdraw followed by condoms. This also concurs with the findings in a study carried out by CDC [2001] entitled contraceptive use in African youth. The study found out that the most known contraceptives were the condom. This may be because the condom is the mostly advertised contraceptive. In addition, the condom is the only contraceptive which is easily available and can be found in shops apart from the hospital and is easy to use. The minority mentioned pills and injections. Since condom is the most popular method, it is easy for students to use thereby preventing pregnancies as well as STI, HIV and AIDS. This indicates that the students know a variety of contraceptives. In other studies rupture of condoms has been found to be the most common indication for EC use. It is important to emphasize that emergency contraception should be used as a back-up for occasional use rather than a regular form of contraception. http://www.ncbi. Nlm.nlh.gov/pmc

The most common source of information on contraceptives was from friends and from the hospital. This is similar to the data reported about EC knowledge among Swedish women, but differs from a study conducted in Ghana among university students, in which the main source of information was the media. In a Nigerian study however, media was not mentioned among the sources. Peers are a common source of information of emergency contraception (Olsen, Santaero 2002; Salack, Juric 2004; Abasiattai, Umoiyolo 2007). In has been shown that contraceptive use can be improved by linking formal channels to informal gossip chanels(Rutenberg and Witkins 1997).

On emergency contraceptive , the majority said that they have never heard about this method. This was evidenced by a question from one participant who sought to know what EC was. The results from the study also reveals that minority of the students knew about EC. However among the ones who knew about emergency contraception, they lacked detailed knowledge about the regimen. This finding is similar to the result of a study by Harper and Elleston in 1995 at Princeton University, which showed that while the based awareness of EC pill was wide spread, students lacked detailed knowledge about the regimen.

The reasons for lack of knowledge on this subject may be linked to the sources of information; of those who said that they have heard about emergency contraception got to know about EC from

their friends who may not have a good grasp of the subject. Information gap and poor compliance attitude constitute major constraints in EC thereby leading to high rate of unwanted pregnancies.

6.3 WHEN TO USE EC

Majority of the participants were not sure when in the menstrual cycle they were likely to use emergency contraception, in view that they had unprotected sex. This agrees with findings by Larsson, Aneblom and Odlid in 2002, among Swedish teenagers seeking induced abortions. The main reason given for not using emergency contraception was unawareness of being exposed to the risks of pregnancy.

For most contraceptives the timing is crucial to ensure effectiveness of the method. This is more so for emergency contraceptives that is to be taken within a specified timeframe for it to be effective. Majority of the students who were interviewed didn't know the appropriate time women should use emergency contraception. Their responses provided further insights and confirmation that there is little knowledge about emergency contraception. The efficacy of EC is dependent on how soon after unprotected intercourse treatment is administered. If students are to benefit from EC they need to have prior knowledge and easy access to the method since it has a time limit. Majority of the students either didn't know the effect or thought that EC interrupts an ongoing pregnancy. Previous studies by Gemzell and Marions in 2004, have shown that one of the main barriers to widespread use of EC is concern about mechanism of action. The mode of action for Levonorgestrel has been shown to be through inhibition of ovulation or delayed follicular development while Levonorgestrel in the relevant doses has no effect on endometrial development. Confusing EC with induced abortion may negatively affect the acceptability of the method.

6.4 VIEWS AND ATTITUDES ON EMERGENCY CONTRACEPTION

Attitudes toward EC are as varied as women's knowledge of the method. One large study from the United Kingdom reported that women who had a strong desire not to become pregnant were more likely to view EC as a morally acceptable option. A study of Latina women in the United States showed that positive attitudes toward EC were linked with increasing knowledge of its proper use and of its mechanism of action. Moral or religious concerns also affect women's attitudes toward EC, and are commonly cited as reasons why women would not use it.

This study revealed that the majority of students had a positive attitude towards the use of emergency contraception's. This was evidenced by their responses that this method is good in that it can prevent pregnancies among the youth. However majority of the students said that this method is bad as it can promote promiscuity among the youth and can also increase the incidences of HIV and AIDS, since these students will only be protected from pregnancy and not from sexually transmitted infections.

In all interviews, rape featured as an important reproductive health concern. Majority of the participants acknowledged that EC would provide rape victims an alternative. They should not have to yield to a situation of helplessness where the only recourse to rape and the resulting pregnancy is either an abortion or marriage to the man if he is known, notwithstanding their stand on the matter.

It was also revealed that majority of students were reluctant to use emergency contraception due to fear that they will be barren. During the interviews it was commented that those women who are barren might have used EC at one point in time in their lives. This concurs with a study by Baiden, Awiki and Clerk 2002, in Ghana where the minority of the students believed infertility to be a potential risk of EC, where as a majority felt that it had no effect on fertility.

Majority of the students believed that emergency contraceptives are important and that they should be available for all students. Positive attitude towards emergency contraceptives was significantly higher among followers of C.C.A.P, Baptist church and seventh day Adventist compared with the Roman Catholics. This was evidenced by the answer which was given by the members of the Roman Catholic Church, who said that using hormonal contraceptives is against their faith.

6.5 AVAILABILITY OF EC

In Malawi all types of contraceptives are generally available at the health facilities. However oral contraceptives are available through community based distributors. Emergency contraception is only available in hospitals and clinics. Majority of the participants indicated that EC should be available in a variety of places including; the school's library, cafeteria, in the toilets for non-residential students and hostels for residential students. This would also encourage utilization as privacy will be insured hence promoting accessibility.

Health education initiatives should target students as they are more likely to be sexually active. There is a need to further educate students about EC which can help to reduce unintended pregnancies, many of which result in unsafe abortion and take a large toll on women's health.

The majority of the participants said EC should be available for the couples only, as using them among the youth can encourage promiscuity. However a minority of the students said that the method should be available for the students who are sexually active as this can help to prevent incidences of abortions.

6.6 WHO SHOULD BE INFORMED ABOUT EC

It may be argued that promotion of awareness about EC may encourage premarital risky sexual behaviour. There is no scientific evidence, however, to substantiate any of these arguments. A wealth of research clearly demonstrates that improving the availability of EC does not increase any form of 'sexual risk'-taking behaviour. Rather, it was found that use of EC might be the stimulus that brings young women into contact with health care providers, thus providing opportunities for counselling in matters of responsible sexual behaviour; contraception; and prevention of sexually transmitted diseases, including HIV/AIDS. Http: www inist.fr /article 28.

This type of method seem to be favoured by the majority of the students as they said that all students at the college should be informed about EC, more so 'the young generation' and adolescents.

The majority stated that it was particularly important that the students at the college be informed about EC and where it can be obtained. The majority of the participants suggested that the students should be informed through youth meetings and peer groups; minority of the students suggested that that information should be obtained from the health facilities.

To ensure that the information reaches the various target groups, majority suggested organization of seminars for various groups. Majority also suggested that youth groups which are already involved in drama entertainment sessions should incorporate information of EC in their activities. It was also suggested that posters, billboards could be placed in schools and public places and community centres.

6.7 ACCESSBILITY AND UTILISATION OF ECPs AMONG STUDENTS

Emergency contraception's have become more available in many developing countries. However, limited provider knowledge and negative attitude, as well as poor user awareness and access, have hindered youth in learning about and using ECPs. Making ECPs accessible to the youth can help to prevent unintended pregnancy. The prevention of unwanted pregnancy in turn prevents the risk that adolescent pregnancy poses for

mother and child, including abortions. In addition, proving ECPs can provide adolescents with abridge to other reproductive health services. WHO (2007) www.who.int/topics/family planning/en/2007

Even if awareness of ECPs is increased, access can still be problematic for adolescents. Research suggest that youth are reluctant to go to family clinics (private, community or college based) to get ECPs. All the students who were interviewed had never used EC. Some of the reasons for not accessing emergency contraception were; lack of privacy in government facilities; they have never heard about the method and how access it; and attitude of health service providers in Government hospitals. This concurs with a study which was done in Zambia. In the study it was found that youth view staff from traditional health care facilities as unwelcoming and judgmental and may not seek their services because of embarrassment or lack of privacy. In Zimbabwe, young women who posed as clients seeking ECP services reported that staff from many of the 12 hospitals and clinics they visited were in a hurry, were not interested in helping them, or seemed condescending, condemning or angry. While lack of knowledge among providers is a problem, negative attitudes toward providing adolescents with ECPs poses an equal challenge. Among 300 providers in Ghana, about three-quarters approved of ECP use in general, but only half thought they were appropriate for youth. In a survey among nurses and nursing students in Kenya, only 21 percent approved of ECPs for adolescents. This just confirms that many youth are unable to access emergency contraceptive services because of many factors which range from attitude of the health providers to financial constraints.
http://www.reproductiverights.org/pdf/pub_bp_govtswwec.pdf.

CONCLUSION

EC is an effective means of preventing unwanted pregnancies, but unfortunately majority of the college-going female students are either unaware or poorly informed of it. More efforts should be exerted towards improving the awareness of and access to, emergency methods and enhancing their usage by potential users such as students. Knowledge about EC was low among female students. The Knowledge is important in countering the misconceptions about EC and other contraceptives. Fertility awareness was low among the female students. Knowledge of fertility period is important in determining when conception can occur and this help young people to avoid unplanned pregnancy. Friends and media are important source for EC information. Students' perceptions are crucial in the accessibility and utilization of EC. The perception

influences acceptability, and hence, the corresponding recommendations to peers. If a young person has unpleasant experience in a healthcare unit, he or she will not recommend the services to the peers.

RECOMENDATION

The study findings show that a number of areas with deficient that need to be addressed through research or improved practice in service provision.

- Parents should be empowered to be able to discuss sexual and reproductive health issues with their children. Parents should educate and advise the youth about EC. This is an issue to address since parents will usually have the chance in solving the social and economical problems of unwanted pregnancies. Many young people who get pregnant have an induced abortion because of fear of their parents reaction. Parents need to be more open about matters related to health including EC. It is thus important to promote parent-child communication about sexual issues.

- The policy makers in the ministry of health and other organisations should open up more youth friendly centres which will provide contraceptives.

- Information, education and communication on contraceptives should be intensified by services providers to reach both parents and the users themselves so that fear and misconceptions on contraceptives can be cleared. There is need to provide contraceptives in the youth clubs in the school

- Health education initiatives should target such students as they are more likely to be sexually active. There is a need to educate students about EC, which can help to reduce unintended pregnancies, many of which result in unsafe abortion and take a large toll on women's health. Education about EC at college levels could benefit even out-of-college youth, because their friends often are students.

- Health care workers should have regular in-service training regarding reproductive health issues, such as counselling on EC. This will enable them to keep up to date with the current evidenced based recommendations in the field of contraceptive technology.

- There is need to do research on utilisation of emergency contraception's among college students. This will help design ways of making it available to the youth to increase accessibility and utilisation

REFERRENCES

Abasattai, A.M. Umoiyolo, A.J Bassey ,E.C. (2007) " misconceptions of emergency contraception among tertiary school students in akwa IBOM state, south Nigeria. Pvactn10 (1): 30-4

Aziken, M.E. and Okota, P. (2003) knowledge and Perception of Emergency Contraception among female Nigerian undergraduates. International Family Planning Perceptive:vol 29 no:2

Baiden F, Awiki E, and Clerk C (2002) perception of university students in Ghana about Emergency Contraception; 66 (1): 23-26

Burns, N and Groves, S.K (2001). The Practice of Nursing Research, Critique and Utilisation. (3rd Ed) Philadelphia: W.B. Saunders Company

Dupot S.J, Webber K. And Thornton S. (2002) Emergency contraceptives and Sexual Risk Behaviour " In JSTD AIDS 13 (7): 482-5

EC – Afrique @ pc Nairobi. Org

Field, P.A. and Morse, J.M. (1996) Nursing Research the Application of Qualitative Approach. (2nd ed). London: Chapman and Hall

Frank ,B. Eliz, A. Christina, C. Perception of university students in Ghana about EC. 2002 July Vol. 66; issue 1.

Fraser, S. (1999) Conceptual Models of Nursing, Stamford: Schuster company. 2004: 10 (4):341-348

Gemzell, D and Marions, K. (2004) Mechanism of action of Mifepristone and Levogorgestrel when used for Emergency Contraception. Hum Reprod Update

Harper, M.A. and Elleston, C The Emergency Contraception Pill: A Survey of Knowledge and attitude among students at Princeton University. Am J obst Gynecol 1995:173:1438-45

Http: // www. Add this. Com

Http: www inist.fr /article 28

Http;// www. I pas. Org

Http:// ceciinfo.org/ html/reg-product-issues.htm

Http://www. Ncbl.nlh.gov/pmc

http:www inist, fr/article 28

Http://www.reproductiverights.org/pdf/pub_bp_govt

JHPIEGO (2006). *Research study on adolescents knowledge on contraception in*:Blantyre, Dowa & Kasungu: htmlUSAID Malawi

Joyce, P and Olenga, M. Reproductive Health Survey and Facilities Review (1998)

Khame I, & Sharif M.I (2001) Bangladesh Research Update, Dhaka, Bangladesh

Larsson, M. Aneblom, G. and Odlid, V. Reasons for pregnancy termination, contraceptive habits and contraceptive failure among Swedish women requesting an early pregnancy termination Acta obstet Gynecol scand. 2002: 81 (1) :64-71

Malawi Nation Reproductive Health Services and Population. Lilongwe.

National Family Planning Welfare Council of Malawi (2002). Training Manual for Training of Trainers for Community Based Contraceptive Distribution Agents: Lilongwe.

Olsen C.L, and Santaero (2002) " qualitative analysis of African American adolescents female's belief about ECP" J pediat adolesce Gynacol 15 (5): 285 -92

Oxford Dictionary (2004) United Kingdom.

Pender, J.N (1987). Health Promotion in nursing practice. (2nd Ed) California: Appleton and lange.

Polit, D. (1991) Nursing Research: principles and Methods. (4th Ed) London: J.B. lippicott company

Polit, D. And Hungler,B.P. (1997). Nursing Research: Principles and Methods. Philadelphia: J.B Lippincott Company.

Reproductive Health Policy.: (2006).MOH. Lilongwe

Rutenberg N. Wrtikins (1997) " The bizz outside the clinics conversation in Nyasa Province, Kenya. Stud Fam plan 28 (4) 209- 307

Selack S., Juric V., Hren D. And Jurisc M (2004) what do young people from monister Bosnia and Herzegovina know about contraceptions and sexual Health Coat med J 45 (1): 44-9

Speziale, H.J.S., and Carpenter, D.R. (2003). Qualitative Research in Nursing Advancing the Humanistic imperative (3rd ed). Philadelphia: Lippincott Williams& Wilkins

Stanhope, M. & Lancaster, J. (1998). Community Health Nursing: Process and Practice for Promoting Health. St Louis. C.V: Mosby company'

UNFPA Report (1997) Geneva.

WHO (2007) http: // www.who.int/topics/family planning/en/2007

www. College. Sa.co. za

University of Malawi

Kamuzu College of Nursing

P/bag 1,

Lilongwe.

The Ministry of Education

Lilongwe District office

Box

Lilongwe.

Dear sir/ Madam

PERMISSION TO CONDUCT A RESEARCH AT LILONGWE TECHNICAL COLLEGE

I am a mature year two student pursuing a Bachelors of Science Degree in community health nursing. In partial fulfilment of this award, I am expected to conduct a research study, hence the request.

The aim of this letter is to seek permission to interview some students at Lilongwe technical college on a research topic entitled **"female student's perceptions on emergency contraception"**. The students will be asked questions related to emergency contraception.

I look forward to your favourable consideration.

Yours faithfully,

Janet Salima

LETTER TO THE PRINCIPAL, LIILONGWE TECHNICAL COLLEGE

The University of Malawi

Kamuzu College of Nursing

P/ Bag 1

Lilongwe.

The Principal,

Lilongwe technical college

Lilongwe.

Dear sir /Madam

PERMISSION TO CONDUCT A RESEARCH AT LILONGWE TECHNICAL COLLEGE

I am a mature year two student pursuing a Bachelors of Science Degree in community health nursing at Kamuzu College of Nursing. In partial fulfilment of this award, I am expected to conduct a research study, hence the request.

The aim of this letter is to seek permission to interview some of the female students at your college, on a research topic entitled **"female student's perceptions on emergency contraception"**. The students will be asked questions related to emergency contraception.

I look forward to your favourable consideration.

Yours faithfully,

Janet Salima

University of Malawi

Kamuzu College of Nursing,

P/Bag 1

Lilongwe.

The chairperson,

Research and publication committee,

Kamuzu College of nursing

P/ Bag 1

Lilongwe.

Dear sir/ Madam

I am a second year student doing Bachelors of Science in Nursing at Kamuzu College of nursing. In partial fulfilment of the degree program, I am required to carry out a research project. The title of my study is **female student's perception on emergency contraception.**

The purpose of the study is to assess student's perception on emergency contraception with a view to make recommendations on possible ways of improving youth friendly provision of contraceptives.

The reason of writing this letter is to seek for your approval to conduct this study.

Looking forward for your permission to carry out the study.

Yours faithfully,

Janet Salima.

CONSENT FORM

I am a 2nd year mature student doing a Bachelor of Science Degree in Nursing at Kamuzu College of Nursing. In partial fulfilment of my studies for the degree, I am required to conduct a study. The title of my study is female student's perception on emergency contraception at Lilongwe technical college.

The study findings will act as base line data for policy makers in the ministries of health and education to implement programs that target meeting the contraceptive needs for students.

You are one of the participants chosen to answer some questions contained in the study. You are informed that participation in the study is voluntary, that is you are under no any under circumstances forced to participate in this study hence you are free to withdraw anytime and this will not attract any penalty. As a participant, you are informed that your participation in this study will improve contraceptive use by college students and youths in Malawi. You are free to ask any questions before, during and after data collection.

For confidentiality and privacy sake your name will not be written on the questionnaire and information will not be shared by any other person except those who are directly involved in the study. And above all, your identity will remain anonymous and will not be revealed to any person while the study is being conducted and reported.

Declaration

I have clearly understood the requirements and contents of this letter and I therefore give consent to take part in the study freely and voluntary.

Signature of the participant_____Date_____

Signature of the researcher_____Date_____

University of Malawi

KAMUZU COLLEGE OF NURSING

RESEARCH AND PUBLICATIONS COMMITTEE

APPROVAL CERTIFICATE

TITLE: **FEMALE STUDENTS PERCEPTION ON EMERGENCY CONTRACEPTION AT LILONGWE TECHNICAL COLLEGE**

INVESTIGATOR(S): JANET SALIMA

YEAR OF STUDY: MATURE ENTRY: BSc IN NURSING

REVIEW DATE: 22ND July 2009

DECISION OF THE COMMITTEE: ***APPROVED***

UNIVERSITY OF MALAWI
KAMUZU COLLEGE OF NURSING
0 4 -12- 2009
PRIVATE BAG 1, LILONGWE.

SIGNATURE: ..... **DATE** 04/12/09

DEAN OF POSTGRADUATE STUDIES AND RESEARCH

CC: supervisor: MRS W. CHILEMBA

DECLARATION OF INVESTIGATOR(S)

I/WE fully understand the conditions which I am/we authorized to carry out the above mentioned research and I/we guarantee to ensure compliance with these conditions. In case of any departure from the research procedure as approved, I/We will resubmit the proposal to the committee.

DATE 4/12/09 **SIGNATURE(S)** JSalima

PRINCIPAL

Our Ref.: LTC/LP/4/VOL104

You're Ref.:

Date: 3 December 2009

Please address all correspondence to the Principal
Lilongwe Technical College
P.O. Box 190
Lilongwe
Malawi
Tel: (265)1 725 947
Fax: (265)1 725943
E-mail: litecol@ltc.edu.mw

TO: JANET SALIMA

KAMUZU COLLEGE OF NURSING

P/BAG 1

LILONGWE

MINISTRY OF EDUCATOIN AND VOCATIONAL TRAINING
LILONGWE TECHNICAL COLLEGE
3 - DEC 2009
ADMINISTRATION
P.O. BOX 190, LILONGWE
TEL.: 01 725 947/943

A LETTER OF ACCEPTANCE

Refer to your letter which you requested to come to perform interviews to some of the female students of this institution. I would like to inform you that permission has been granted to exercise such activities.

Wishing you all the best as you are doing your research

Yours faithfully

R.J.Kachepa

For the Principal

FEMALE STUDENT'S PERCEPTION ON EMERGENCY CONTRACEPTION

INTERVIEW GUIDE

CODE

NAME OF THE INTERVIEWER

DATE OF INTERVIEWS

SECTION A

DEMOGRAPHIC DATA

(a) AGE ....

RELIGION

What is your religion, if any? .....

What is your home district?

Which course are you studying?.....

You are in which year?.....

Are you residential or non residential?.....

Are you married?.....

SECTION B

KNOWLEDGE ABOUT EMERGENCY CONTRACEPTION

What ways do students use to avoid pregnancies?_____

_____

_____

_____

What do you know about EC?

_____

_____

_____

_____

Where could you get more information about EC?

_____

_____

_____

Where could students get the EC method?_____

_____

Can you think of circumstances when it would be appropriate to use emergency contraception? _____

_____

_____

_____

Are there times when it would not be appropriate to use EC?

_____

_____

_____

_____

How should EC be used? _____

_____

_____

At what time in the month does it work best?

_____

_____

_____

_____

What are the side effects? _____

_____

_____

_____

_____

In what other situations can EC also be used? _____

_____

_____

_____

ATITTUDES

Now, what do you think about emergency contraception?_____

_____

_____

_____

_____

d this method be made available at the college?_____

_____

_____

_____

_____

_____

Is there any reason why you think it should be available to the youth?_____

_____

_____

_____

_____

Is there any reason why you think it should not be available to the youth?_____

_____

_____

_____

_____

Is there anything about this method that makes you uncomfortable?_____

_____

_____

_____

_____

What about in cases of rape, what should be done to prevent pregnancies?_____

_____

_____

How would you recommend emergency contraception to a friend in case of need?_____

_____

_____

_____

In some clinics students are given a packet of emergency contraception in advance. That way she can keep in with her in case she needs it. What do you think about this? _____

_____

_____

_____

_____

_____

_____

AVAILABILITY AND ACCESS

What should be done to inform people about EC?_____

_____

_____

_____

Who needs this information the most? _____

_____

_____

How can the students be informed about EC?

Where would you find EC if you needed it? _____

Where would be the best place to make it available? _____

What should be done to increase accessibility of EC?_____

What do you consider to be problems with accessing emergency contraception?