

**FACTORS CONTRIBUTING TO THE USE OF EMERGENCY CONTRACEPTIVE
PILLS AMONG FEMALE UNIVERSITY STUDENTS IN KENYA: A CASE STUDY
OF GRE TSA UNIVERSITY-THIKA, KENYA**

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SSC-G-4-240-17

**A RESEARCH PROJECT SUBMITTED TO THE SCHOOL OF SOCIAL SCIENCE
IN PARTIAL FULFILMENT FOR THE REQUIREMENT FOR THE AWARD OF
BACHELOR OF ARTS IN COMMUNITY DEVELOPMENT OF GRE TSA
UNIVERSITY**

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DECLARATION

Student Declaration

This research project has not been presented before in any degree course and it is my original work.

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SSC-G-4-240-17


Signature  Date 14/12/2021

Supervisors' Approval

This research project has been submitted for examination with my approval as the University Supervisor.

Mr Peter Gakwa

School of social sciences

Signature.....  Date 14th Dec 2021

DEDICATION

To my mentor Dr. David Wachira whom I drew inspiration from.

ACKNOWLEDGMENT

I am so grateful for the lecturers that took me through this research work especially madam Sheilla and my supervisor Mr. Gakwa.

DEFINITION OF TERMS

Postinor lenonorgestrel tablets – emergency contraceptive pill

LIST OF ABBREVIATIONS

EC – Emergency Contraception

ECPS – Emergency Contraceptive Pill

STIs - Sexually transmitted infections

WHO – World Health Organization

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ABSTRACT

Emergency contraception (EC) refers to the use of certain contraceptive methods by women and girls to prevent pregnancy after unprotected sexual intercourse (WHO, 2019). Many women who have a need for emergency contraception do not use it. ECPs contain a special regimen of the same hormones as regular oral contraceptives (OCs). They are reserved for an emergency that might produce a pregnancy. The aim of this study will be to establish usage practice of emergency contraception by female college students at Gretsia University through a cross-sectional survey. Specifically the study will help determine awareness of existence of emergency pills, knowledge of correct timeframes for use, the sources of emergency pills, whether easy access leads to risky sexual behavior and the sources of information on emergency pills. The study will be conducted at Gretsia University Main campus Thika. Stratified random sampling will be used in this study. All qualitative responses will be edited and coded before data entry. The data will then be analyzed using the Statistical Package for Social Sciences.

CHAPTER ONE: INTRODUCTION

1.1 Background to the study

Emergency contraception (EC) is the use of contraceptive methods e.g Postinar – 2 by women and girls to prevent pregnancy after unprotected sexual intercourse (WHO, 2019). Many women who have a need for ECPs do not get to use it because some have no idea where to access the pill and how to it. Youths and unmarried women use this pills after unprotected sex to prevent pregnancies (Rodgers 2015).

The pills are taken at a specific period of time that is 72 hours after having unprotected sex. The main purpose of this pills is to reduce abortion to young and unmarried women still pursuing their dreams. Some women take these pills after even seven days after sex and it is still working. ECPs cannot cause abortion. The process of starting implantation of a fertilized egg is what is called pregnancy therefore intake of emergency pills cannot prevent pregnancy since the fertilized egg has been implanted. (Borrego *et al*, 2016). Some use the emergency pills when pregnant and according to (Boss, 2016), no harmful effects to the fetus or the woman. ECPs acts as a backup way in case one have an unprotected sex intercourse with the partner hence reducing rate of early pregnancies and unplanned pregnancies.

Emergency contraceptive pills do not prevent women from HIV and other sexually transmitted diseases and it should be taken after every unprotected sex since the emergency pills do not protect you from the rest of the cycle (Rodrigues, 2011).

Studies shows that in some countries, youth faces certain barriers when in need of emergency pills. They poorly aware of existence of emergency pills since the health care experts are as well poorly informed if the pills have negative effects like immoral behaviors after one use often the emergency pills after unprotected sex with the partner (Rodrigues, 2011).

The study aims at establishing the factors contributing to the high use of emergency pills among female university students in Kenya.

1.2 Statement of the Problem

Widespread use of emergency contraceptive pills has been estimated to rapidly reducing number of abortion (WHO. In Gretsia University students are enroll with HIV/AIDS Management which helps students to obtain knowledge on ways to reduce abortion. The basis of the study is young and unmarried women who are in danger of getting pregnant while pursuing their dream course or work. Most studies suggests that the perfect method of preventing pregnancies after having unprotected sex intercourse is the use of contraceptive pills which are prescribed to be taken within a certain period of time. Availability of emergency pills in both public and private health care facilities can help reduce unplanned pregnancies and early pregnancies.

Lastly the health care facilities should not send mix messages like providing both ECPs and condoms to students.

1.3 Objectives

1.3.1 General Objective

The study aims at establishing the Factors that leads to the Use of Emergency Contraceptive Pills among Female University Students in Kenya

1.3.2 Specific Objectives

1. To establish whether students at Gretsia University are aware of the use of ECPs.
2. To examine if students at Gretsia University know the correct period for taking ECPs.
3. To establish where the students at Gretsia University get pills.

1.4 Research questions

1. Are the students at Gretsia University aware of the use of ECPs?
2. Do the students at Gretsia University know the correct period for taking ECPs?
3. Where do the students at Gretsia University get ECPs whenever they need them?

1.5 Significance of the study

The study aims at establishing whether access to ECPs leads to immoral behaviors. To access ECPs, one should visit any health center or private chemist/pharmacy store around.

1.6 Limitation of the study

Sharing information about sex is still a taboo in some communities and also some may be unwilling to share information. Financial challenge and limited time might also be a challenge to the researcher.

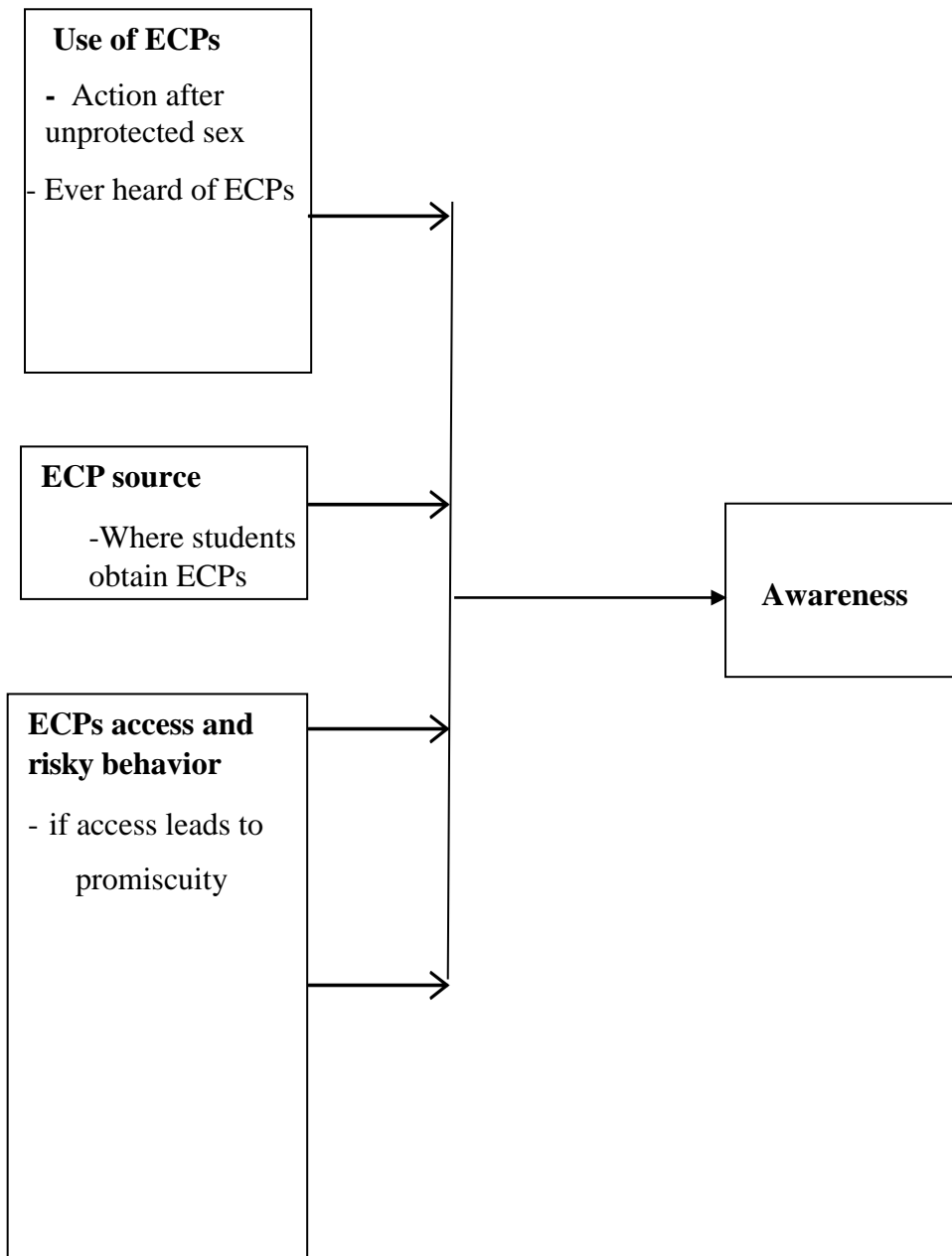
1.7 Delimitation of the study

The respondents in this study will all health science students who are to a higher degree familiar with the subject in question hence it will aid in easy filling of the questionnaires.

1.8 Conceptual Framework

Independent Variables

Dependent Variable



CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter gives research explanation on the use, source and correct timeframe for Emergency contraceptive pills among young and unmarried women in Universities in Kenya

2.2 ECPs use

One should use the pills just after having unprotected sex. Most ladies take them to control their pregnancies after having unprotected sex with their love ones. Most ladies also argue that it reduces the pain during menstrual cramps. A research done in South Africa argued that a bigger percentage uses ECPs compared to the women in rural areas. When asked about if they know about ECPs usage, 17% knew about usage of ECPs compared to women in urban areas (35%) whom they answered directly face to face that they have heard of ECPs and they know the use. (Belzer *et al*, 2015)

The reason most women doesn't know the use of ECPs in rural areas compared to those in urban areas is because most communities in rural areas still values sex topics as a taboo and therefore you will find many young women in rural areas get pregnant compared to those in urban areas who are exposed to life experiences. Young women in rural areas are unwilling to share sex information to their parents afraid that they will be scolded or even caned. That is because talking of sex is a taboo in most communities. Parent child openness can help reduce early pregnancies because the child we be indulged in useful life experiences and that will help the child have information that will help them to prevent early pregnancies when they engaged themselves in unprotected sex with their partners.

2.3 Time for taking ECPs.

The most appropriate time to take ECPs is just after having unprotected sex with your partner or within 24 hours and its proven to be effective at that period of time. ECPs does not prevent you from getting pregnant the next time you have sex. A sample of students at the university

of Ghana were asked the correct and effective timeframe for taking the emergency contraceptive pills, 11% of the respondents indicated correctly the correct timeframe for taking the emergency pills (Nana *et al*, 2012). That was the recommended time given by health experts whom they have proven to be effective within that period of time. This also explained why there was a small percentage usage earlier on use of Emergency pills. The reason being culture in communities which they do not allow sex talk as it is still a taboo to talk about.

Most students in Gretsia University indicated the correct time frame for taking emergency pills as recommended by health experts. According to this research 83% of the students indicated that the most effective time for taking emergency pills is 24 hours after having unprotected sex with the partner. A few indicated that the emergency pills can be taken even after 72 hours after having unprotected sex.

2.4 ECPs Source

Most students said that the main source of information were media and friends. Media was the main source since most the young and unmarried women spend most their time in social media sharing information about themselves and how they do things in day to day life activities. The reason why most students heard of emergency pills through friends is because one feels comfortable talking to a friend. Everyone trust a friend, therefore one feels safe talking openly and sharing sex experience with since the secret is safe with a friend. Media being a platform of friends talk also was a big source of information about emergency contraceptive pill. Youth and unmarried women spend most of their times in social media sharing life ideas. In Gretsia University, most unmarried women got the information through friends and media.

In Kenya, a study conducted in Kibera slums showed that the main source of information of

emergency contraceptive pills (ECPs) was from friends and family (34%) (Kiragu and Zabin, 199

2.4 Theoretical framework

A theory is a set of inter-related concepts, definitions and proportions that explains or predicts events or situations by specifying relations among variables. This study is guided by the Health Belief Model from the Behavioral and Cognitive theories.

2.4.1 Social cognitive theory's Health Belief Model

The Health Belief Model was developed to help understand why people did or did not use preventive services offered by Public Health departments in the 1950's, and has evolved to address newer concerns in prevention and detection as well as lifestyle behaviors such as sexual risk behaviors and injury prevention. This theory theorizes that people's beliefs about whether or not are at risk for problems. This is why the researcher uses this Model to investigate reasons for high usage of ECPs as its inter-relate with the Model. The theory core constructs are;

- i. Perceived susceptibility and perceive severity.
- ii. Perceive benefits and perceive barriers.
- iii. Cues and actions.
- iv. Self-efficacy.

2.6 Summary of the research

The literature materials I found shows that most teenagers in the society tries using and embracing the usage of emergency contraceptive pills after having unprotected sex. This will help reduce early pregnancies and abortions.

2.7 Research Gap

Most teenagers and young unmarried women have no idea of the use of the pills and where to get them from, and if they do, they are not sure the perfect and effective time of intake.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Research design

A research design is the work framed created by the researcher to seek out answers concerning research questions. Stratified random sampling will be use and the sourced respondents will be given questionnaires to fill

3.2 Study area

Gretsa University will be the study area. The college has different schools offering different courses which students will be grouped basing on the schools. Those importantly picked will be female students studying Health Science and age 18-24 years.

3.3 Target population

The target population will include all the female students aged 18-24 years at Gretsa University

3.4 Sample size and Sampling procedure

The technique that may enhance the scientist get a sampled of the respondent while not being bias to the scholars is the systematic sampling. The researcher will target the female students of Gretsa University

3.4.1 Sample size determination

According to Mugenda Mugenda (2013), when the population is less than 10,000, a sample size of 10% to 30% is a good representation of the study. According to the Gretsa registra 2021 (Carol Juma), there are a total of 640 target female registered students in Gretsa University. Female Health science students was 64 students (11%) which will be our respondents for the study.

3.5 Measurement of variables

The research study shall use the following table to measure the research study variables;

Variables	Measures	Measurement scale	Question number
ECPs Use	<ul style="list-style-type: none"> • Action after unprotected sex • Ever heard of ECPs 	Nominal scale	Number A
Time for taking ECPs	<ul style="list-style-type: none"> • where students obtain ECPs 	Ordinal scale	Number B
ECPs source	<ul style="list-style-type: none"> • if access leads to promiscuity 	Nominal scale	Number C

3.6 Research Instruments

The research study shall embrace the use of questionnaire document that shall be so significant for research procedure to help aid in digging out information about the study

3.7 Inclusion and Exclusion Criteria

3.7.1 Inclusion Criteria

The respondents who will be willing to share information regarding ECPs use will be part of the research because they grant permission to researcher.

3.7.2 Exclusion Criteria

Those who will be unwilling to share the information regarding intake and use of ECPs will be excluded in the research because they fail to give permission.

3.8 Data collection

The willing respondents are administered with questionnaires to fill privately when obtaining the knowledge relating to the analysis. Respondents are needed to not write their names on the form sheets thus on keep it close. When doing all that, the respondents are tutored to drop their crammed form sheets at the placed tutored at the field.

3.9 Validity and reliability.

Validity refers to the degree of accuracy and meaningfulness of concluded data drawn from the study. In this study it was achieved through pilot study which help in ensuring smooth flow of questions in the questionnaire sheets given to the students. Also helps in ensuring the information collected was useful to the researcher.

The questionnaires will then be tested in Amboseli University, which is not taking part in this research, where it will be tested and data concluded.

3.10 Data Analysis and presentation.

Data analysis starts by cross checking the questionnaires for completeness which it will be presented using tables, frequencies and percentages with the aid of Statistical Package for Social Science (SPSS) since the study will yield both qualitative and quantitative data. Quantitative analysis will involve listing and coding open ended data, which together with pre- coded quantitative data will be digitalized using the SPSS package and MS Excel and the coded data and quantitative data will then analyze using descriptive statistics.

3.11 Logistics and Ethical considerations

The purpose of the study will be fully explained to the respondents sampled by the researcher. They will be assured that all information would be treated with confident and questions will be set in such a way that is not personal to one's life. Also no names will be required on the questionnaire sheets. It should be voluntary.

CHAPTER FOUR: DATA ANALYSIS, INTERPRETATION AND DISCUSSION

4.1 Introduction

This chapter discusses the interpretation and presentation of the findings. It presents analysis of the data on factors influencing use of emergency contraceptive pills among female students age 18-24 years of age in GRETSA UNIVERSITY, KENYA. The chapter also provides the major findings and results of the research study.

4.2 Response Rate

The study targeted a sample size of 74 female students from which 67 filled in and gave back the questionnaires which constituted to 90.5%. This response rate was representative as conforms by Mugenda Mugenda (1999) which specify that a response rate of above 70% was appropriate for use in descriptive study hence the 67 questionnaires was a good response to be used in analysis.

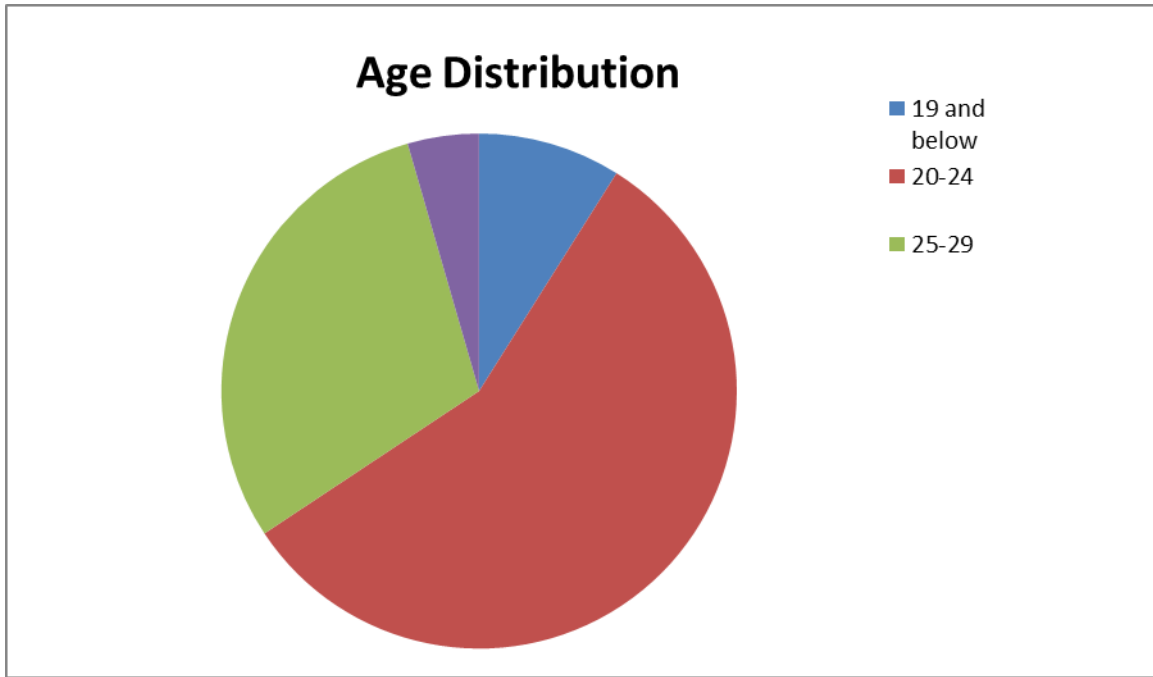
4.3 Analysis of Data

The study sought to establish the background information of the respondents with regard to their age, level of education, whether or not they have heard of ECPs, gender, where they first heard of ECPs.

4.3.1 Age distribution of the respondents

The respondents were requested to indicate their age. The findings were as shown in the table below.

	Frequency	Percent	Valid Percent	Cumulative Percent
19 and below	6	9.0	9.0	9.0
20-24	38	56.7	56.7	65.7
25-29	20	29.9	29.9	95.6
30-34	3	4.4	4.4	100.0
35 and above	0			
Total	67	100.0	100.0	

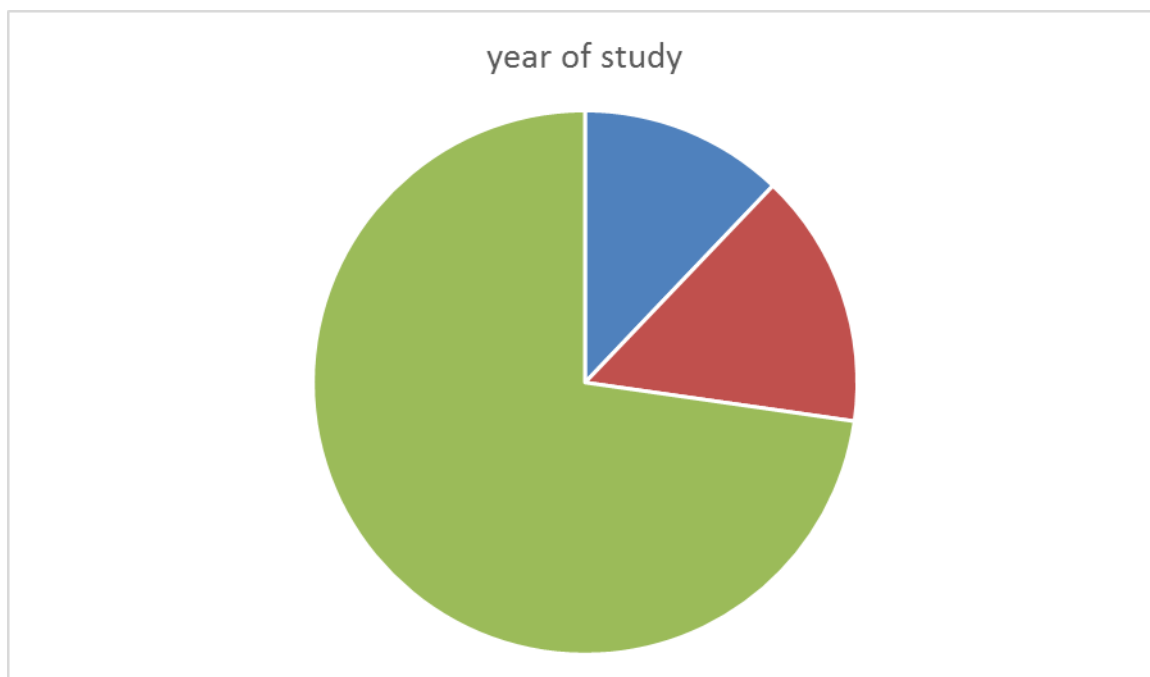


Many of the respondents were between age 20-24 which held 56.7% of the total respondents followed by age group 25-29, then 19 and below, then 30-34 and lastly 35 and above had no one

4.3.2 Year of study of the respondents

The respondents were requested to also indicate their year of study. The responses were as follows below;

	Frequency	Percent	Valid Percent	Cumulative Percent
1st	8	11.9	11.9	11.9
Valid 2nd	10	14.9	14.9	26.8
3rd	49	73.2	73.2	100.0
Total	67	100.0	100.0	



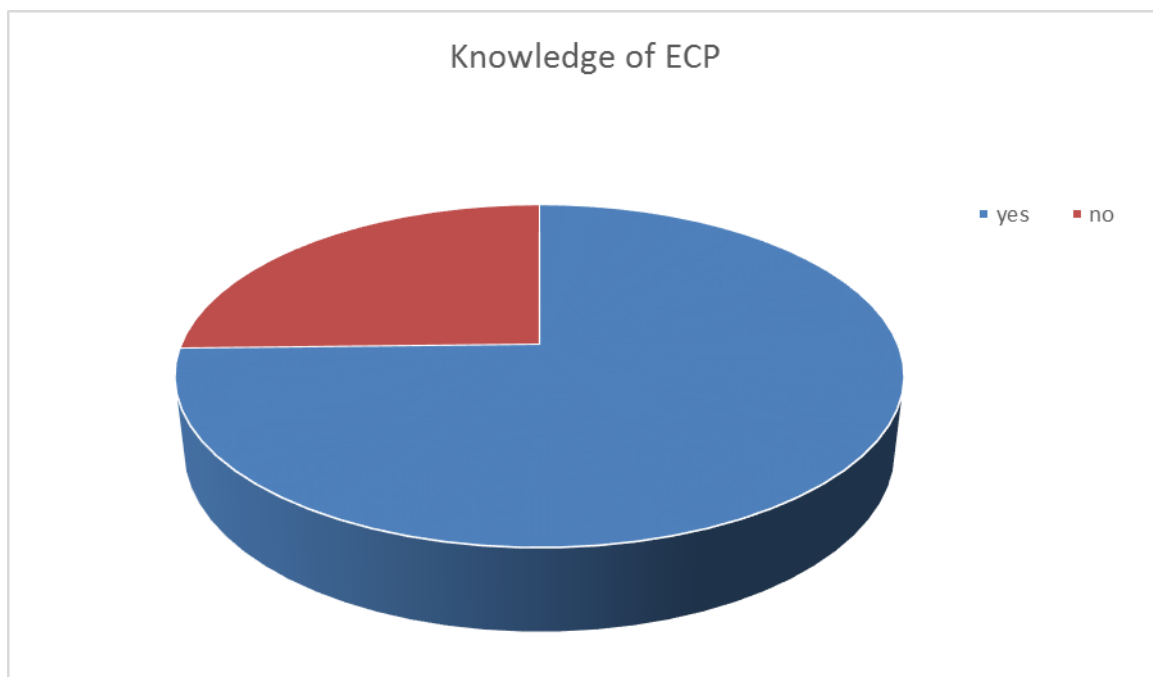
73.2% of the respondents said that they were the third year students and were the majority of the respondents, followed by the second years and finally the first years.

4.3.3 Respondents knowledge of ECPs

The respondents were also asked to indicate their knowledge of Emergency Contraceptive Pills. The results were as shown below;

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	50	74.6	74.6	74.6
No	17	25.4	25.4	100.0
Total		100.0		

Knowledge of any emergency contraceptive pills was high among the respondents. This was so because they had been taught in school and others got the knowledge from friends and from the adverts. This was 74.6% of the respondents. And the level of usage was also high among those who had knowledge about the same. A very small percentage never knew about the same which transpired that they had never used any. And this was 25.4%.



4.3.4 Had unprotected sex

The respondents were further requested to indicate whether they have had unprotected sex or not. The results were as indicated below;

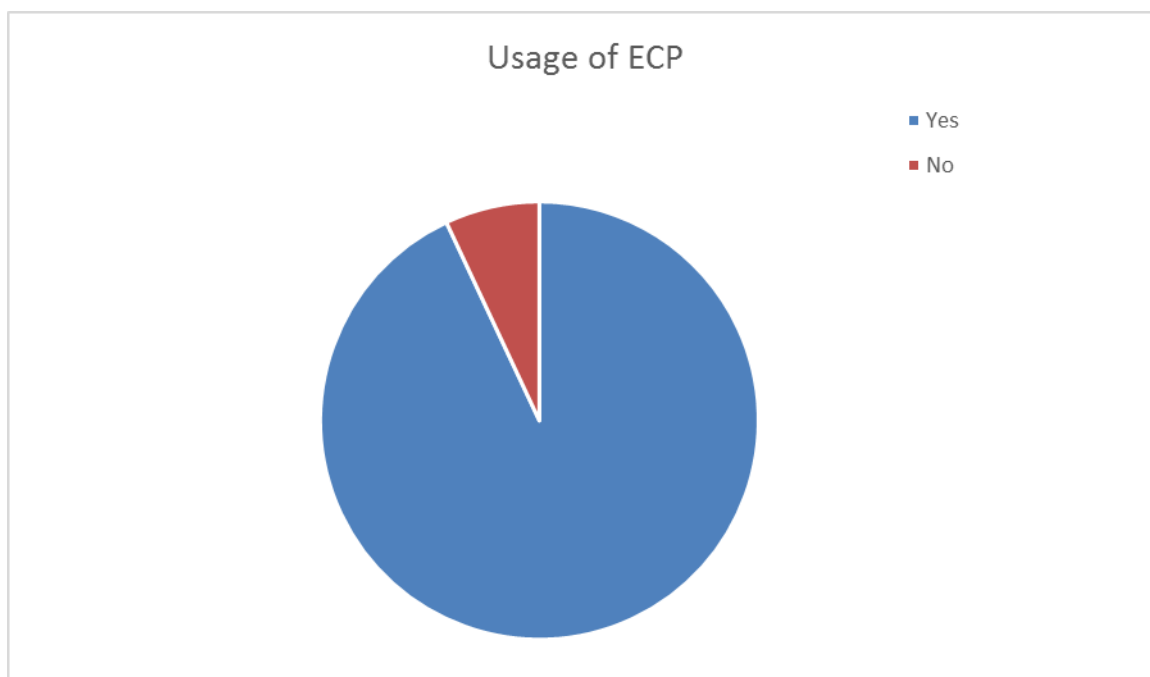
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	57	85.1	85.1	85.1
No	10	14.9	14.9	100.0
Total		100.0	100.0	

57 of the respondents which translates to 85.1% said that they have ever had unprotected sex with their partners including friends. While only 10 of the respondents which is 14.9% said that they are always conscious about sex and they always have it using protected means like using condoms.

4.3.5 Use any Emergency contraceptive pills

The respondents were also asked whether they have ever used emergency contraceptive pills before no. The results were as follows below;

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	45	78.9	78.9	78.9
Valid No	15	21.1	21.1	100.0
Total	57	100.0	100.0	



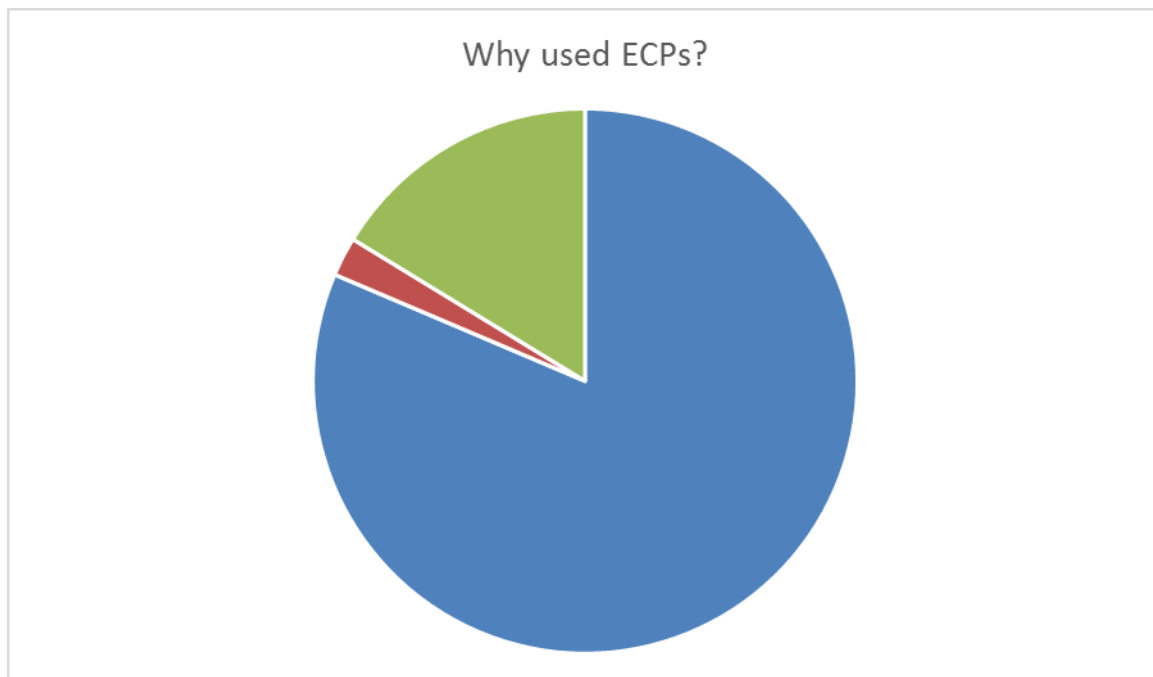
Out of 57 respondents who had unprotected sex, 45 of them which is 78.9% said that they had used ECPs and they had their reasons. Only 25 of them which is 21.1% said they had never used any ECPs.

4.3.6 Why use Emergency contraceptive pills?

The students were also asked to indicate the reason why use emergency contraceptive pills.

The results were as follows below;

	Frequency	Percent	Valid Percent	Cumulative Percent
Prevent pregnancy	35	77.8	81.4	81.4
Unprotected sex	7	15.6	16.3	97.7
For fun	1	2.2	2.3	100.0
Total	43	95.6	100.0	
Missing	2	4.4		
Total	45	100.0		

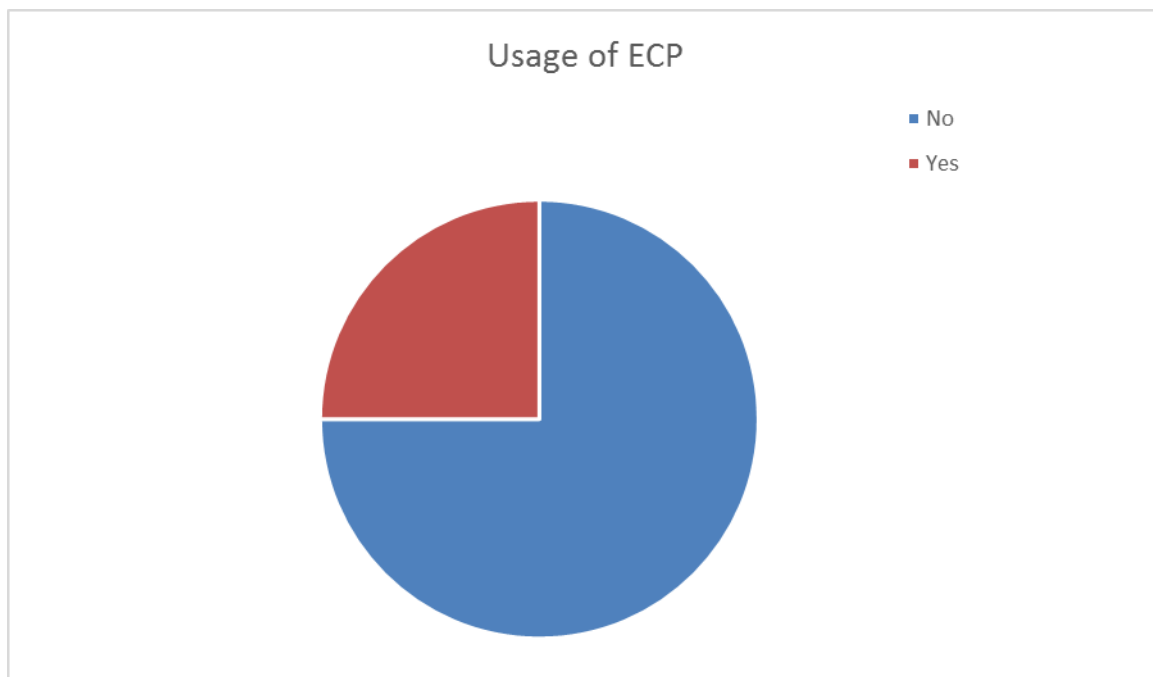


The respondents had various reasons for using ECPs and they were displayed in the findings. 81.4% of the respondents said that they used ECPs to prevent pregnancy. Since they had unprotected sex and they were fertile the time they had sex, the chances of them getting pregnant were high and they decided to use the ECPs to prevent pregnancy since they were not ready to be mothers. 16.3% of the respondents said that since they had unprotected sex, it was automatic for them that they will take ECPs for they were not sure of their periods. And 2.3% of the respondents said they used them for fun.

4.3.7 Does ECPs prevent STIs?

The students were also asked to indicate if ECPs prevent STIs and other sexually transmitted diseases or not. The results were as follows below;

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	15	21.1	21.1	21.1
Valid No	45	78.9	78.9	100.0
Total	57	100.0	100.0	



78.9% of the total respondents said that the ECPs does not prevent STIs while 21.1 said it does.

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of the findings, makes conclusions and recommendations based on the findings of the research study.

5.2 Summary of the study

The main goal of the study focuses on the factors that influence use of emergency contraceptives among female university students age 18-24 years. With specific objectives being to establish whether students are aware of the use of ECPs, correct timeframe and where to get the emergency pills when they need them. The study aims at establishing whether access to ECPs leads to immoral behaviors. To access ECPs, one should visit any health center or private chemist/pharmacy store around. It has attracted negative attention to media claiming that it influences irresponsible behaviors. The study findings will however to find appropriate strategies that will rationalized the use of ECPs.

The researcher further used descriptive research design and analysis of data using percentages and data presented by use of tables and charts. The study concluded that easy access to ECPs does not lead in promiscuity among students.

5.3 Conclusions of the study

From the findings, the study found out that young and unmarried women first heard about use of ECPs from friends and also from media. This could be as results of most teenagers spend a lot of their time in social media exchanging life ideas to each other. This logical conclusion was derived from female GRETSA UIVERSITY whom they were administered with questionnaires to fill.

The study determines if use of ECPs leads to promiscuity and other immoral behaviors among female university students which it concluded that use of ECPs has no effect on someone behavior. The study also helps create awareness and use of ECPs among teenagers since some believe that it causes abortion rather a second chance after unprotected sex for

teenagers or young unmarried women who are not prepared for sexual experience or involuntary sex. The study also determines correct timeframe, which 72 hours after unprotected sex.

The study concludes that ECPs packages should be provided with condoms and vice versa because ECPs is 95% effective to the user and might fail to work as expected.

5.4 Recommendation

The study established that most female university students, aged between 18-24 do know the correct timeframe for taking Contraceptive Pills for its effectiveness work. That is because they do not share the issue to their parents for help or seek medical expert in any health facility around. This study therefore recommends parents should take the initiative of talking to their children about safety after sexual intercourse. The government with the help of NGOs should also ensure that there is a program on how to educate parents about safety of their children. The government should also ensure that awareness and proper use of ECPs are being taught in secondary schools. The study also recommend that these teenagers should be provided with advance supply of ECPs to be available when needed and they can take them as soon as possible after unprotected sex.

The study also found out that most students from rural areas have little or no knowledge on the proper use and correct timeframe for taking ECPs for its effectiveness therefore this study recommends that efforts should be focused on rural areas to educated female students on the proper use and correct time for taking ECPs. This will ensure that the issue is tackled straight from their source.

5.5 Suggestion for further research

It is clear that some important issues have not been covered by this research study. Another study should be done to investigate the factors contributing to high use of emergency contraceptives pills among university female university students age between 18-24 years of age. Another study should also be done to teenagers of the same age bracket who are not

studying in colleges/universities because use of emergency pills may be as a results of different factors than those in universities/colleges. A similar study should also be done to teenagers aged 13-18 years since they are undergoing crucial stage in life which might lead to early pregnancies. Further studies should also be done on awareness and use of emergency pills among teenagers.

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APPENDIX I

SAMPLE QUESTIONNAIRE FOR FEMALE STUDENTS

Emergency contraception awareness and use survey:

Academic department

.....

..... Year of Study

Instructions

Kindly respond by placing a tick (✓) inside the box provided for each question and fill in the blank spaces.

1. Age in years.

19 and below 20 – 24 25 – 29 30 – 34 35 and above

2. Marital status

Single Married Separated Divorced Widowed

3. Religion

Catholic Protestant Muslim Hindu

4. In which year of study are you?

1st year 2nd year 3rd year

5. Do you know any emergency
contraceptive?

Yes

No

6. Where did you first hear of it?

Radio

Newspaper

Friends

Healthcare provider

7. Have you ever had unprotected sex?

Yes

No

8. If yes, why did you have unprotected sex?

To get money from sponsors

To increase my grades

Any other specify

9. have you used it?

Yes

No

a) Do you know someone who has used it?

Yes

No

10. If yes, why did they or you use it?

To prevent pregnancy

Had unprotected sex

For fun

Other explain

11. Does the P2 promote promiscuity?

Yes

No

12. Does ECPs prevent sexually transmitted diseases?

Yes

No

13. Is menstrual irregularity common side effects of ECPs?

Yes

No

14. How they use?

Frequently

Moderately

APPENDIX 1; WORK PLAN

	December 2020	January 2021	March 2021	September - October
Topic formulation				
Chapter One				
Chapter Two				
Chapter Three				
Chapter four				
Chapter five				

APPENDIX II: BUDGET PLAN

Item	Quantity	Price
full scarps	2 @ 250	500
pens	20 @ 10	200
flash drive	1 @ 800	800
printing	80 pages @ 15bob each	1200
fare	800	800
lunch	1000	1000
others	800	800
	total	5300