

**COLLEGE OF MEDICINE AND HEALTH SCIENCE DEPARTMENT OF PUBLIC HEALTH.**

**A RESEARCH REPORT ON ASSESSMENT OF KNOWLEDGE,  
ATTITUDE AND PRACTICE TOWARDS EMERGENCY  
CONTRACETIVES AMONG FEMALE STUDENTS OF  
WOLKITE UNIVERSITY**

**A RESEARCH REPORT TO BE SUBMITTED TO WOLKITE  
UNIVERSITY COLLEGE OF MEDICINE AND HEALTH SCIENCE  
DEPARTMENT OF PUBLIC HEALTH AS PARTIAL FULFILLMENT  
FOR THE REQUIREMENT OF BSC IN PUBLIC HEALTH.**

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## **Abbreviations and Acronyms**

EC-Emergence contraceptive

CET-College of Engineering and Technology

CCI-College of computing and informatics

CNCS-College of natural and computational science

CMHS-College of medicine and health science

CANR-College of agriculture and natural resource management

CBE-College of business and economics

CSSH-College of social science and humanity

CEBS-College of education and behavioral science

SL-School of law

ECP - Emergency Contraceptive P

HSDP- Health Sector Development Program

IEC - Information Education and Communication

IUCD- Intrauterine copper Device

MMR- Maternal Mortality Ratio

MOH - Ministry Of Health

NGO - Non Governmental Organization

OCP - Oral Contraceptive Pill

PPS - Probability Proportion to Size

RH - Reproductive Health

SPSS - Statistical Package for Social Science

SRH - Sexual and reproductive health

SRS - Simple Random Sampling

STI - Sexually Transmitted Infection

UPSI- Unprotected Sexual Intercourse

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## ABSTRACT

**Background** . Emergency contraception refers to methods of contraception after unprotected sexual intercourse.

Method of emergency contraception are the copper-bearing intrauterine devices and the emergency contraceptives pills. Ensuring the knowledge and attitude towards modern contraceptive methods and life-saving maternal/reproductive health in health service delivery is crucial in the provision of quality primary health care.

**Objective:** To assess knowledge, attitude and practice on emergency contraceptive among Female students of Wolkite University.

**Methodology:** A descriptive cross-section study design was conducted on female students of Wolkite University. Proportional stratified sampling method was employed for this study. The strata were made by considering their college it also include new students assigned to wolkite university. Finally, using the sampling frame obtained from the registrar, the study sample was selected by simple random sampling technique. But at the time of questioner dissemination only female students. The data was collected by using pre-tested structured self-administered questionnaire and it was cleaned, coded and entered EPI info version 3.5.1 and later it was exported to SPSS version 20.0 for analysis.

**Result:** Among respondent who participate in our study three hundred twenty one 321 (91.7%) of the total respondents had ever heard of emergency contraception.

One hundred eighty three 183(52.3%) of those total respondent had positive attitude towards using Emergency contraceptives and 25.4% of total respondent have good knowledge about EC. From total of 350 respondent of this study only 2.9% of them done unprotected sexual intercourse from this 8(80%) of respondent used oral emergency contraceptive pills. near to 13.4% of those ever heard of ECP mentioned 24 hrs and immediately after sex as a time limit to start the first dose of ECPs after unprotected sexual intercourse.

**Key words;-** Emergency contraceptives

IUCD

Emergency

contraceptive

pill









### 1.3 Significance of the study

Emergency contraception, which prevents pregnancy after unprotected sexual intercourse, has the potentials to significantly reduce the incidence of unintended pregnancy and the consequent need for abortion. Emergency contraception is especially important for outreach to the 4.6 million women at risk of pregnancy but not using regular method by providing a bridge to use of an ongoing contraceptive method.

In Ethiopian more than 60% of the pregnancy in adolescent are unwanted which is alarming figure and most of these pregnancies in particularly in adolescent end up as unsafe abortion, 20% of abortion occurs in girls between 15-19 years of age. Knowledge and attitude also Practice of emergency contraceptive plays a vital role in preventing unwanted pregnancies and would serve as a backup to others family methods. Improving the existing family planning services through broadening of the method mix and ensuring access and availability of contraceptive methods including Emergency Contraceptives should prevent unintended pregnancies and will ultimately contribute to the reduction of the morbidity and mortality of women particularly the youth.(12).

This study subjected to young generation who are going to have new life so that assessing their knowledge and attitude of emergency contraction will help the health professionals, family of the students , ministry of health, WHO , their sexual partner and female student themselves to act on them to bring the desired behavioral change. As studies shows that they are vulnerable for unprotected sexual habit and also for unwanted pregnancy. Knowing their knowledge and attitude towards emergency contraceptive will be important to give information for concerned body in order to create good awareness toward the emergency contraceptive Furthermost. If we do in this area the study could be baseline information for other researchers who want to conduct further survey in the area and policy makers to do more on emergency contraceptives.

## CHAPTER TWO

### LITERATURE REVIEW

Knowledge and attitude of EC is an essential component of programs providing emergency contraceptive education, informing women about this important option because the time frame for treatment is short efficacy declines with each day or even hours of delay, women need to be aware that emergency contraception is option.

EC as a backup method is new in Ethiopia. Various reports showed that there was little knowledge and information available about EC in the country. In the past, EC was not accessible to women, which resulted in high number of unintended pregnancies and unsafe abortions. It is also important to note that there is an enabling policy and legal environment to expand, promote and ensure the availability and accessibility of family planning as well as EC services in the country.(13)

In Ethiopia, one of the commonest barriers to the use of EC is lack of awareness. This is evidenced by scarcity of information about EC not only among the general population, but also among service providers. Without knowledge of EC, clients are unable to make informed, timely and appropriate contraceptive choice.(14)

Many factors contribute to the gap between access to and use, of these, logistic, social, and behaviors.

According to the analysis conducted by the Alan Guttmacher Institute (AGI), from 1994-2000 estimates that increased use of EC may account for up to 43% of the total decline of induced abortion. The study found that 46% of women having abortions were not using a contraceptive method in the month they became pregnant, including 8% who had never practiced contraception. %) (15).

## 2.1 Knowledge about emergency contraceptives

A survey on EC among University students in Cameroon showed that among 94.9% respondent 63% have general level of awareness of ECPs. However, knowledge of general features of ECPs was low and misinformation was high among these students. Knowledge differed according to the source of information: informal source was associated with misinformation while medical and informational source were associated with better knowledge (16).

A study on knowledge and perception of EC among female Nigerian undergraduates showed, among 880 respondents, 43% were sexually active, 39% had ever practiced contraception, and 34% had ever had and induced abortion. Overall 58% respondents knowing about EC, however only 18% identified the correct time frame in which EC must be used to be effective (17).

Study done in Jimma among extension University students showed that out of 180 respondents ,22.8% had heard of EC, 13.9% were able to mention at least one emergency contraceptive method, 11.6% know the correct timing that the method should be taken after unprotected sexual intercourse. In depth interview revealed that there is lack of adequate knowledge and experience on EC (18).

In another study conducted about KAP on emergency contraception among female students in Addis Ababa among 774 respondents 43.5% of the students said that they have heard about Emergency Contraceptives.(19)

Study done in Gondar university north west Ethiopia, to assess the KAP of ECs among the University students, revealed that of the total of 2323 students (1764 males & 559 females) respondents, 24.0% thought that there were methods that can be used to prevent pregnancy when a woman had unprotected sex,18.8% knew the correct methods of EC (pill or IUCD). Of those who mentioned pill as the only method of emergency contraception, 73.3% said pill should be used within 72 hours after unprotected sex. Only one student used pill as emergency contraceptive. Students in the health field had 6.8 times higher knowledge on emergency contraception compared to students of FBE. Generally, there was an increasing trend in the knowledge of students when their age and year of study increases. (20)

A study conducted on 407 female college students in Arbaminch in 2010 showed that 33.9% of them had experienced sexual intercourse and almost all (97.3%) of these female students know at









## 4.5. Sampling size and sampling technique

### 4.5.1 Sampling size

A single population proportion formula,  $[n = \frac{z^2 \cdot p(1-p)}{d^2}]$ , is used to estimate the sample size to be included in the study. The research conducted in University of Addis Ababa on knowledge, attitude and practice on emergency contraceptive revealed that 43.5% of the students said that they have heard about EC, 53% of students had positive attitudes toward Emergency Contraceptives. The total sample size was calculated by computing for each dependent variable and we are taken the highest value. Therefore, the marginal error is considered to be 0.05, with 95% confidence interval. Based on these assumptions, a total sample size was calculated using single population and it is simplified using correction formula as following.

#### For knowledge

$$N = \frac{z^2 \cdot p(1-p)}{d^2} = \frac{1.96^2 \times 0.432(1 - 0.432)}{0.05^2} = 377$$

Where: n= sample size

$$z = 1.96 \quad p = 0.432 \quad d = 0.05$$

p = knowledge of Emergency contraceptives at Addis Ababa University = 0.432

d = Margin of error tolerated is (0.05%)

The sample size is 384.

#### For attitude

$$N = \frac{z^2 \cdot p(1-p)}{d^2} = \frac{1.96^2 \times 0.53(1 - 0.53)}{0.05^2} = 382$$

Where: n= sample size

$$z = 1.96 \quad p = 0.53 \quad d = 0.05$$

p = attitude of Emergency contraceptives at Addis Ababa University= 0.53

d = Margin of error tolerated is (0.05)

The sample size is 382 (N<sub>2</sub>=382).

Therefore the highest value from those dependent variables is N<sub>1</sub>=384

Since the Source population during the study period was less than ten thousand (N <10, 000) which is 2121, sample size correction formula is used as follows:

$$NF = \frac{ni}{(1+(ni/N))} = \frac{384}{(1+384/2121)} = 384/1.18 = 325$$

Considering a 10% non-respondent rate, the final sample size of this study is **357**.

## 4.5.2 Sampling procedures and technique

### Sampling technique

The plan was to employ Proportional stratified sampling method for this study. To maintain relative homogeneity concerning our research interests, the students were grouped in to 10 strata. Nine strata are made by considering their college of studying and one strata that contain new student is added. Based on the number of students from each college the strata was determined by proportional allocation. Finally, using the sampling frame obtained from the registrar, the study sample was selected by simple random sampling technique by lottery method.

**Table 1:**Sampling distribution of female wolkite university students in 2021 based on their College.

College	CET	CCI	CNCS	CMHS	CANR	CBE	CSSH	CEBS	SL	NEW STUDENTS (FRESH)	TOTAL
<b>t o t a l n u m b e r of female students</b>	289	62	63	170	58	91	57	49	30	1252	2121
<b>Sample allocated</b>	49	10	11	29	10	15	9	8	5	211	357

But at the time of questioner dissemination, the only students present in the campus is health science and newly assigned students.

## 4.6 Variable

### 4.6.1 Dependent variable

Knowledge

Attitude

Practice

### 4.6.2 Independent Variable

™ Socio demographic characteristics

Age  
 Ethnicity  
 Previous place of residence (area of origin)  
 Religion  
 Department/stream  
 Year of study  
 Marital status  
 Parents Occupation

#### 4.7. Operational Definition

¾ **Emergency contraception (EC)** - is a contraception method that can be used within 72 hours following unprotected intercourse to reduce risk of pregnancy

¾ **Unwanted /intended pregnancy-** is a pregnancy that has occurred when the woman doesn't want to have children, which may be because she already had the desired no. of children or it may not be time.

¾ **Mistimed (unplanned) pregnancy-** is pregnancy which was unwanted during the time of conception; But it doesn't imply unwanted or unloved child.

¾ **Knowledge-** knowledge of EC is awareness of the presence of contraception methods after unprotected sex, its sources, and ability to identify when EC should be taken, its side effect, its effectiveness, and whether it is effective after a lady has amenorrhea. There are 12 multiple choice questions that scored out of 18 that measure knowledge. Each correct response was given a score of 1 and each incorrect response score 0. <sup>3</sup> S R R U N Q R Z O H G J I refers to women who answered correctly and their score are below the mean score of total

R I N Q R Z O H G J H T J R R V G W N R Q Z O H G J H <sup>3</sup> W K R V H Z K R D Q V Z H U

¾ **Attitude-**The feeling and beliefs of respondents with regard to emergency contraceptives. There are 15 statements which included both positive and negative. The rating scale will measured as follows:

The score vary from 0 to 6 and all individual answers will be summed up for total scores. The score will be classified into 2 levels (Positive Attitude and Negative Attitude).

.<sup>3</sup>QHJDWLYH DWWLWXGH <sup>3</sup> UHIHUV WR ZRPHQ ZKR DQVZHUHG  
VFRUH RI WRWDO RI NQRZOHGJH TXHVWLRQ \$QG ' SRVLWLY  
score.

**Positive Attitude;** Those s WXGHQWV ZKR VFRUHG • RI FR  
th H DWWLWXGH TXHV)WLRQV VFRUHV •

**Negative Attitude;** Those students who scored (<50%) of correct responses to the  
attitude questions (scores <3.3771).

¾ **Women with Unmet need for contraception** -Women want to avoid a pregnancy but  
are not using any method.

¾ **Practices-** a study subject who have knowledge about emergency contraception and  
who have ever used it to prevent unplanned pregnancy after unprotected sex, or regular  
contraceptive method failure

Practice was determined based on every use of Emergency contraceptive after  
exposure to unprotected sexual intercourse to prevent unintended pregnancy

#### ***4.8. Data collection technique and tools***

The data was collected by using pre-tested Structured self-administered questionnaire was  
adapted after review of different literatures in English and translated in to Amharic and back  
translated to English to check its consistency. It was designed in the way that collected  
information about all the relevant variables.. It included socio demographic  
characteristics emergency contraceptives, also questions sought the knowledge, attitude and  
practice of emergency contraceptives.

#### **4.9. Data quality control**

The questionnaire was prepared in English. Before the actual data collection, pretest is conducted  
on 5 % of the sample size on female students of Wolkite University to ensure the validity of the  
data collection tool and to standardize the questionnaire. The investigators was closely follow up  
and frequent check the data collection process to ensure the completeness and consistency of the  
collected data.







	Traders	92	26.3%
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## 5.2 Knowledge about Emergency Contraception.

Among respondent who participate in our study three hundred twenty one 321 (91.7%) of the

WRWDO UHVSQRQGHQWV KDG HYHU KHDUG RI HPHUJHQF\ FR

about emergency contraception. (42.7%) of respondents those ever heard of EC mentioned

Progestin only pills , 11.2%, 29.6% mention combined oral contraceptive pills and IUCD

UHVSHFWLYHO\ )URP WRWDO UHVSQRQGHQW RI UHVSQRQ

medication (WKHP GLGQ¶W NQRZ WKH W\SH RI (& WKH\ KHDUG

Majority RI WKH UHVSQRQGHQW RI WKHP GLGQ¶W NO

HPHUJHQF\ FRQWUDFHSWLYHV UHVSQRQGHG DV LW¶

FRQWUDFHSWLYHV RI WKHP UHVSQRQGHG DV LW¶V FR

FRQWUDFHSWLYHV DQG UHVSQRQGHG DV LW¶V FRQWH

high dose.

One hundred twelve 112(32%) respondent who participate in the study know that emergency contraceptive should be taken within 72hr after uncontrolled sexual intercourse.

Two hundred eighty none 289(81.1%) of the respondent didn't knew the correct time to use IUCD with in the first 120hs (5 days) after unprotected sexual intercourse.

One hundred fourty five 145(41.4%) of those aware of EC mentioned that EC prevents from getting pregnancy, 92(26.3%) of them said that it prevent pregnancy and has abortive effect and

RI WKH UHVSQRQGHQWV GLGQ¶W NQRZ KRZ (& SUHY

those aware of EC mentioned that EC is indicated, when there is condom breakage/slippage, forced to have sex and missed & forgetting to take pills (Table4).

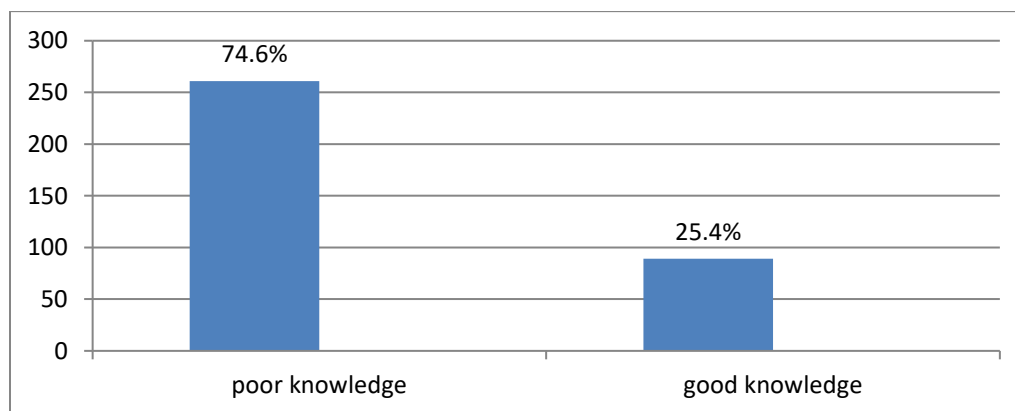
The major reasons for using EC were Forced to have sexual intercourse which account about 152(38.4%).

From those who ever heard about EC about 261(74.6%) have poor knowledge and 89(25.4%) of them have good knowledge about emergency contraceptives.

**Table 2.** Knowledge about emergency contraceptives among female students of wolkite University.

Variable	Characteristics	Frequency	Percentage
Ever heard about EC	Yes	321	91.7%
	No	29	8.3%
Source of information	TV/Radio	149	46%
	Magazine/web page	31	10%
	Relatives	48	15%
	Boy/girl friends	40	12.5%
	Health care provider	33	10.3%
	Campus lectures	20	6.2%
Type of EC ever heard	Progestin only pill	137	42.7%
	Combined oral pills	36	11.2%
	IUCD	95	29.6%
Can mention at least one EC	Yes	188	58.6%
	No	133	41.4%
Composition of EC	The same with regular contraceptives	24	6.9%
	The same but with high dose	26	7.4%
	Completely different	58	16.6%
	Don't know	242	69.1%
When the first dose of EC should be taken	Immediately after sex	22	6.3%
	Within 24hr	25	7.1%
	Within 72hr	112	32%
	Don't know	191	54.6%
Know when IUCD use as EC	Within 72hr	33	9.4%
	Within 5 days	28	8%

	} v [ š l v } Á	289	82.6%
Mechanism of action	Prevent pregnancy from occurring	145	41.4%
	Prevent pregnancy from occurring and induce abortion	92	26.3%
	} v [ š l v } Á	113	32.3%
Effectiveness	Highly(99%)	38	10.9%
	75%	86	24.6%
	50%	63	18%
	Uncertain	22	6.3%
	} v [ š l v } Á	141	40.3%
Indication when to use	Forced to have sex	152	38.4%
	Slippage of condom	75	19.4%
	When there is missed pill	35	9%
	Failed contraception	43	11.1%
	Frequent intercourse	30	7.7%
	Miscalculation of calendar method	51	13.2%
	} v [ š l v } Á v A ñ ì	128	36.6%



**Figure 1. level of knowledge about emergency contraceptive among female students of wolkite university in percentage.**









Two hundred eighty nine % of the respondent didn't knew the correct time to use IUCD with in the first 120hs (5 days) after unprotected sexual intercourse.

On the other hand, among the total study participants Who ever heard about emergency contraceptives 58.6% of them able to mention at least one emergency contraceptives Study done in Jimma among extension University students showed that out of 180 respondents, 22.8% had heard of EC, 13.9% were able to mention at least one emergency contraceptive method this is low when it compared to our study result but the respondent who participate in contrast study which is conducted in Arbaminch University there was around 97.3% of them can mention at least one emergency contraception method .

The most common source of information was TV and Radio (46%), Relatives/parents (15%), and friends(12.5%). This study showed different finding with studies conducted on Uganda, Makerere University among University Students with the mean age of the participants was 21 years and Less than half (45.1%) had ever heard about emergency contraceptive pills (ECPs) and their most common sources of information about EC were friends (34%), parents (24.8%) and magazines (19.4%).

According to The studies conducted in Addis abeba and Adama University shows 53% and 62.9% respondent have positive attitude towards emergency contraceptives in this study there was 52.3% respondent who have positive attitude towards emergency contraceptives there is no significant difference between the two result. This study also shows that 56.9% of the respondent recommend their friend to use EC and 51.1% of them have an intention to use EC when need arose this is lower when we compare it to the result of the survey which is conducted in Jimma university 63.2% of students give their opinion to advise friends to use EC and 71.6% of them are agree to use EC when the need arose.

When we come to the practice of emergency contraception the study conducted in Arbaminch, Adama and Addis Abeba university only 2.7%, 4.7% and 4.9% of respondents respectively used emergency contraceptives. Similarly in this study only 2.9% of them are used EC and all of them had pill.





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		if other specify _____	5	
Q 3	Where did you come from	Urban Rural	1 2	
Q 4	What is your Religion	Orthodox Christian Muslim Catholic Protestant Other,specify _____	1 2 3 4 5	
Q 5	How often you go to the church / mosque?	Daily Once in a week Occasionally Accidentally More than once in a week specify)___	1 2 3 4 5	
Q 6	What is your department /stream?	_____		
Q 7	What year of study are you now?	First year Second year Third year Fourth year & above	1 2 3 4	
Q 8	What is your current marital status?	Never Married Married	1 2	
Q 9	Number of children	None One Two	1 2 3	
Q 10	What is your parents occupation	One/both peasant one/both employee Traders If other specify ± ± ± ± ± ± ±	1 2 3 4	

<b>Section 2. Knowledge About Emergency Contraception (for all respondents)</b>				
Q 11	Is there any method that could be taken to prevent unwanted pregnancy after unprotected sex?	Yes No	1 2	
Q 12	What are the emergency methods you know	_____ _____		
Q 13	Have you ever heard about emergency	Yes	1	

	contraceptives?	No	2	
Q 14	What was your first source of information?	Television/Radio Magazines/ news papers/ Internet webpage Relatives / Parents Boyfriend/partner / Female friends Health care providers / Reproductive Health clubs At campus/college clinic/ formal lecture/ course	1 2 3 4 5 6	
Q 15	Of the listed, which can be used as emergency contraception? ( More than one response is possible)	Progestin only pills/postinor-II Estrogen only pills IUD Herbal vaginal pessaries do not know _____	1 2 3 4 5	
Q 16	How do you see the composition of drugs in ECPs compared to other regular modern contraceptive methods?	The same as in the regular contraceptive pills The same but a high does in the same hormones completely different from the drug of regular contraceptives ' R Q ¶ W N Q R Z	1 2 3 4	
Q 17	To prevent pregnancy effectively, how long the first dose of ECPs should be taken after unprotected sexual intercourse?	Immediately after sex Within 24 hours after sex Within 72 hours after sex Within 4-6 days after sex Even after a missed period ' R Q ¶ W N Q R Z	1 2 3 4 5 6	
Q 18	Do you know when IUCD will be effective as an EC	Within 72 Within 120hr /5 days , G R Q ¶ W N Q R Z	1 2	
Q 19	What is the mechanism of action of EC?	Prevent pregnancy from occurring Induced abortion Prevent pregnancy and induced abortion ' R Q ¶ W N Q R Z	1 2 3 4	
Q 20	How effective are emergency contraceptive pills in preventing pregnancy?	Highly effective (99%) Three-fourth (75%) Half (50%) Below one third (30%) Uncertain ' R Q ¶ W . Q R Z	1 2 3 4 5 6	
Q 21	In what situations that EC should be taken to prevent pregnancy? (More than one response is possible)	When forced to have sex When condom slipped or broken When there is missed pills When there is failure of contraception When there is infrequent sex When there miscalculation of calendar Method ' R Q ¶ W N Q R Z	1 2 3 4 5 6	

### Section 3. Attitude towards EC





<b>Q 41</b>	, I 3 1 2 ' W R T ) 38 what is the reason	drug is not available Drug is not affordable Lack of knowledge about EC partner opposed Religion prohibition Fear of side effect	1 2 3 4 5 6
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