

Evaluation of factors contributing to the prevalence of unplanned pregnancies among female University students at KIU Western Campus, Ishaka Bushenyi

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ABSTRACT

Unplanned pregnancies among university students are an important public health issue in both developed and developing countries because of its negative association with social, psychological and health outcomes for both mothers and the children. The rate of unplanned pregnancies among university female students is high. Unplanned pregnancies can be prevented by effective use of contraceptives. To determine the factors contributing to the prevalence of unplanned pregnancies among female university students at Kampala International University-Western Campus (KIU-WC). A quantitative descriptive survey was conducted among 96 female university students at KIU-WC. A hand delivered self-administered questionnaire was used to collect the data by the researcher. The level of unplanned pregnancies is high among participants (85.2%) who carried pregnancy while at the university. Low socio-economic factors (47.3%) contribute to the prevalence of unplanned pregnancies. Participants always accessed contraceptives (83.3%) from pharmacies/drug shops (54.4%) and private clinics (38.9%) expensively. Effective use of contraceptives protected majority of the sexually active participants (67.7%). Most pregnancies among female students at KIU-WC are unplanned and these unintended pregnancies are due to low socio-economic factors. This problem can be reversed by the free access and effective use of contraceptive methods by students.

Keywords: Unplanned Pregnancy, Female, University Students, Contraceptives, Participants.

INTRODUCTION

Today's generation of adolescents is the largest in history. Nearly half of the global population is less than 25 years old [1]. These young people face many significant sexual reproductive health challenges such as limited access to youth friendly services including information on growth, sexuality and family planning [2-14]. This has led youth into risky sexual behaviors resulting to high STI and HIV prevalence, early pregnancy and vulnerability to delivery complications resulting in high rates of death and disability [15-25].

Unplanned pregnancy is an important public health issue in both developed and developing countries because of its negative association with social and health outcomes for both mothers and children [26-35]. Of the estimated 210 million pregnancies that occur throughout the world each year, about 38% are unplanned, out of which 22% end in abortion [36-40].

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Studies conducted in various developed and developing countries revealed that unintended pregnancies can have serious health, social, and economic consequences. The negative consequences of unwanted pregnancies are increased risk of low birth weight and of being born prematurely both of which may result into high risk of infant mortality [41-44]. In sub-Saharan Africa, unintended pregnancy accounts for more than a quarter of the 40 million pregnancies that occur annually [45].

In Uganda, adolescent pregnancy often results in a diverse maternal and neonatal health outcome. In this context, low use of contraception and high rates of maternal mortality rate make preventing unwanted pregnancies critical. The study conducted by the Global Health Action in 2012 revealed that non-use of contraception among Ugandan University students differ for men and women.

METHODOLOGY

Study design and rationale

This study was a cross-sectional descriptive survey, and employed quantitative method. Self-administered questionnaires with in-depth questions helped to obtain the data related to the specific objectives. The researcher selected the above method because it allows easy collection of data at single point in time.

Area of Study

The study was conducted from Kampala International University-Western Campus and Kampala International University-Teaching Hospital.

Study population

The targeted population for this study included female students in the age range 17-30, studying at Kampala International University Western Campus. Non pregnant but sexually active students, pregnant students and those who had given birth in course of their study at a university were targeted.

Sample size determination

The sample size (n) was obtained by using the formula for single proportion by Kish and Leishile (1965) as follows;

$$n = \frac{Z^2 PQ}{d^2}$$

Where;

n =sample size.

Z = the value that corresponds to the 95% confidence interval which is 1.96.

P = the estimated number of respondents. Targeted number was unknown, so 50% was used to give the largest required minimum sample.

$$Q = 1-P (0.5)$$

d = the degree of precision of error to be committed which was 10% (0.1)

$$n = \frac{(1.96)^2 \times 0.5 \times 0.5}{(0.1)^2} = 96.04$$

Therefore, the sample size was 96.

Sampling procedure

Convenient sampling method was used to select 96 participants. Different groups of respondents were selected; sexually active but non-pregnant female students, pregnant students and students who delivered a baby while at the university or even other higher institutions of learning before joining KIU-WC, in depth interviews. The researcher

administered the questionnaires to consented respondents, who were also guided on questions in case a respondent failed to understand the questions.

Inclusion criteria

All female students in the age range of 17–30 at Kampala International University Western Campus and were sexually active. The participants consented first and were in both groups.

Exclusion criteria

All female students at Kampala International University Western Campus, below the age of 17 and above 30 years of age did not participate in this exercise. All female students who did not consent were excluded.

Definition of Variables

The dependent variable measured was unplanned pregnancies among female university students.

Independent variables were the factors investigated and these included:

- ✦ demographic characteristics; age, marital status, faculty, religion, and education level
- ✦ socio-economic status; Household economic status will be determined using proxy indicators (means test) like household properties, for example a female student mother coming from a home the cemented floor and having a house with iron sheets.
- ✦ Free access to contraceptive methods and reproductive health services; knowledge, attitudes, beliefs and availability
- ✦ Sexual behavior; age at first intercourse, rewards for sex, sex education, type and number of sexual partners and reasons for having sex.
- ✦ Peer influence/driver
- ✦ Pregnancy; desire for pregnancy, counseling against unplanned pregnancy, age at first pregnancy

Research instruments

The researcher collected data from the respondents using questionnaires which were divided into five parts, that is; first part was used to collect data about demographic characteristics of the respondents, the second part assessed the socio-economic factors, the third part assessed the free access of contraceptive methods, the fourth part assessed The pregnancy and sexual behavior and the fifth part assessed the preventive measures of unplanned pregnancies among female university students. It had both structured and multiple-choice questions and was written in English. This tool was selected because the study population was literate and able to read, write and understood English.

Data collection procedure

Data was collected through administering a questionnaire to a single participant. Depending on the situation, the researcher conducted a one-to-one interview, which was an interaction between the interviewer and the informant. The researcher explained to the respondent the research project, the purpose, the kind of questions that were asked, assured confidentiality and consent was asked for and signed. Filling the questionnaire spent 30 to 45 minutes. At the end of filling the questionnaire by the respondent, the researcher thanked the respondent for their cooperation.

Ethical consideration

All participants were informed about the nature of the study and they were given the option of withdrawing from the study or to omit answering certain questions without any negative repercussions. Anonymity and confidentiality were assured. Ethical approval was obtained from the Research ethical committee of KIU-WC before data collection.

RESULTS

Table 1: shows some of the demographic characteristics of the respondents (n=96)

Characteristics	Frequency (n)	Percentage (%)
Age group		

15-18	5	5.2%
19-25	67	69.8%
26 and above	24	25%
Marital status		
Single	77	80.2%
Married	19	19.8%
Windowed	00	00
Separated	00	00
Faculty		
Art	20	20.8%
Education	12	12.5%
Health sciences	64	66.7%
Religion		
Christian	71	74%
Moslem	25	26%

From the table 1 above, majority of the respondents 67 (69.8%) were in the age group of 20-25, 24(25%) were aged 26 and above and the minority of the respondents 5(5.2%) were aged between 15 and 19. Majority of the respondents 77(80.2%) were single, and 19(19.8%) of the respondents were single. No respondents were windows or had separated with their husbands. Majority of the participants 64(66.7%) were studying health sciences, 20(20.8%) studied art courses and only 12(12.5%) of the respondents were in the faculty of education. Most students 71(74%) were Christians, and the remaining participants 25(26%) were Muslims.

Table 2: shows the level of study of the respondents

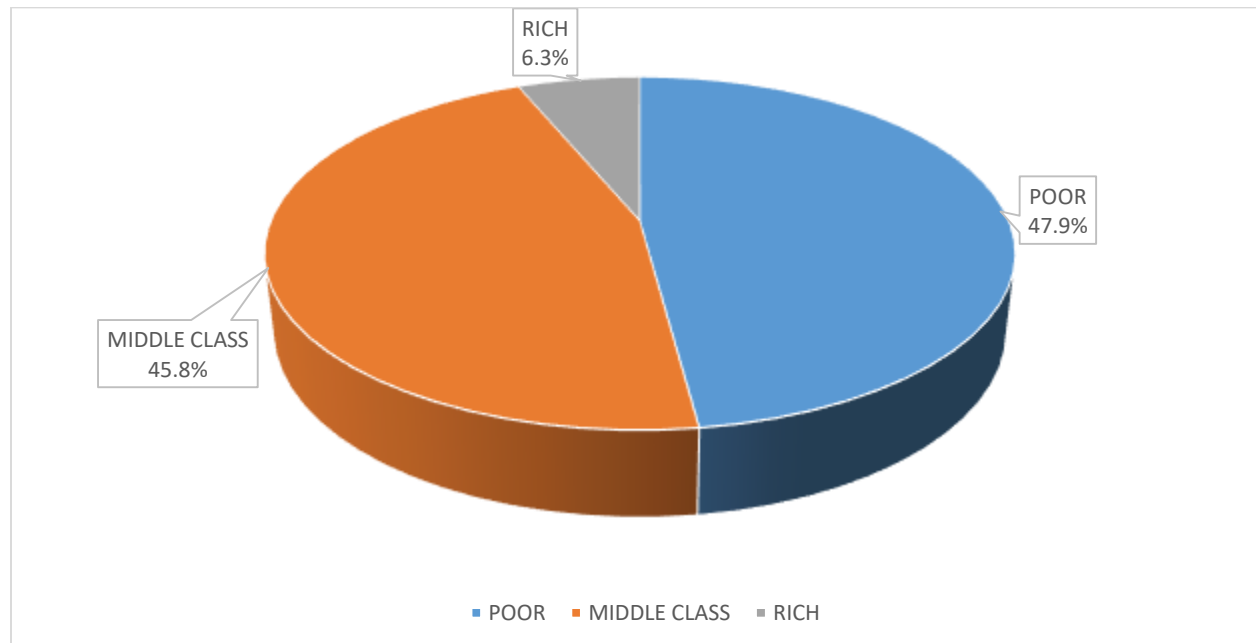
(n=96)

Level of education	Frequency(n)	Percentage (%)
First year	21	21.9%
Second year	55	57.3%
Third year	13	13.5%
Finalist	07	7.3%

The table above shows that majority of the respondents 55(57.3%) were in second year and the minority 07(7.3%) were finalists. 21(21.9 %) of the respondents were in first year while only 13(13.5%) of the participants were in third year.

Socio-economic factors

Figure 1: A pie-chart showing the social status of the respondents (n=96)



From the figure above, results indicate that most of the respondents (n=46, 47.9%) were from poor families, with almost the number of the respondents (n=44, 45.8%) from the middle class and very few were (n=6, 6.3%) from rich families

Table: 3 shows the parents occupation of the respondents (n=96)

Occupation	Peasant	Domestic farmer	Civil servant	Business person	Causal laborer
Frequency(n)	42	10	28	07	09
Percentage (%)	43.8%	10.4%	29.2%	7.3%	9.4%

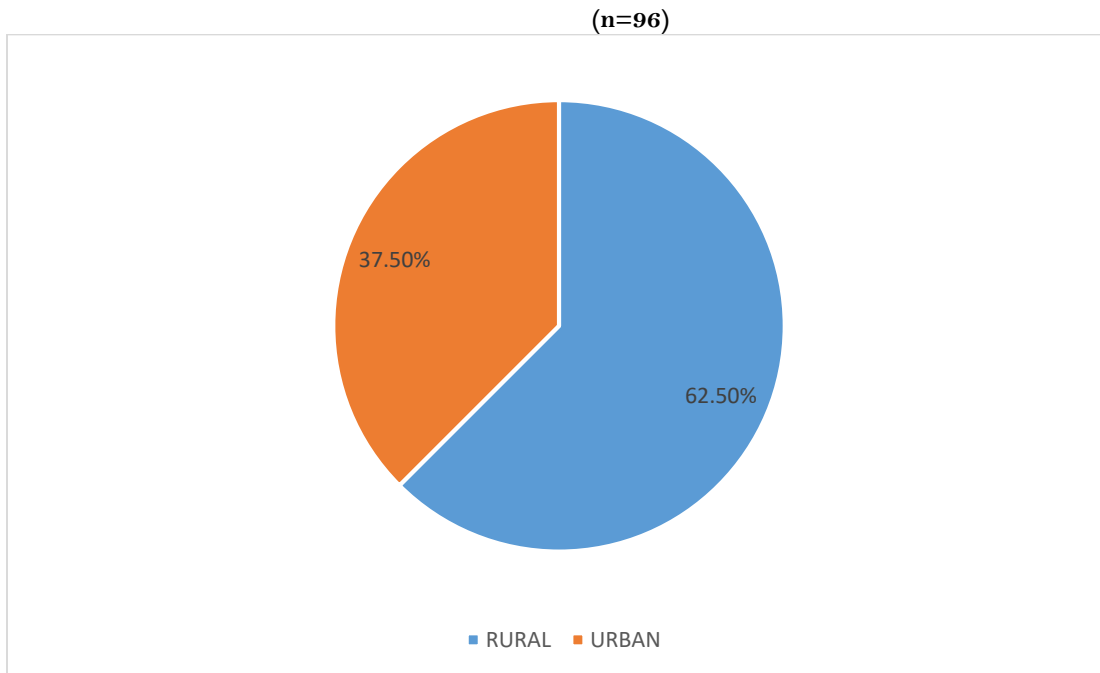
Table 3 indicates that the parents of majority of the students 42(43.8%) were peasants and the parents of 29.2% of the students are civil servants. Parents of 10(10.4%), 09(9.4%) and 07(7.3%) of the respondents are domestic farmers, causal laborers and business men respectively.

Table 4 shows the level of education of respondents' parents (n=96)

Variable	No education	primary	secondary	Tertiary
Frequency (n)	12	23	20	41
Percentage (%)	12.5%	24%	20.8%	42.7%

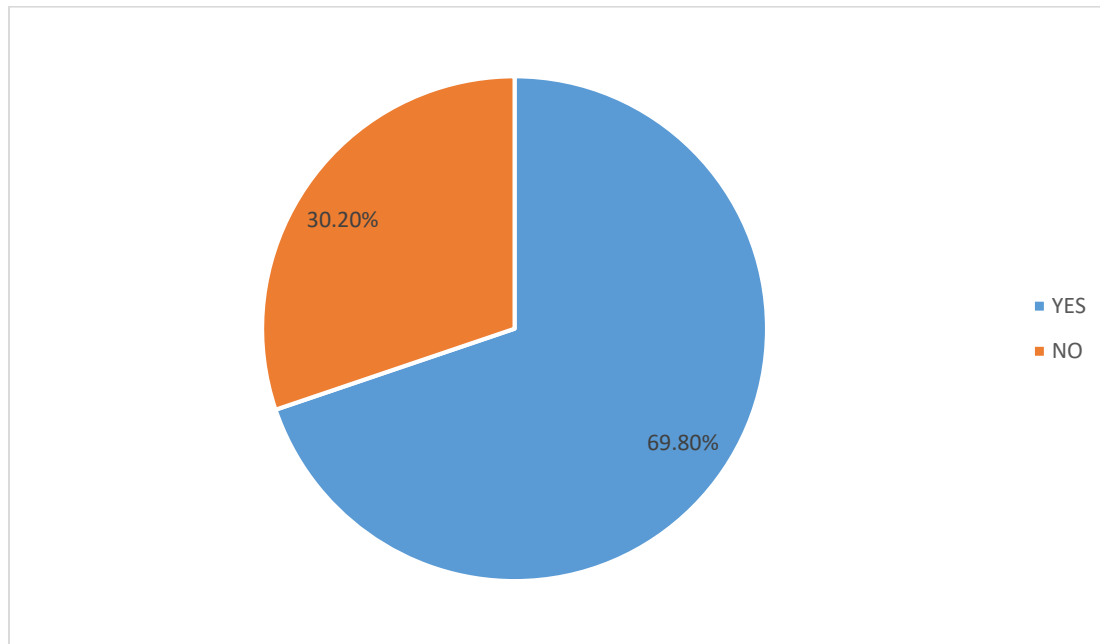
From the results above, majority of the respondents' parents (42.7%) attained tertiary level as the highest level of education while the minority (12.5%) did not go to school. 24% of the respondents have parents who stopped schooling at primary level and 20.8% respondents' parents joined secondary school.

Figure 2 shows the place of birth of the participants



The pie-chart above indicate that majority 60(62.5%) of the students came from rural areas and the minority 36(37.5%) of the students lived in urban area.

Figure 3 shows the number of students living with their parents
(n=96)



The above results show that majority (n=67, 69.8%) of the students live with their parents and a big percentage (n=29, 30.2%) don't stay with their parents at home.

Table 5 shows students who never lived with their parents and the people they live with
(n=29)

Person lived with	Guardian	Aunt/uncle	Sister/Brother	Husband	Grand parent	Boy friend	Alone
Frequency(n)	01	01	02	19	06	00	00
Percentage (%)	3.4%	3.4%	6.9%	65.5%	20.7%	00%	00%

From the table above, majority of the students 19(65.5%) who never lived with their parents at home were married women and stayed with their husbands. 06(20.7%) of the students stayed with their grandparents. None of the students lived with their boyfriends or alone.

Table 6 shows the status of the house the students live in at home
(n=96)

Variable	Frequency(n)	Percentage (%)
Number of rooms in parent's house		
Two	19	19.8%
Three to four	47	49%
Five to eight	30	31.2%
Type of roof of parent's house		
Iron sheets	91	94.8%
Polythene material	00	00%

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Tiles	05	5.2%
Grass thatched	00	00%
Type of house at home		
Permanent fully furnished	34	35.4%
Semi-permanent	49	51.0%
Temporary	13	13.6%

Table 6 indicates that most students 49(51%) live in semi-permanent houses, 34(35.4%) of the students live in completed permanent houses and the minority 13(13.6%) temporary houses. Most respondents 47(49%) live in a 3-4 roomed house, 30(31.2%) live in a 5-8 roomed house while the minority live in a 2 roomed house. The houses of majority of students 91(94.8%) were roofed with iron sheets and only 05(5.2%) of the respondents live in houses with tiled roofs. No respondents live in polythene roofed or grass thatched houses.

Table 7 shows the financial status and support of the student at school (n=96)

Variable	Frequency(n)	Percentage (%)
Provider of respondent's school fees		
Government loan/scholarship	27	28.1%
Husband/ Fiancée	16	16.7%
Sponsoring organization	08	8.3%
Parent	45	46.9%
Main provider of upkeep to the student		
Parent	59	61.5%
Close relative	02	2.1%
Boyfriend	25	26%
Others	10	10.4%
Means the student gets lunch at school		
Buy from school Canteen/ Restaurant	18	18.8%
Buy eats; chapatti, fried cassava, samosa	35	36.5%
Cook lunch	43	44.8%
Average amount received for upkeep in a month		
Below 20,000shs	13	13.5%
30,000 to 50,000shs	53	55.2%
60,000 to 100,000shs	26	27.1%
Above 100,000shs	04	4.2%

Table 7 shows that the most students 45(46.9%) are sponsored by their parents, 27(28.1%) are sponsored by the government through the loan program or scholarship program, 16(16.7%) are sponsored by their husbands and the minority 08(8.3%) are sponsored by a Non-Governmental Organization. Majority of the participants 59(61.5%) obtain their upkeep from their parents while a significant number of students 25(26%) got their upkeep from their boyfriends and 10(10.4%) of the students receive money from other people like husbands and ordinary friends. Majority of the students 35(44.8%) cook lunch, 35(36.5%) buy fast foods like samosa, chapatti for lunch and the minority 18(18.8%) affords to buy lunch from the canteen. In a month, most students 53(55.2%) receive 30000-50000 shillings for their upkeep. 26(27.1%) receive 60,000-100,000shs and only 04(4.2%) of the students receive more than 100,000shs in a month. 13(13.5%) students receive less than 20,000shs which may not be enough to meet their needs.

Table 8 shows the number of students who visited the reproductive health clinic and the frequency of visit (n=96)

Variable	Frequency(n)	Percentage (%)
Visited the reproductive health clinic		
Yes	61	63.5%
No	35	36.5%
Frequency of visit		
Monthly	00	00%
Each time I have sex	05	8.2%
After 3 months	45	73.8%
When I get money	11	18.0%
Limitations to visiting reproductive health clinic by students		
Services are expensive	23	65.7%
Health workers discourage students	05	14.3%
Unavailability of contraceptives	00	00%
Fear to visit the clinic	07	20%

Table 8 indicate that 63.5% of students visit reproductive health clinic and a significant number (36.5%) don't. Of those who visit, most (73.8%) visit the clinic after 3 months, 18% visit when they get money and 8.2% visit the clinic each time, they play sex. Of those who don't visit the clinic, majority (65.7%) are limited by the services being expensive, 14.3% were discouraged by health workers and 20% of them fear to visit the clinic.

Table 9 shows the sources, accessibility and cost of contraceptives to students (n=96)

Variable	Frequency (n)	Percentage (%)
Source of contraceptives		
Pharmacy/drug shop	49	54.4%
Community distributors	00	00%
University health unit	06	6.7%
Private clinic	35	38.9%
School	00	00%
Ability to access the contraceptives		
Always	75	83.3%
Sometimes	09	10%
Never	00	00%
Service provider discouraged me	06	6.7%
Cost of contraceptives		
Very expensive	78	81.3%
Free	00	00%
Condoms are for free, but not my choice	69	71.9%
I don't care about contraceptive methods	13	13.5%

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The results in table 9 above show that most respondents 49(54.4%) get contraceptives from pharmacies and drug shops, 35(38.9%) get them from private clinics and only 06(6.7%) of the students obtain contraceptives from the university hospital. None of the students obtain contraceptives from community distributors and school. Most of the respondents 75(83.3%) always access the contraceptives, 06(6.7%) were discouraged and 09(10%) occasionally accessed contraceptives. Most of the respondents 78(81.3%) commented that contraceptives are very expensive and 69(71.9%) commented that condom are for free but it is not their choice and 13(13.5%) of the respondents commented that they don't care about contraceptive methods.

Table 10 shows information about relationship and sexual behavior of the respondents (n=96)

	Frequency (n)	Percentage (%)
Have boyfriend/husband		
Yes	77	80.2%
No	19	19.8%
Ever had coitus		
Yes	87	90.6%
No	9	9.4%
Age at first coitus		
10-14	02	2.3%
15-19	56	64.4%
20-25	29	33.3%
Person respondent had sex with at first coitus		
Boyfriend	68	78.2%
Husband	04	4.6%
Ordinary friend	15	17.2%
Stranger	00	00%
Conditions that led respondents start sexual activity		
Rewards from friends	40	46%
Rape	00	00%
Curiosity/exploring	23	26.4%
Alcohol	00	00%
Peer influence	24	27.6%

The table 10 above indicate that majority of the respondents 77(80.2%) have boyfriends/ husbands and only 19(19.8%) don't. Most respondents 87(90.6%) are sexually active and few 09(9.4%) are not. Most respondents 56(64.4%) had their first coitus between ages of 15-19, 29(33.3%) experienced first coitus between ages of 20-25 and minority had first sexual experience between ages of 10-14. Most respondents 68(78.2%) had their first coitus with their boyfriends and 15(17.2%) of the respondents had their first coitus with ordinary friends. Only 04(4.6%) of the respondents had their first coitus with their husbands. No respondents had their first coitus with a stranger. The results also show that majority of the respondents 40(46%) were influenced by rewards from friends and 23(26.4%) were exploring, yet a significant number 24(27.6%) of the respondents were under peer influence. No respondents started sexual activity due to rape.

Table 11 shows results about pregnancy

(n=96)

Variable	Frequency(n)	Percentage (%)
Ever been pregnant when student	(n=96)	
Yes	27	28.1%
No	69	71.9%
Level of education when became pregnant	(n=27)	
Primary	01	3.7%
Secondary	05	18.5%
Tertiary/university	21	77.8%
Planned to carry pregnancy	(n=27)	
Yes	04	14.8%
No	23	85.2%
Circumstances that led to pregnancy while at campus	(n=27)	
Satisfy boyfriend/fiancée/husband	17	63%
Prove my fertility	05	18.5%
Worried of not having a child at my age	02	7.4%
Peer influence	03	11.1%
All female students near me have children	00	00
Effects of pregnancy on the student	(n=64)	
Academic performance lowered	25	92.6%
Stopped studying	13	48.1%
Stress	26	96.3%
No effect at all	00	00%

From the table above, of the sexually active participants, most respondents 69(71.9%) had not carried any pregnancy while 27(28.1%) of the respondents had carried pregnancy while studying. Majority of these respondents 21(77.8%) become pregnant while studying at tertiary institutions/university, 05(18.5%) became pregnant in secondary school and very few 01(3.7%) became pregnant in primary. A big number of these respondents 23(85.2%) did not plan the pregnancy while only 04(14.8%) planned to be pregnant. Of those respondents who planned their pregnancy, most 17(63%) wanted to satisfy their sexual partners, 05(18.5%) wanted to prove their fertility, 03(11.1%) were under peer influence and 02(7.4%) were worried of not having a child at their age. Majority of the respondents reported challenges of becoming pregnant while studying with 25(92.6%) reporting drop in academic performance, 25(96.3%) reporting stress and 13(48.1%) reported a study break. All respondents reported more than one effect.

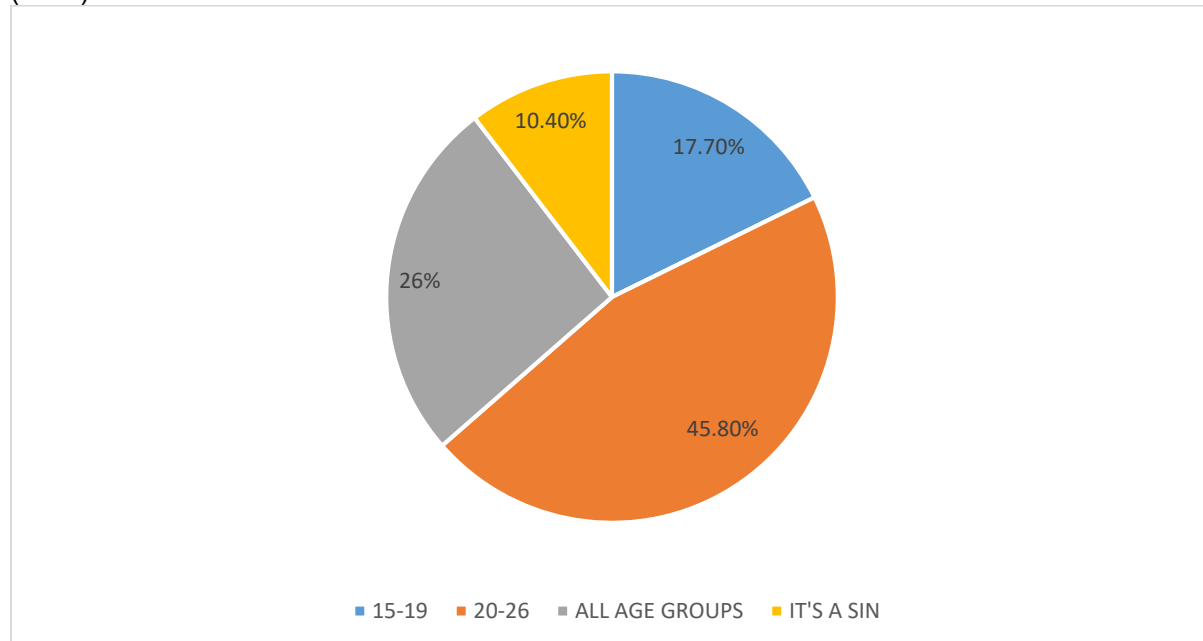
Table 12 shows respondents' suggestions on different ways of preventing unplanned pregnancies among university students (n=96)

Variable	Frequency(n)	Percentage (%)
What enabled respondent not to become pregnant		
Abstinence from sex	12	12.5%
Use of contraceptives	65	67.7%
I don't know	02	2.1%
Possible ways of preventing unplanned pregnancies in university students		
Use of contraceptives	90	93.8%
Abstinence	51	53.1%
Sex education	18	18.8%
Restoration of morals among university students	45	46.9%
Introduction of policies against pregnancies among unmarried students	12	12.5%
Respondents' comment on abstinence		
Unreliable for campus students ('campusers')	19	19.8%
It's the best method with no risks	34	35.4%
Not easy	54	56.3%
Attitude toward use of emergency contraceptives		
Positive	69	71.9%
Negative	27	28.1%

Table 12 indicate that use of contraceptives has enabled majority of the sexually active respondents 65(67.7%) not to carry unplanned pregnancy and 02(2.1%) did not know why they have never conceived. 12(12.5%) abstained from sex. Most respondents 90(93.8%) suggested use of contraceptives to prevent pregnancy, 51(53.1%) suggested abstinence, 18(18.8%) suggested sex education and very few students suggested enhancement of policies against pregnancy among students. A significant number (46.9%) of students suggested the restoration good morals among female students. One respondent suggested more than one method of preventing unplanned pregnancies. Most students 54(56.3%) reported that it is not easy to abstain, 34(35.4%) mentioned abstinence as the best method of contraception with no risks and 19(19.8%) of the respondents reported abstinence as an unreliable way of overcoming pregnancy. Majority of the respondents 69(71.9%) had a positive attitude toward use of contraceptives and 28.1 of the respondents had a negative attitude.

Figure 4: A pie-chart showing the suggested age groups respondents would give emergency contraceptives to prevent pregnancy if approached by a student.

(n=96)



The results above indicate that most respondents 44(45.8%) would give emergency contraceptives to students in the age range of 20-26, 25(26%) of the respondents would give emergency contraceptives to students in all age ranges. while 17(17.7%) of the respondents can dispense emergency contraceptives to students of 15-19 age range, minority 10(10.4%) of the respondents believe that it is a sin to dispense emergency contraceptives to students.

DISCUSSION

The study revealed that majority of the respondents 67(69.8%) were in the age range of nineteen to twenty-five and majority of them 77(80.2%) were single but with boyfriends. This exposes these female students to unplanned pregnancies since majority of the female students 87(90.6%) engaged in sexual activities with their boyfriends. This section of the study mainly assessed the socio-economic status of most of the respondents. This study found out that most respondents 46(47.9%) were from low social status and almost the same number of respondents 44(45.8%) were in the middle class. This could be due to majority of the respondents' parents 42(43.8%) being peasants that it becomes for the parents to pay school fees for their children and provide them with all the necessities and thus students end up living in poor conditions. This agrees with WHO [45] finding that 95% of the 14 million births of women worldwide occur in low- and middle-income countries. It also agrees with Akande [46] who mentioned poverty as one of the factors that contribute to unwanted pregnancies among young women around the world. The research also highlighted majority of the respondents 60(62.5%) as residents of rural areas. Most rural areas associated with low family income and lack of information to use contraceptives, which exposes female students from such families to risks of practicing unprotected sex for money when they join a university, which may eventually result into unplanned pregnancies. The study also found out that majority of the respondents 49(51%) lived in semi-permanent houses and majority of the houses 47(49.0%) had 3-4 room. Due to such congestion and poor living conditions may lead to sexual activities in emerging adults that consequently results into unplanned pregnancies as well as sexually transmitted diseases. Much as this research revealed that majority of the respondents 59 (61.5%) received their upkeep from their parents, the number of respondents 25(26%) who obtained their upkeep from their boyfriends is significant to lead to unplanned sexual activities, which may be regarded as a reward to the boyfriend in exchange for the received upkeep. And this may result in unplanned pregnancies. This study also revealed that most respondents 53(55.2%) receive an amount between 30,000-50,000shs in a month which may not be enough to

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buy food, handouts, hair making facilitate social functions such as birthday parties and sporting events. Moreover, this amount is not a monthly entitlement. "My boyfriend provides me with money for hair and birthday party, said one of the respondents" This may lead therefore to engagement in sex for gifts and material goods in order to please their sexual partners.

This study revealed that majority of the respondents 61(63.5%) visited reproductive health clinics for various reason, obtaining contraceptives inclusive, where 45(73.8%) of respondents visited the clinic every after three months. This indicated that basic reproductive health services are available to women to control unplanned pregnancies. The research also showed that the cost of reproductive health services limited the majority of the respondents 23(65.7%) of those who never visited the reproductive health clinic 35(36.5% of all participants). Fear to visit the clinic limited 07(20%) of these respondents, yet 05(14.3%) of the respondents were discouraged by health workers. This can lead to unplanned pregnancies among sexually active students since the same study revealed that 87(90.6%) of the respondents were sexually active and 77(80.2%) had boyfriends. This percentage of students discouraged that was revealed by this study is a significant factor that could lead to unplanned pregnancy especially when the respondents are sexually active. The study also indicated that majority of the respondents 75(83.3%) always accessed contraceptives. However, the same study revealed that majority of these respondents 78(81.3%) accessed the contraceptives at high costs, moreover in pharmacies/drug shops 49(54.4%) and private clinics 35(38.9%). Only 06(6.7%) of the students accessed free condoms from the university health unit. This research also revealed that a large number of students (n=69, 71.9% of respondents) do not use condoms because it is not their best choice of contraception even though condoms are for free. This can lead to reduced use of condoms and with limited funds for students to go for their best choices could lead to increased unplanned pregnancies. Concerning pregnancy and sexual behavior, this research found out that majority of the respondents 56(64.4%) had their first coitus at a young age between ages 15-19. It also revealed that majority 40(46%) of them initiated sexual activity due to the rewards from friends. This shows that most of the respondents started sexual activity when they were still in secondary schools. The study also revealed that only 27(28.1%) of the respondents had carried a pregnancy while in school. The research also revealed that majority 21(77.8%) became pregnant from the university and 17(63%) became pregnant as they wanted to satisfy their sexual partners. This could be due to a feeling of maturity and self-reliant most students experience when they join tertiary institutions. Even though majority of the respondents always accessed contraceptives, this study found out that majority 23(85.2%) of the respondents who had given birth while studying carried unplanned pregnancies. Although this study did not investigate the students' awareness on contraceptives, its finding contradicts with [47-52] who said increasing awareness of emergency contraceptives among youth is one of the strategies to prevent unintended pregnancies. This could be due to various factors like lack of money to buy emergency contraceptives, policies and attitude. This research also identified that unplanned pregnancies has various effects such as lowered academic performance, stress and dropping out of school.

This researched found use of contraceptive as the most effective way that protected majority of the sexually active students 65(67.7%) not to have unplanned pregnancies. This agrees with many literatures by many researchers. The research suggested various ways of preventing unplanned pregnancies and these include use of contraceptives (n=90, 93.8%), abstinence from sex (n=51, 53.1%), restoration of good morals among the youths (n=45, 46.9%), and sex education (n=18, 18.8%). Although 35.4% of the respondents identified abstinence as the best way to prevent unintended pregnancies, this research study revealed that abstinence is rather a hard means of preventing unplanned pregnancies among majority of the respondents 54(56.3%) in university female students especially in those students who already started sexual activities. This study also indicated that majority of the respondents 71(74%) did not know the right age that can use benefit from contraceptives. Only 25(26%) of the respondents suggested that all female in the reproductive age would be given contraceptives. This could be due to the perception that long use of contraceptives results into conception failure by young females later in life.

CONCLUSION

Low socio-economic status and lack of youth friendly free access to contraceptives contribute to unplanned pregnancies among female university students. Most pregnancies among university students at Kampala International University-Western Campus are unplanned. These unplanned pregnancies have left female students psychologically stressed due to lowered academic grades and school leaving, as some students fail to handle academic

demands and the pregnancy. Regular and correct use of contraceptives of choice can reduce the raising rate of unplanned pregnancies among female university students.

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