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Emergency Contraception Knowledge, Attitude and Practices among female College Students at Bushenyi Core Primary Teachers College: A Descriptive Survey

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ABSTRACT

Emergency contraception is used as an emergency procedure to prevent unintended pregnancy secondary to an unprotected sexual intercourse and method failure. This study assessed knowledge and utilization of emergency contraception among students of Bushenyi primary teachers college. A descriptive cross-sectional study was conducted among female students of Bushenyi primary teachers college in February 2022. Participants were sampled using systematic sampling technique. Pre-tested, self-administered questionnaires were used to collect the data. Data was entered and analyzed using Microsoft excel programme. Results were presented using descriptive statistics, frequencies and percentages. A total of ninety six (96) female students participated in the study. Seventy six (79%) of the students had ever heard of Emergency Contraceptives, only 8(11%) used/orever used the method. The commonest source of information was formal education(71%). The students mentioned the indications of ECs follows; preventing pregnancy postrape (29%), failure of barrier method (24%), missing of oral contraceptives (20%); and should be initiated within 24hours (43.4%). In addition students knew that ECs do not terminate pregnancy if woman is already pregnant (68%), are available not only by prescription (74%), effective when taken. The present study shows that knowledge of emergency contraceptives among female students of Bushenyi primary teachers college is high though utilization of the method is still very low despite some having unintended pregnancies. Evidently, there is a need for carefully designed educational programmes and promotion of EC in existent student health care centres on campus. Sexual education including emergency contraception should be incorporated in the curricula of teacher trainees. **Keywords:** Emergency, Contraception, Knowledge, Attitude and Practices.

INTRODUCTION

Emergency contraception (EC) is a contraceptive method used to prevent pregnancy after a known or suspected failure of contraception or unprotected intercourse, including sexual assault. Emergency contraception hinders or delays ovulation, prevents fertilization and may affect implantation, but does not disrupt an already established pregnancy [1-4]. The roots of modern emergency contraception date back to the 1920s, when researchers initially demonstrated that estrogenic ovarian extracts interfere with pregnancy in mammals [5]. Veterinarians were the first to apply this finding, administering estrogens to dogs and to horses that had mated when their owner had not wanted them to. Despite scattered reports of clinical use of post-coital estrogens in humans as early as the 1940s [6]. The first documented cases were not published until the mid-1960s, when physicians in the Netherlands applied the veterinary practice of post-coital estrogen administration to a 13-year-old girl who had been raped at midcycle [7, 8]. In 1995, the Rockefeller Foundation convened a meeting to discuss emergency contraception. After the meeting, a group of seven international organizations

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formed; the International Consortium for Emergency Contraception (ICEC) to promote EC as a part of mainstream reproductive health care worldwide. Dedicated products for EC were "virtually unknown" in 1995, there was little awareness of EC as an option, and EC was not used as public health measure. The seven founding member organizations were the Concept Foundation, the International Planned Parenthood Federation (IPPF), the Pacific Institute for Women's Health, the World Health Organization (WHO), the Population Council, Population Services International, and the Program for Appropriate Technology in Health (PATH) [9]. The Ugandan Ministry of Health approved the use of ECPs in 1998, and the method was introduced three years later as a socially marketed product to increase the public's awareness of emergency contraception. Soon after, the method was deemed illegal under the country's abortion laws. The tide changed in 2007 when ECPs became available again, largely through the commercial sector. Advocates of emergency contraception now recognize the delicate balance between raising awareness and increasing access to emergency contraceptive pills in any country where some stakeholders characterize emergency contraception as an abortifacient [10]. Several studies have revealed different levels of awareness and use of EC in sub-Saharan Africa. According to a recent study, "health concerns" and "infrequent sex" are the most frequent reasons for nonuse of contraception in many LMIC, though the prevalence of each reason varied across different countries and subgroups of women [11, 12].

Awareness of EC among women of reproductive age in SSA ranged from 10.1% in a study conducted by Tesfaye, Tilahun, and Girma in 2012 [13] to 93.5% in a study conducted by [14]. Other studies reveal that the use of EC among women of reproductive age in SSA reported by the various studies range from as low as 0% to as high as 41% from Ethiopia and Nigeria respectively [15]. Emergency contraceptive pills are available for free in Uganda through the public health sector; government hospitals and health centers (HC) II, III, and I. The current policy also allows the provision of ECPs by village-level community health workers, organized as village health teams (VHTs), who offer the lowest level of health care services (called HC I) in the country. National Medical Stores typically supply public health system facilities with ECPs [16]. The two types of contraception that are widely used are oral hormonal tablets and insertion of an intrauterine device (IUD). Hormonal tablets are widely referred to as the 'morning-after pill' or 'second chance'. In Uganda, the commonest EC prescribed is Levonorgestrel. However, the IUD method is also available; especially in the private sector. Young people in general are sexually active. Tertiary students form an important high risk group in any society. The youth in this age group (15-24 years) are most often at the beginning of exploration of their sexuality, very often free of any parental guidance, under great influence from peers and often indulge in alcohol or other influential illegal substances. Therefore, this group probably form a group in any community that should have an over-all higher level of awareness of available methods of contraception, including that of emergency contraception. Considering the vulnerability of tertiary students to unwanted pregnancy, it is imperative that their emergency contraceptive knowledge and practices is assessed and documented in order for the college to provide reproductive health services that respond to their needs. The awareness and use of contraceptives especially emergency contraceptives (EC) among youths and others in the reproductive age group is an important step in preventing unwanted pregnancies and unsafe abortions. It is upon this background that this study will be conducted. This study has been designed to explore factors which could affect young women's ability to use EC with the objective of the study being to gather information on young women's knowledge, attitude and practices regarding EC. Such information will be helpful in overall knowledge of EC, and in determining whether messages need to be targeted at different age groups of women.

Statement of the problem

Uganda is one of the countries with very poor reproductive health indicators. The contraceptive prevalence rate in Uganda is 39 percent and the unmet need for family planning is 28 percent [17]. The maternal mortality ratio has remained high at 336/100000 live births and about 24 percent of these deaths are due to induced abortions [18]. This implies that two method opportunities have been missed; using conventional family planning and using emergency contraception. One of the groups that are particularly vulnerable to unsafe abortions is the young people (10-24 years) and Uganda has a predominantly young population. Young people are particularly at risk because they are in the transition period between childhood and adulthood. This is a period of psychological, social and sexual changes. Young people are in a state of experimentation and discovery. Because of this, they are exposed to risks such as unwanted pregnancies. The teenage pregnancy rate in Uganda is one of the highest in the world. According to Uganda Bureau of Statistics [19], almost a quarter (one in four or 25%) of Ugandan women has given birth by the age of 18. EC methods represent the only reliable post-coital FP options available to women, and have been recommended by numerous professional associations as safe and effective for use following both consensual and nonconsensual sex [20]. Although EC is available in Uganda,

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the high teenage pregnancy rate means that ECs are not being used yet there has been little research into how widely people are aware of it and their attitudes towards it. The aim of this study was therefore to assess the level of knowledge, attitudes and practice of female students at Bushenyi core teachers college towards EC.

Specific objectives

- 1) To determine knowledge regarding emergency contraceptive among female students Bushenyi primary teachers college.
- 2) To determine the attitude of female students at Bushenyi primary teachers college towards emergency contraception
- 3) To establish the emergency contraceptive practices among female students of Bushenyi primary teachers college.

Research questions

- 1) What is the knowledge regarding emergency contraceptive among female students Bushenyi primary teachers college?
- 2) What is the attitude female students of Bushenyi primary teachers college towards emergency contraceptives
- 3) What are the Emergency contraceptive practices among female students of Bushenyi primary teachers college?

Justification of the study

Emergency contraception (EC) has enormous potential to reduce the rate of unintended pregnancies. The consequences of unplanned pregnancies in tertiary institutions are diverse, such as high incidence of unwanted pregnancies and unsafe abortions that could lead to school dropout, uterine perforation or hysterectomy and/or death particularly among adolescents which can be prevented by access to contraceptive services including emergency contraception. Therefore this study was meant to provide a clue to policy makers in developing appropriate evidence based strategies to promote the use of emergency contraception methods. This study was therefore conducted to provide the information that is of help to stakeholders and district health team at large to have a better understanding of the seriousness of the problem regarding the prevention of unwanted pregnancies in the area of the study. The results obtained will be of help in the re-evaluation of the initial preventive and health promotive strategies against unwanted pregnancies using EC.

Significance of the study

The major factor that limits the use of ECs is inadequate information about their effectiveness and availability or unfavorable opinions about their safety due to misinformation. It is therefore hoped that the results from this study will help in emphasizing the need for sexual health education and family planning education. The results of this study will act as a reference point for other researchers in the same or related fields

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METHODOLOGY

Study design

It was a descriptive, cross-sectional study applying quantitative approach method approach [21]. This approach design was preferred because it is cheap and made data immediately available to the researcher.

Scope of the Study

The study was conducted in Bushenyi core primary teachers college Bushenyi district in South Western Uganda. The college is located approximately 380 Km South West of Kampala, long the Mbarara Kasese Highway. According to the institutional academic registrar's office, enrolment figure for the academic year 2022/2023 is 371 of whom 194 are women and 177 are Men. The College offers a certificate in teacher education qualifications, with academic teaching programmed as full time. Students at the college can access EC via the student college clinic or nearby government and private health facilities.

Study population

The study populations were female students of Bushenyi core primary teachers college

Sample size determination

The sample was determined using Fisher's (1990) method in which the sample size is given by the expression

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

Where;

n= Desired sample size for a population greater than 10,000

Z= Standard normal deviation of 1.96 corresponding to 95% confidence interval

p= 90 % or 0.9, the proportion in the target population estimated to have the characteristics being measured, in this case assuming 50% of students would be aware of EC and that this would be measured with a 5% error across 95% confidence intervals. q=1-0.5=0.5

d =acceptable margin of 5 % (0.05)

Therefore by substitution in the formular

$$n = \frac{1.96^2 \times 0.5 \times 0.5}{0.05 \times 0.05} = 384$$

Therefore n=384

But since the number of female students in the college in is 194 which is less than 10,000(College records, 2022)

Nf=N/1+n/N

Where NF=required sample size for population less than 10,000N=Target population=194

Therefore, NF=384/1+384/194 = 132

However the number was rounded to 100 due to time and financial limitations.

Sampling technique

The district and college were purposely selected due to reported high prevalence of unwanted pregnancies. Cluster random sampling technique was used where the 2 years of study acted as clusters. Systematic random sampling was employed in the selecting 50 students from each class.

Study variables

Dependent variables

The dependent variable was emergency contraception practices

Independent variable

These were;

- Socio-demographic characteristics Age, Sex, Religion, Educational status of respondents and parents, Marital status, Ethnicity
- Knowledge about emergency contraception
- Attitude towards emergency contraception

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Data collection method and tools

Data was collected using a self-administered paper-based questionnaire. Questions were presented in English as this was the language of tuition at the college. The questionnaire had questions about socio-demographic and academic characteristics (age, marital status, religion, place of origin, year of study at the college), as well as knowledge, attitudes and practice towards EC.

Piloting the study

The data collection tools were tested on the students studying in one tertiary institution in Bushenyi-Ishaka Municipality City (Ishaka Adventist school of Nursing) who are also young post ordinary level students that are comparable to those at the college in terms of student characteristics (age, place of origin, etc.). The data collection tools were accordingly edited following the pre-test.

Data collection procedure

For the sampled students the purpose of the study and importance of participation was explained to them and written consent was obtained. Based on their willingness to participate in the study, a pre tested, structured, standardized self-administered questionnaire was distributed to collect the data by the researcher himself. At the end of each day, the questionnaires were checked for accuracy and completeness and the filled questionnaires were numbered and serialized to avoid double entry.

Data analysis and presentation

The data collected was analyzed using Microsoft excel and presented in form of tables, pie charts and bar graphs (descriptive statistics).

Ethical consideration

The proposal of the study was first submitted to the faculty of Clinical Medicine and Dentistry for approval. After approval a formal and official introductory letter was issued to introduce the researcher to the college authorities. The college authorities based on the introductory letter to allow for data collection from the college authorities and female students.

The respondents were first informed about the objective and purpose of the study and written consent was obtained from each respondent. Confidentiality of the information from the respondents was assured and ensured.

Study limitations

The following study limitations were experienced;

- Since the questions focus on sensitive issues, some of the respondents may not have given genuine information. This might have affected the reliability of the information in this study.
- This study was conducted in an academic institution, and the results represent the views of the respondents in that institution alone, which might be different from others in other parts of the country.
- The presence of recall bias in this study is also very likely. Therefore, further research with a larger population with adequate power and sample sizes is recommended.

Dissemination of research findings

The results were first presented to faculty of Clinical Medicine and dentistry and upon approval were disseminated as follows;

- Principal Bushenyi teachers' college
- District health officer Bushenyi district
- Municipal health officer Bushenyi-Ishaka Municipality

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RESULTS

The Results are presented in line with the study objectives. Of all the 100 filled questionnaires, only 96(96%) were fully filled giving a response rate of 96%.

Socio-demographic characteristics of the respondents

Table 1: Socio-demographic characteristic of the respondents

N= 96

Variable	Alternative	Frequency (%)
Age	17 – 20	46(47.9)
	20 – 24	44(47.9)
	25 - 29	6(6.3)
Marital status	Single	58(60.4)
	Married	3(3.1)
	Cohabiting	32(33.3)
	Separated	3(6.5)
Religion	Protestant	30(31.3)
	Catholic	32(33.3)
	Islam	10(10.4)
	Pentecostal	18(18.8)
	SDA	6(6.3)
Year of study	1 st year	54(56.3)
	2 nd year	42(43.7)

The majority of the respondents, 46(47.9%) were in the age category of 17-20 years and 44 (45.8%) in the age category of 20-24years. Most respondents, 58(60.4%) were single while 32(33.5%) were cohabiting. With respect to religious affiliation, most respondents, 32(33.5%) were of catholic faith and 30(31.3%) were protestants. Slightly over one half of the respondents, 54 (56.3%) of the participants were in their first year of study.

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**Knowledge about emergency contraception
Ever hearing about Emergency Contraception**
Table 2: Knowledge about emergency contraception (N=96)

Variable	Alternative	Frequency (%)
Ever heard about emergency contraception(n=100)	Yes	76(79)
	No	20(21)
Source of information about emergency contraception n=76	Health education	54(71)
	Media	6(8)
	Health facility	12(16)
	Friends	4(5)
Type of emergency contraception known (n=76) (more than one response possible)	POP	32(42.1)
	COCs	17(22.4)
	IUD	17(22.4)
Indication for emergency contraception (n = 76)	After rape	22(29)
	Failure/ misuse of condom	18(24)
	Missed oral contraceptive	15(17)

The majority, 76(79%) had ever heard about EC. Their common sources of information were health education (71%), Media (8%) health facilities (16%) and friends (5%).Of those respondents who had heard of emergency contraceptives 32(42.1%) correctly identified progesterone only pills, 27(35.3%) identified combined oral contraceptives and 17(22.4%) identified IUD as an emergency contraceptive method. The majority of the students (29%) mentioned that EC helps during post rape, 24% knew it is worth as a backup when condom breaks, 20% thought it is important when oral contraceptive pill is forgotten and 17% never knew when EC can be used.

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Knowledge regarding the timing and dosing of emergency contraceptives

Table 3: Knowledge regarding the timing and dosing of emergency contraceptives

N=76

Knowledge	Frequency	Percentage (%)
Recommended time to take EC		
Within 24 hours	33	43.4
Within 48 hours	14	18.4
Within 72 hours	3	3.9
Don't know	26	34.3
Recommended number of doses		
One dose	47	61.8
Two doses	18	23.7
Don't know	11	14.5
Recommended time between doses		
12 hours apart	58	76.3
24 hours apart	7	9.2
Don't know	11	14.5

Out of the 76 respondents of that had heard about EC, the majority (65.7%) correctly identified the recommended 72 hours as the time limit for emergency contraceptives. Besides, those respondents who knew about the ECs doses it was revealed that 61.8% and 23.7% reportedly knew one dose and two doses respectively while 14.5% didn't know about the recommended EC doses. But, those who know about the interval (12hrs) in between taking the hormonal EC were quite many at 76.3%.

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Knowledge regarding EC effectiveness

Table 4: Knowledge regarding EC effectiveness

N= 76

EC variable	Alternative	Frequency (%)
EC is effective	Yes	35(46)
	No	15(20)
	Don't know	26(34)
EC terminate pregnancy, if woman already pregnant	Yes	9(12)
	No	52(68)
	Don't know	15(20)
EC available by prescription only	Yes	13(17)
	No	56(74)
	Don't know	7(9)
EC more effective when taken immediately	Yes	38(50)
	No	26(34)
	Don't know	12(16)

Regarding the EC effectiveness among the respondents, 46% responded positively and 15% responded negatively; but, the remaining 34% responded neutrally (they didn't know). However, the greatest percentage (68%) of respondents responded correctly that EC does not terminate pregnancy if the woman was already pregnant and those who responded negatively about it were 12%. In addition, majority (74%) of the respondents were aware that EC could be accessed even without prescription with half (50%) of them knowing that EC was more effective when taken immediately. Also, 88% of the respondents responded that ECs do not protect against STDs.

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Attitude towards Emergency contraception
Table 5: Attitude towards contraception (N=76)

Attitude towards emergency contraception	Response	n (%)
I believe that the provision of EC after an episode of unprotected sex can prevent unwanted pregnancy	Yes	39 (51.3%)
	No	15 (19.6%)
	I don't know	22 (29.1%)
I believe that EC may hurt if it does not work	Yes	12 (15.7%)
	No	07 (9.2%)
	I don't know	57 (75.1%)
I am willing to use EC in the future	Yes	36 (47.3%)
	No	10 (13.2%)
	I don't know	30 (39.5)

The attitude towards emergency contraception was mixed with slightly more than one half of the respondents, 39(51.3%) believing that it can prevent unwanted pregnancy with slightly less than one half of the respondents,36(47.3%) willing to use EC in future.

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Emergency contraception practices and pregnancy related characteristics
Table 6: Emergency contraception practices and pregnancy related characteristics

Emergency contraception practices and pregnancy related characteristics		
Ever had sex(N=96)	Yes	76(79.2%)
	No	20(20.1%)
Ever been pregnant (N=96)	Yes	12(12.5%)
	No	84(87.5%)
Ever used emergency contraception(N=76)	Yes	13(17.1%)
	No	63(82.9%)
Who recommended the use of emergency contraceptive (N=13)	Friend	5(38.5%)
	Partner	3(23.1%)
	Friend	2(15.3%)
	Health professional	3 (23.1%)
Reasons for not using emergency contraception(N=63) <i>(more than one response possible)</i>	I did not know where to find it	43(68.3%)
	I did not know much about it	23(36.5%)
	Partner opposed	6(9.5%)
	Religious reasons	14(22.2%)
	Fear of side effects	38(60.3%)
	Wanted to become pregnant	6(9.5%)
	Others	43(68.3%)

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The majority of the students, 76(79.2%) had ever had sex while 20(20.1%) had never had sex. However, only 12(12.5%) had ever used emergency contraception and the majority, 63(82.9%). Among the reasons advanced for non-use of emergency contraception include ignorance about the source of the EC (68.3%), fear of side effects (60.3%) and limited knowledge about EC (36.5%).

DISCUSSION

The result from this study revealed that most of the respondents (79%) had heard of the method. This is higher than the reports on university students in Haramaya University (Eastern Ethiopia) which revealed that 52.4% of the female students had ever heard about emergency contraceptives [22]. The reason could be that the wide availability of information about EC in the internet, newspapers and radios and also the EC methods are widely used by females. This could be due to high level education and being certificate education students whereby some aspects of contraception are covered in their education. The most common sources of information were health education (71%), health facility (16%) and media (8%) including radio, television which is in agreement with report from Hosanna College of Health Sciences, Hosanna in which the main source was health education (47.9%) and 6.8% got from newspaper [23]. Majority of the participants had fairly good knowledge of EC since they knew that EC is used for preventing unplanned pregnancy from post rape, failure or misuse of barrier contraceptive, missing of oral contraceptive and also knew correctly the types of ECs used. This is probably due to the mass health promotional messages available by the ministry of health through radio talk shows among others. Since most of the participants heard about EC from formal health education, they possibly received proper information from the nurse tutors, health care workers. This finding is contrary to other studies conducted among tertiary students in Osun State, South Western Nigeria. Previous South Western Nigeria study reported low level of knowledge among the participants that revealed that majority of the respondents (80.3%) had poor knowledge of emergency contraception [24].

The majority of female students (65.7%) knew the correct timing for oral EC pills administration as they mentioned (within 72 hours) after unprotected sex. This result was higher than the study conducted in Haramiya University in which only 18% of the participants knew the correct timing [25]. Also the participants in this study had appropriate awareness of the single or double dose of ECPs, and their 12 hour interval. Results of a similar survey performed in Hosanna College of Health Sciences showed a similar pattern though it was higher in this study. However, 34.2% respondents did not know time limit to use ECPs. This means that there is still need for more information, education and communication regarding EC timing if its efficacy is to be realized. Regarding the effectiveness and whether EC can terminate existing pregnancy or protect against STDs the results showed average knowledge. Given that the information about EC is relatively simple to convey accurately, and in light of this finding, peer education approaches may be useful in increasing EC awareness. More generally these findings indicate a substantial unmet need among students for information on EC and a need for greater client-health care provider dialogue regarding EC, including the existence of EC, its availability at public sector clinics, and the timeframes involved in its use after unprotected sex. Relaying basic information on EC needs to become part of routine reproductive health counseling and specific health service interventions to improve EC awareness need to be designed, implemented and evaluated in institutions of learning.

Attitude towards emergency contraception

The attitude towards emergency contraception was mixed with slightly more than one half of the respondents, 39(51.3%) believing that it can prevent unwanted pregnancy with slightly less than one half of the respondents, 36(47.3%) willing to use EC in future. The study findings were not in agreement with the study conducted by [26] which stated that most (63.3%) of the respondents agreed that ECPs can be effective in preventing unwanted pregnancies hence calls for further.

Emergency Contraceptive Practices

Very few (11%) female students practiced EC in this study. Practice of EC among participants of this study was very low (11%) when compared with the study done among female students of Hosanna College of Health Sciences, Hosanna town which showed that 32.3% of the respondents used emergency contraceptive because they were sexually active during unsafe period compared to 89% who never used [23]. Among the reasons advanced for non-use of emergency contraception include ignorance about the source of the EC (68.3%), fear of side effects (60.3%) and limited knowledge about EC (36.5%). An investigation performed by [27-30] on 51 LMIC showed that among married women, the most frequent reasons for non-use of contraceptives were low frequencies of sexual relations, and fears of side effects and potential health risks. The reasons for non-use are likely very different between those of students who were mainly unmarried. This calls for more efforts increasing knowledge about its effectiveness and availability of ECs.

CONCLUSION

The study revealed that the students were aware of the existence of EC and a significant number of them had heard of it mostly from formal education in their institution. Majority of the participants had fairly good knowledge of EC since they knew that EC is used for preventing unplanned pregnancy and also knew the correct timing that the EC should be taken following unprotected sexual intercourse. Utilization of EC among students was very low compared to other studies. The possible reason for low EC practice rate in this study could be lack of awareness of the place where it is available, low promotion and limited availability of the methods in the institutions. However, the findings shows that quite a proportion

of the students lacked sufficient knowledge about the emergency contraceptives and also the finding point out that the health education and promotion carried out concerning emergency contraception is not sufficient enough to initiate its utilization.

RECOMMENDATION

The ministry of education and sports, and ministry of health should strengthen Information, Education and Communication campaigns in the institution about sexual and reproductive health services in emergency contraception in particular. Moreover, health education program should be set up to the college students to avail accurate information about emergency contraception. Government through Ministry of Health should promote emergency contraceptives to enhance their use and making them easily accessible in hospital, pharmacies and student clinic. Access to quality emergency contraceptive methods should be scaled up in higher education institutions. Health education program in institutions should be setup to avail accurate information about emergency contraception further research should be done about emergency contraception by widening its study area and population.

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