FACTORS ASSOCIATED WITH EMERGENCY CONTRACEPTIVE UTILIZATION AMONG FEMALE YOUTH IN LUNGUJJA VILLAGE LUBAGA DIVISION, KAMPALA DISTRICT

BY

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A research report submitted to Kampala Institute of Health professional in partial fulfillment of the requirement for the award of Diploma in Pharmacy by the Uganda Allied Health Examination Board, UAHEB.

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DECLARATION

I, **SEMUSU SPEAR** hereby declare that this report is a result of my independent investigation and it has never been presented to any institution for any academic qualification. Where it is indebted to others, acknowledgement has already been observed inform of references.

Signature Date

……..……:…… ……

SEMUSU SPEAR

(Researcher)

APPROVAL

This is to certify that this research report entitled **"factors associated with emergency contraceptives utilization among female youth in Lungujja village Lubaga division, Kampala district"** has been produced under my guidance under strict observation and is hereby submitted for examination with my approval as the institution's research supervisor.

Signature..... Date……..

MUGISHA ECHO

(Supervisor)

DEDICATION

I dedicate this work to my lovely mom and my family of friends and relatives as a whole. I adore you all.

God bless you abundantly.

ACKNOWLEDGEMENT

With utmost humbleness and honor, I begin by thanking the Almighty God for His sufficient and abundant mercy and grace which has sustained me all through my life and work up to this time.

I extend my appreciation to my mother Nalongo Bukirwa Lydia for all her support and care. Your presence has been and still instrumental in fulfilling my life goals.

Special thanks to my friends that have become sisters and brothers Namusoke Safina, Nansambu Mariam , Kyakulaga Nassar and Ayebale Josephat. The financial, psychological support and care you have rendered to me is greatly appreciated.

I greatly treasure the encouragement and comfort from my father and siblings Irene, Edith, Simon, Ronald and Johnbosco . You have instilled resilience in me that has helped me complete this course of study.

I am highly indebted to my research supervisor Mr. Mugisha Echo, KIHP administration and the respondents whose guidance, permission and consent respectively has made this study a success.

Lastly, am very grateful to all my classmates who have helped me attain my learning goals in this course. Without you, I couldn't have anyone to boast my morale or compete with to assess my capabilities as a pharmacy technician, May the God of hosts bless you abundantly

Table Contents

LIST OF TABLES

LIST OF FIGURES

LIST OF ABBREVIATIONS / ACRONYMS

AIDs : Acquired Immune deficiency Diseases

DHSs : Demographic and Health Surveys

EC : Emergency Contraception

ECs : Emergency Contraceptives

ECP : Emergency Contraceptive Pill

HIV : Human Immune Deficiency Syndrome

IUD : Intra Uterine Device

MoH : Ministry of Health

RH : Reproductive Health

STDs : Sexually Transmitted Diseases

STIs : Sexually Transmitted Infections

UAHEB: Uganda Allied Health Examination Board

WHO : World Health Organization

EMC : Emergency medical condition

OPERATIONAL DEFINITION OF KEY TERMS

Contraception: is the birth control by use of devices, drugs or surgery.

Emergency Contraceptives: is a type of contraception used to prevent the unwanted pregnancies and sexual transmitted diseases

Induced abortion: is defined as termination or initiation of the termination pregnancy before 28weeks of gestation.

Prevalence: Is a proportion of a population who have a specific characteristics in a given time period.

Sexually Transmitted Diseases: are diseases which can be transmitted through sexual intercourse for example HIV/AIDs, gonorrhea, etc.

Utilization: is the act of using .

Youth: a person between the age of 15 to 35.

ABSTRACT

Introduction: Emergency contraception is a recognized type of modern contraception used after unprotected sexual intercourse without other active family planning methods when pregnancy is not desired.

Purpose of the study: The main purpose of the study was to determine the factors associated with the utilization of ECs among female youth in Lungujja village Lubaga division, Kampala district.

Specific objectives: The study aimed to determine individual, socio-economic and health-system factors associated with the use of emergency contraceptives among the female youth in Lungujja village Lubaga division, Kampala district.

Methodology: A descriptive cross-sectional study design was used using a structured questionnaire amongst 30 respondents who were selected using a cluster sampling technique method to participate in the study.

Results: The study revealed that, 87% had ever heard of emergency contraception, Various Health system-related factors contributing to the utilization of emergency contraceptives, 16% were single, majority were between the age of 21-25 years 15% had attained only primary level of education, 70% information that was discussed during family planning sensitation sessions did not include emergency contraception method, 90% reported that they walked long distances to the he public - health facility that provides general family planning services, 60% reported not being guided on the proper use of ECs by health care providers.

Conclusion: It has been that socio-demographics factors such age, marital status, level of education, religion greatly affect the utilization of ECs among female youth, in addition to socioeconomic factors such as place of residence, sector of employment and affordability of ECs. Health system related factors included; place where they buy ECs, receiving of directions on proper use of ECs, distance from health facilities to place of residence.

Recommendation: The researcher recommends that there is need for research on the ECs-prescribing practices of healthcare providers in the country. The results can be used to inform

policymakers on how much of a barrier to EC service providers might be to EC utilization as well as to map strategies to improve healthcare providers' knowledge on and attitude towards ECs methods.

CHAPTER ONE: INTRODUCTION

1.0 Introduction

This chapter presents background of the study, the statement of the problem, general objective of the study, specific objectives of the study, research questions, significance of the study, scope of the study, operational definition of key terms, conceptual framework which shows relationship between the independent and dependent variables among others.

1.1 Background of the study

Emergency contraception is a recognized type of modern contraception used after unprotected sexual intercourse without other active family planning methods when pregnancy is not desired. (Pastuer, 2020). If correctly used all types of ECPs can decrease the risk of unintended pregnancy by 75% which in turn helps to reduce unplanned pregnancy and unsafe abortion (Stephan, 2016).

Worldwide, 250 million pregnancies occur annually and 11% of these are accounted by adolescents with ⅓ of those being unintended resulting into 20% induced abortions (Rekiku, 2020). Furthermore on a yearly basis, more than 120 million couples have an unmet need for contraception and 80million women have unintended pregnancies from which 45millions of those end up aborting which is the second most important risk factor for disability death in the world poorest countries (Demissie, 2020). More than 70% of the pregnancies that occur annually among young women worldwide are unintended or unwanted; mostly related to lack of contraceptive use, contraception method failure, rape as well as lack of knowledge on effective contraceptive methods (Mushy, 2018).

According to the World Health Organisation,WHO report, every year nearly 5.5 million African women have unsafe abortions. Moreover, 59% of all unsafe abortions in Africa are among women aged 15 to 24 years. Despite the African governments' commitment to alleviate unwanted pregnancy and unsafe abortion by increasing holistic reproductive health service accessibility, the rate of unwanted unwanted pregnancies n unsafe abortions among the female youth of the universities or higher levels of learning at large is distressing and becoming a multisectoral concern (Rekiku, 2020).

Studies have shown that Emergency Contraceptives remain underutilized in preventing unintended pregnancies in Sub Saharan Africa, SSA (Awopegba, 2021). Several studies revealed that the practice of EC utilisation is different from one country to another. It was

found to be 28% among South African University students, 7.4% in Cameroon and 5.4% in Nigeria (Rekiku, 2020).

It is estimated that 53 million young African women need contraception because they are married or are unmarried and sexually active and do not want a child for at least two years. 4.6 million young African women are using modern contraceptives. The most common method is male condom accounting for 4 in 10 users. However, the utilization of emergency contraceptive pills is still very low accounting for only 1 in 10 users (Ebenezer et al, 2019).

Emergency contraceptive pills were officially introduced in Uganda by MoH in November, 1998 with the aim of improving reproductive health. Currently various brands are available in Uganda and these include Postinor-1, Postinor-2, Norgestrel and Norlevo. Other emergency contraceptive methods include the copper IUCD. However, the utilization has been low where by in 2021 at least 9.3% of unmarried women used EC pills, in 2019 the percentage rate was 7.6% while in 2018 it was 4.5% (MoH, 2020).

1.2 Statement of the problem.

In Uganda, the unmet need for emergency contraceptive among female youth is 63.2% with only 23% of females who are new into sexual activities use them and 12% using the emergency contraceptives (Kabagenyi et al, 2019).

Though there has been slow steady increase in the number of youth utilizing the various modern family planning methods over the years in Uganda. Statistically, it is still below average with only 32.3%, 39.7% and 48.6% of the women utilizing the various emergency contraceptives in Uganda in the years of 2020, 2021 and 2022 respectively (Chikumbusto, 2022).

With few women utilizing the emergency contraceptives, the number of births per woman has increased which has affected maternal health of these women by predisposing them to birth complications like uterine prolapse, pre-eclampsia and eclampsia, weight loss and even maternal death (WHO,2018).

The ministry of health has increased funding for emergency contraceptives at all government owned facilities, incorporated them into daily maternal and child health clinics services, decentralized family planning services to the level of health center III and involved other stakeholders such as NGOs for example MarrieStopes which have trained other health workers on provision of family planning, expansively sensitized masses on uptake of Modern

Family planning methods, and funded family planning activities at levels of health care provision (Kayondo, 2018).

Despite the efforts by the ministry of health to provide emergency contraceptives, there is little information among the public about family planning, little interest among health workers to provide emergency contraceptives to their clients and also insufficient supply of the various emergency contraceptives to the facilities which has resulted into little utilization of the different family planning methods,(Zimmerman, 2021).This study therefore seeks to assess barriers to contraceptive use/ low utilization of emergency contraceptives with the view to provide new insights into problem of low contraceptive use among female youth and provide government the necessary advice to guide policy making on emergency contraceptives.

1.3 General objective of the study

To determine the factors associated with the utilisation of ECs among female youth in Lungujja village Lubaga division, Kampala district.

1.3.1 Specific objectives

1. To determine the individual factors associated with emergency contraceptive use among the female youth in Lungujja village Lubaga division, Kampala district.

2. To identify the socio-economic factors associated with the utilization of emergency contraceptives among female youth in Lungujja village Lubaga division.

3. To determine the health-system related factors associated with the use of emergency contraceptives among the female youth in Lungujja village Lubaga division.

1.3.2 Research questions

1. What are the individual factors associated with emergency contraceptives' usage among the female youth in Lungujja village Lubaga division, Kampala district?

2. What are the socio-economic factors associated with the emergency contraceptives' usage among the youth female youth in Lungujja village Lubaga Division, Kampala district?

3. What are the health-system factors associated with the use of emergency contraceptives among the youth female youth in Lungujja village Lubaga Division, Kampala district?

1.4 Significance of the study

The study assessed the prevalence and factors associated with the utilization of emergency contraceptives among the female youth in Lungujja village Lubaga division, Kampala district in order to design appropriate preventive interventions and educational programs by either the ministry of health (MoH) or other relevant authorities.

The research will avail baseline information to other scholars who will research in the same field as it will act as a reference point for further researcher.

The study will also help the researcher to improve on proposal and report writing skills, data collection skills, and data analysis.

1.5 Scope of the study

1.5.1 Geographical Scope

The study was conducted at Lungujja village located in Lubaga division, Kampala district

1.5.2 Content Scope

The study focused on the factors associated with the utilization of ECs among female youth in Lungujja village Lubaga division, Kampala district

1.5.3 Time Scope

The study was carried out in October 2023 for a period of 5 days.

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

This chapter discusses what other scholars have found on the prevalence of emergency contraceptive utilization and associated factors among the female youth in other countries. Review of the related literature is done according to subtopics derived from the specific objectives.

2.1 The individual factors associated with emergency contraceptives' usage among the female youth.

A survey conducted to determine the factors associated with the use of emergency contraceptive pills among students of Takoradi polytechnic showed that 75% of the sampled students had prior knowledge about ECPs; about 52.5% of those had acquired the information from different media. Just a few had the information through a formal lecture, 59% of those that had prior knowledge, knew the correct period of taking ECPs however, 41% didn't know the time that it should be taken. Furthermore, 80% of the respondents did not have any idea about the contents in the pills. More than half of those who claimed to have prior knowledge was not sure of it's effectiveness. About 75% of the respondents indicated that they knew EC should be obtained from pharmacy, only 2.0% mentioned supermarkets as a source of ECPs (Stephen *et al.* 2016).

A study conducted on assessment of factors affecting emergency contraceptive use and prevalence of unwanted pregnancy among female students In Aksum University revealed that majority 80% of the respondents were in age group of 20-24 years, 70% were single, 23% in relation, 6% married and 1% were divorced and widowed. About 80% of the respondents were Orthodox Christian followed by 9% Muslim, 8% Protestant and 2% were others. Concerning their place of residence before they join the University, 64% were from urban and 35% were from rural area (Giziyenesh K, 2019).

A study conducted on factors affecting utilization of contraceptives among women aged 15-24 years attending fort portal regional referral hospital, fort portal city, uganda revealed young women aged 15 – 24 years attending Fort Portal Regional Referral Hospital participated in the study with a 100% response rate. Majority were in age category 20-24 years were 77% and the rest 23% were 15-19 years. Majority of the respondent 82.5% had attained secondary education and below while, 18% of the respondents had attained beyond

secondary school level of education. A higher proportion of the respondents were married 62%, not married had a representation of 33%, while divorced and separated were 5% (Dhabuliwo A, 2023).

A cross-sectional institstution-based study conducted to assess the emergency contraceptive utilization and associated factors among female college students at Debre Tabor town reported that there was a statistical significant association between age of the respondents and their EC use. 65.6% were in the age group of 18-20 years, 14.5% were in the age group of 21-30 years, 10.7% were in the age group of 55-64 years, and finally 4.9% were in the age group of 45-54 years. On the marital status of the respondents; most of the respondents (64.9) were married, 35.1% were single, 8 (Demissie*et al.* 2020). In the same study, another statistically significant association was obtained between marital status of the female youth and their emergency contraceptive utilisation. Respondents who were married or divorced was three and five times more likely to use ECs respectively as compared to single ones. The findings were similar to studies done at Adama University in Ethiopia. The possible justification for this might be access to current information on EC married students might get from their partners. Besides, the effect of marital status and increment in age on EC utilization could also be linked to issues like minimizing the dear of being seen by others (Demissie *et al.* 2020).

2.2 Socioeconomic factors associated with the use of emergency contraceptives among the female youth

In a institution based cross-sectional study carried out to assess the prevalence of and factors associated with Emergency contraceptives' use among the female undergraduate female youth of Arba Minch University in Ethiopia revealed that 44.23% of the Emergency contraception users paid for their Emergency contraception services. Majority of the respondents represented by 67.8% thought that getting the Emergency Contraceptives for free would increase their utilization (Yohannes*et al.* 2015).

A study conducted on factors affecting utilization of contraceptives among women Aged 15-24 Years Attending Fort Portal Regional Referral Hospital, Fort Portal City, Uganda revealed that by socioeconomic stratification, the women at Fort Portal Regional Referral Hospital in the study who were employed in the private or public sector were 41% while 33% were self-employed. Majority of the women felt that their income was not enough with a representation of 84%, those who were comfortable with their income had a representation of 16%. The

proportion of the women who got family planning information from the media was 31% while those who do not get were 69% (Dhabuliwo A, 2023).

A conducted on factors affecting utilization of contraceptives among women Aged 15-24 Years Attending Fort Portal Regional Referral Hospital, Fort Portal City, Uganda revealed by socio-cultural characterization, majority of the women would want to have another child after a 2 year wait 47%, had ever discussed contraception with their partners 66%, 57% would not recommend EMC while 61% had approval from their partners to use EMC 61.2%. A combined 90% of the women were Catholics and protestants by religion however the majority 74% believed religion had no influence on EMC use (Dhabuliwo A, 2023).

A cross sectional study done in Sudan on the on factors affecting utilization of contraceptives among women Aged 15-24 Years reported that more than half (77%) of the study population could afford all emergency contraceptives and 23% of the study population also could not afford emergency contraceptives due to inability to pay since they are expensive (Kikwilu, et al. 2019).

A study conducted in Jeddah among 500 people has shown that of emergency contraceptives among the female youth occurs among 53% of the youths living in rural areas compared to their 47% counterparts living in urban setting. It was suggested that living in rural setting puts over 57% of the youths were not using emergency contraceptives because not only are they marginalized in terms of health infrastructures but also because they often live in remote areas (Demissie *et al.* 2020).

2.3 Health system related factors associated with the use of emergency contraceptives among the female youth

An institution based cross-sectional study conducted to assess the contraceptive demands, utilization and associated factors among university female youth in Amhara Region, Ethiopia revealed that 70.1% and believed that contraceptives can be found in health institutions and 53.0% public pharmacies respectively, 24.5% from University clinic and 0.6% from another source. Approximately 16% stated that the absence of a clinic within the campus was their major reason for not using the ECs (Simegn A *et al* 2020).

A cross-sectional study conducted to assess the knowledge and attitudes about the use of emergency contraception among college students in Tamil Nadu, India revealed that nearly

64.5% of the students informed that EC can be purchased from local pharmacy shops followed by gorvenment, 61.7% and private, 35.5% hospitals (Prem *et al.* 2020).

An institution based cross-sectional study carried out to assess the prevalence of and factors associated with Emergency contraceptives' use among the female undergraduate students of Arba Minch University, Ethiopia revealed that 44.5% of the respondents fail to access the EC services because of the long distance from health facilities (Yohannes*et al. 2015)*

In the same study 54.4% of the respondents revealed that the EC service providers' poor attitude and mistreat towards the respondents has acted as the hindrance towards the respondents' EC services seeking behaviors. The treatment approach of EC service providers was found to be significantly associated with EC utilisation therein. Those respondents who was well approached by EC service providers was around nine times more likely to use ECs as compared to their counterparts (Yohannes*et al.* 2015).

CHAPTER THREE: RESEARCH METHODOLOGY

3.0 Introduction

This chapter presents how the study was conducted. It consists of the study design, study area, study population, sample size determination, sampling technique, sampling procedure, data collection methods, data collection tools, data collection procedure, study variables, quality control, data analysis and presentation, ethical consideration, study limitations and dissemination of results.

3.1 Study design

The researcher used a cross-sectional survey designed on the use quantitative approaches. This was because it allows collection data in a dynamic population within a short period of time.

3.2 Study area

The study was conducted in Lungujja village. Lungujja is located in Lubaga Division, one of the five administrative divisions of Kampala. It is bordered by Lubya to the north, Mengo to the east, Lubaga to the southeast, Nateete to the south and Busega to the west. This location is approximately 5 kilometres (3.1 mi), by road, southwest of Kampala's central business district. The coordinates of Lungujja are:0°18'36.0"N, 32°32'24.0"E (Latitude: 0.3100; Longitude: 32.5400

3.3 Study population

The study population were female youth in Lungujja village, Lubaga Division.

3.3.1 Inclusion criteria

The study included female youth living in Lungujja village in Lubaga division who consented to participate in the study.

3.3.2 Exclusion criteria

The study excluded the female youth who was unavailable or mentally unwell, and those who did not consent to participate in the study.

3.4 Sample size determination

Sample size was determined using Burtton’s method which states that;

$$N = \frac{D \times H}{T}$$

Where; N = sample size

D = Number of days available for data collection

H = Number of working hours per day

T = Time to be spent on each respondent

For this study,

D = 5 days of data collection

H = 3 working hours per day

T = 0.5 hours per respondent

$$N = \frac{5 \times 3}{0.5}$$

=30 respondents

Therefore 30 respondents were needed for this study.

3.5 Sampling technique.

A cluster sampling technique was applied to select the respondents to participate in the study so as to give equal chances to all members in the village to participate.

3.6 Sampling procedure.

The village was divided into clusters of households from which participants were selected using papers with either Yes/No, there were 6 papers to pick out 3 equal Yes/No and those who picked papers having yes was enrolled to participate in the study. Then it was repeated for a number of days to obtain the required population. The study took 5 days.

3.7 Data collection methods

Questionnaire method was used because it is cheap, saves times and easy to collect data.

3.8 Data collection tools.

A structured questionnaire was used in data collection.

3.9 Data collection procedure

The researcher obtained an introductory letter from Kampala Institute of Health professionals which was used to seek permission from the LC3 leader who helped in accessing the participants and explaining the purpose of the study. Then data was collected using questionnaires which was administered for filling after obtaining informed consent. A total of 30 questionnaires was administered to resident participants of Lungujja village by the well trained research assistants for filling. Filled questionnaires was kept under key and lock and crosschecked in the evenings for completeness and then the respondents was thanked for completion. Incomplete questionnaires were filled immediately

3.10 Study variables

The dependent variable was factors associated with utiliization of ECs among female youth

The independent variables was individual related, socio-economic and health system factors associated with utilization of emergency contraceptive.

3.11 Quality control

There was assessment of the correctness and appropriateness of the questionnaire in producing the required responses by pretesting 3 participants in Mengo Town Village, Lubaga division since it has similar setting before beginning of the study one week before and several adjustments was made.

Training of the research assistants for one day on the data collection tools and data collection procedure prior to the study, giving the sample time to ensure that the data was collected at the right time which was also ensure quality data.

3.12 Data analysis and presentation

Data was analysed manually, tallied and entered into MS Excel to generate tables and figures.

Data was presented using tables, figures and narrative paragraphs.

3.13 Ethical Consideration

An introductory letter was obtained from Kampala Institute of Health professionals' research committee, introducing the researcher to the LC III chairman of Lungujja village and this was used to seek permission for data collection for the study to proceed.

A statement with stated aims of the study and the proposed use of the information to be collected was presented and explained to the respondents before the interviews. None of the participants was subjected to stigmatization as a result of the statement they will make. All participants were given the right to decline their participation in answering the questionnaires. The identity of the respondents were kept anonymous. Data was collected and recorded anonymously, and the participants was assured of confidentiality for whatever they will discussed.

3.14 Study limitations

Unpredictable weather (the rainy season) forced to postpone work to a later time or even the next day.

Nature of the study design may not allow follow up of participants.

3.15 Dissemination of result.

The results of the research has been disseminated to Uganda Allied Health Examinations Board (UAHEB), Kampala Institute of Health Professionals (KIHP) and Lungujja village LC3 leader**.**

CHAPTER FOUR

DATA ANALYSIS AND PRESENTATION

4.0 Introduction

This chapter presents the study findings based on analysis of the data obtained. The general objective of the study was to investigate the factors associated with the utilization of emergency contraceptives among female youth in Lungujja village Lubaga division, Kampala district . The findings of the research are presented based on the following three specific research objectives.

4.1 Individual factors associated with emergency contraceptive use among the female youth.

Table 1: showing the distribution of respondents by several Individual factors associated with emergency contraceptive use among the female youth.

(n=30)

Variable	**category**	**Frequency (F)**	**Percentage (%)**
Age	15-20 years	6	20
	21-25 years	18	60
	26-30 years	4	13
	31-35 years	2	7
	Total	**30**	**100**
Marital Status	Married	10	33
	Single	16	53
	Divorced	4	14
	Total	**30**	**100**
Level of education	Never attended school	4	12
	Primary level only	15	51
	Secondary level	3	10
	Tertiary/university level	8	27
	Total	**30**	**100**

Religion	Catholic	16	54
	Anglican	7	23
	Protestants	4	13
	Muslim	3	10
	Total	**30**	**100**

Majority 18(60%) of the respondents were aged between 21-25years, and least 2(7%) of the respondents were aged between 31-35 years.

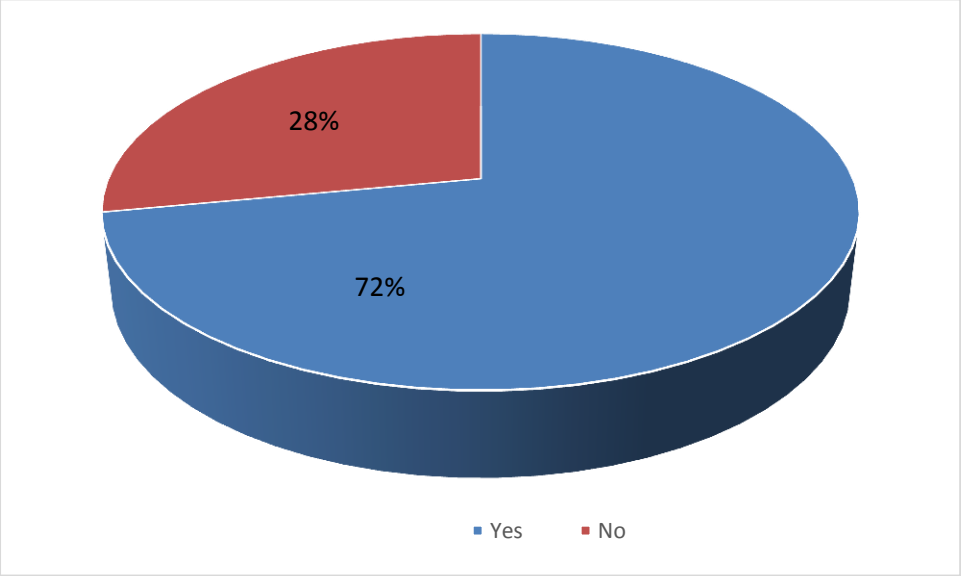
More than half 16(53%) of the respondents were single, and least 4(14%) of the respondents were divorced.

Majority 15(51%) of the respondents attainted primary level of education only, and 3(10%) of the respondents attainted only secondary level.

More than half 16(54%) of the respondents were catholic, and 3(10%) of the respondents were Muslims

Figure 1: showing the distribution of respondents by whether they get access to information about emergency contraceptives

(n=30)



From the figure 1 above, majority 22(72%) of the respondents agreed that they got access to information about emergency whereas the minority 8(28%) of the respondents never got access to information about emergency

Table 2: showing the distribution of respondents by Source where they had heard emergency contraceptives.

(n=30)

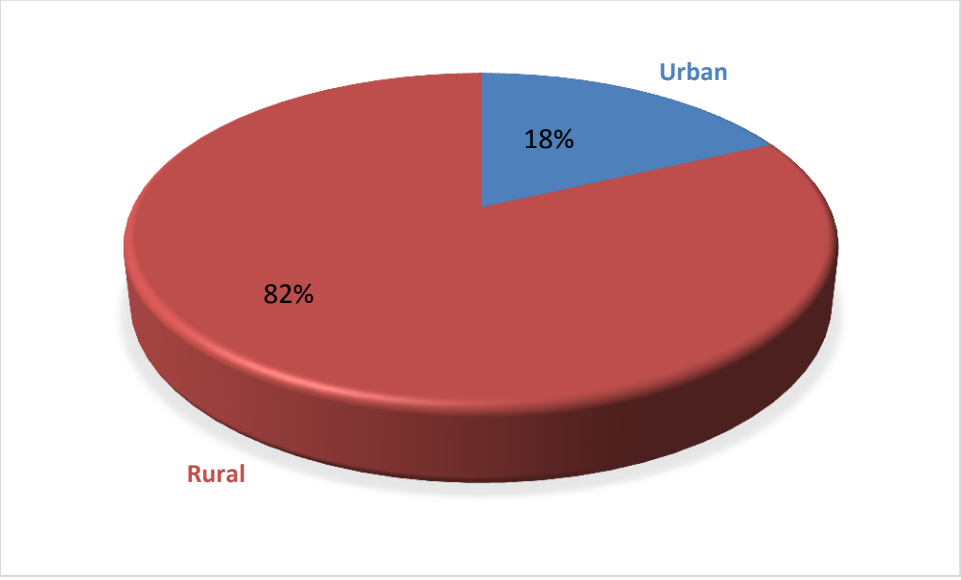
Response	**Frequency(F)**	**Percentage (%)**
Media	19	64
Health center	6	20
Others	5	16
Total	**30**	**100**

Results from table 2 above shows that 19(64%) of the respondents had heard emergency contraceptives from media whereas minority 5(16%) of the respondents reported others such as friends, relatives etc

4.2 Socio-economic factors associated with the use of emergency contraceptives among female youth.

Figure 2: showing the distribution of respondents by their place of residence.

(n=30)



Results from figure 2 show that majority 25(82%) of respondents were living in the village area whereas 5(18%) of the respondents were living in town.

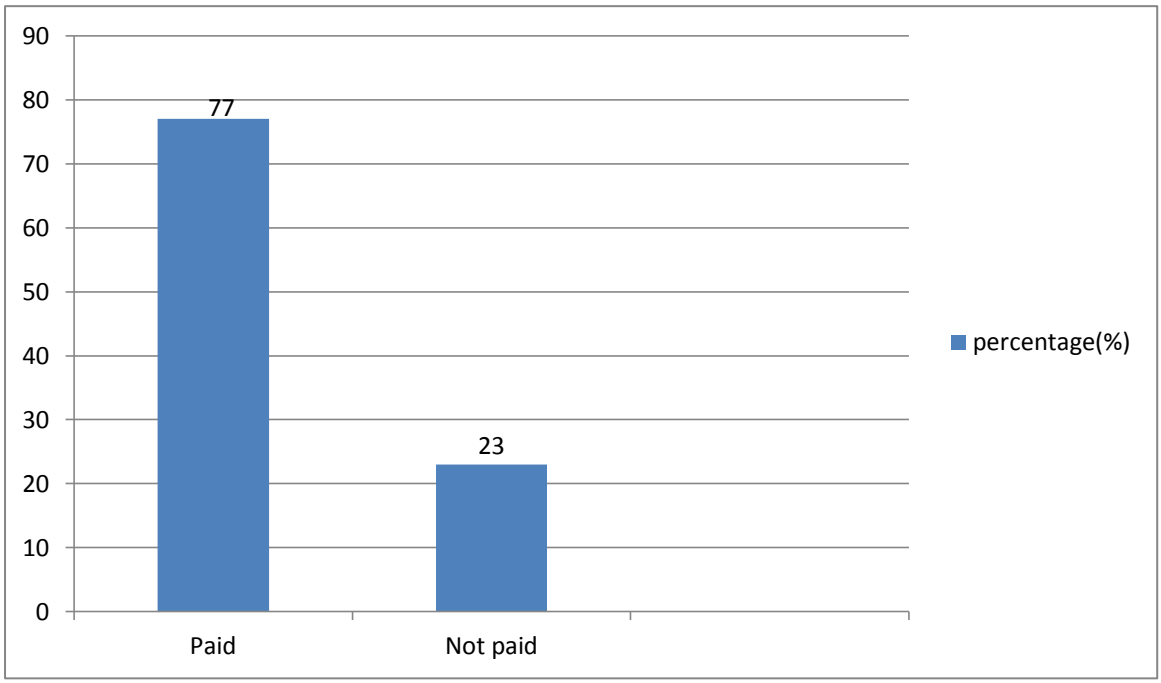
Table 3: showing the distribution of respondents by where they are employed.

(n=30)

Response	Frequency(F)	Percentage (%)
private sector	15	50
public sector	10	33
Self-employed	5	17
Total	**30**	**100**

Results from table 3 show that half 15(50%) of respondents were employed in private sector, 10(33%) in public sector whereas 5(17%) of the respondents were self-employed.

Figure 3: showing the distribution of respondents by whether they pay for emergency contraceptives. (n=30)



From the figure 3 above, majority 23(77%) of respondents agreed that they paid for emergency contraceptives whereas 7(23%) had never paid for emergency contraceptives.

Table 4: showing the distribution of respondents by whether emergency contraceptives are affordable.

n=30

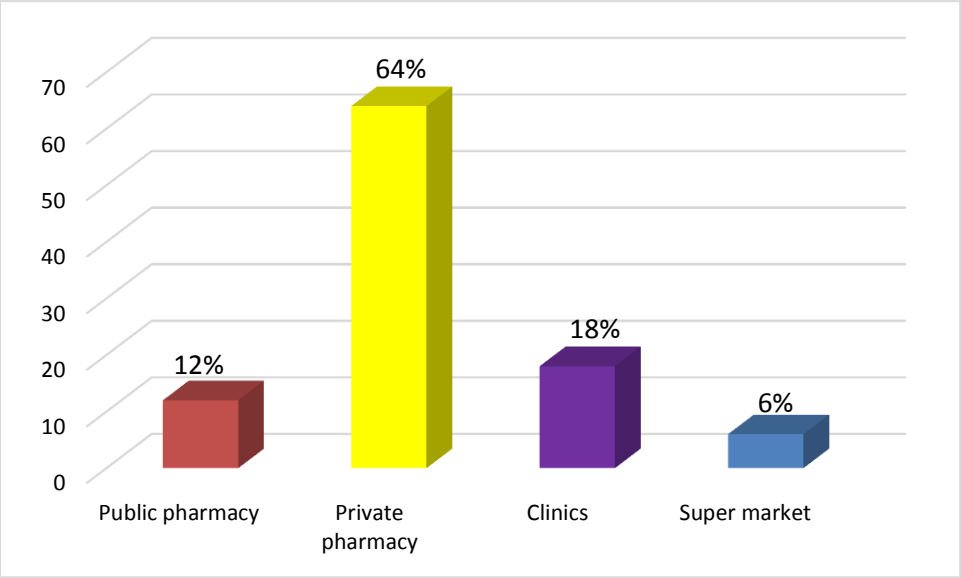
Response	Frequency(F)	Percentage (%)
Yes	24	80
No	6	20
Total	**30**	**100**

From the table 6 above, majority 24(80%) of respondents agreed that emergency contraceptives were affordable whereas 6(20%) reported that emergency contraceptives were affordable.

4.3 Health-system factors associated with the utilization of emergency contraceptives among the female youth.

Figure 4: showing distribution of respondents by where they get their emergency contraceptives.

n=30



Results from figure 4 indicate that 19(64%) of the respondents reported that they get their emergency contraceptives from private pharmacy, 5(18%) reported Clinics, 4(12%) reported public pharmacy and lastly 2(6%) reported supermarket.

Table 5: showing distribution of respondents by whether they receive direction on the proper use of emergency contraceptives.

Responses	Frequency (f)	Percentage (%)
Yes	17	55
No	13	45
Total	**30**	**100**

Results from table 5 above indicate that majority 17(55%) reported that they received direction on the proper use of emergency contraceptives while 13(45%) never received any direction on the proper use of emergency contraceptives.

Figure 5: Showing the distribution of respondents by whether the distance from their residence walkable to health facility associated with the utilization of emergency contraceptives.

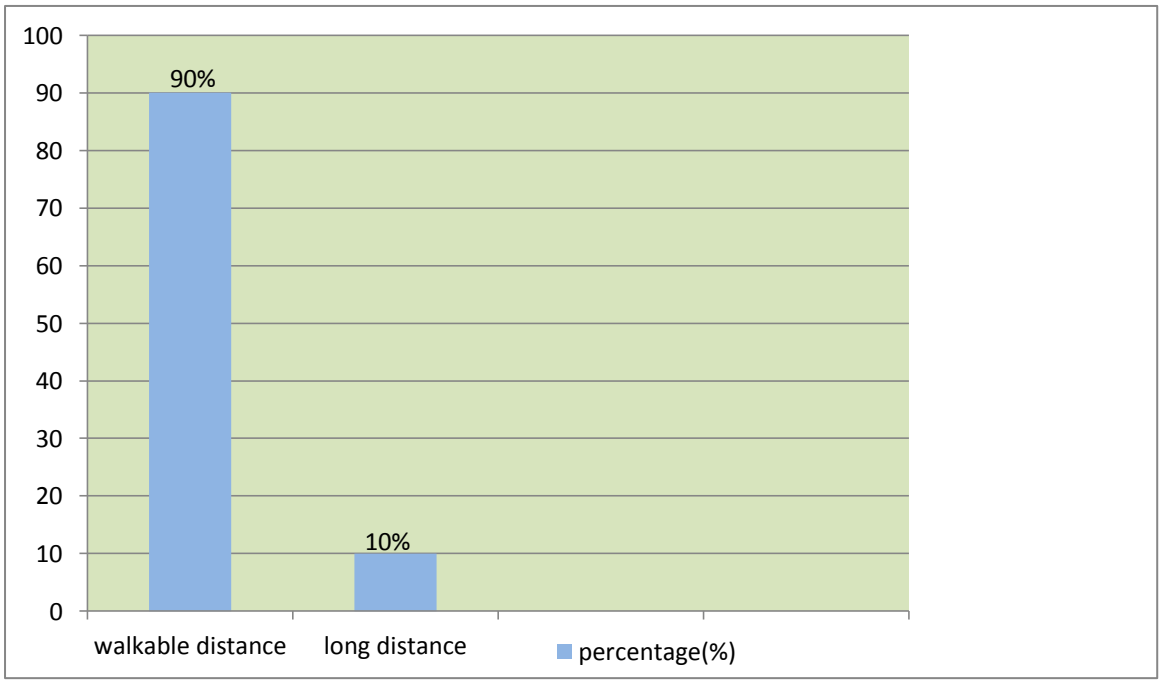


Figure 5 indicates that majority 27(90%) of the respondents reported walkable distance to the health facility that provides general family planning services while 3(10%) reported long distance.

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter presented the discussion, conclusion and recommendations of the results obtained in the study. It relates them closely to the findings of other researchers in chapter two. The conclusions and recommendations were made basing on findings from chapter four

5.1 Discussion

The discussion of results is about interpretation of the findings in context of literature review and the implications of the findings.

5.1.1 Individual factors associated with emergency contraceptive use among the female youth.

The objective of the study was to determine the individual factors associated with 7EC use among female youth . Data analysis and interpretation revealed the following major findings under this objective.

Findings from table 1 revealed that majority 60% of the respondents were in the age range of 18-25 years, 20% were 30years and above and approximately 15% were less than 18 years. These findings indicate that ECs were mostly used by middle-aged female youth. A justifiable reason for this was that probably younger students might have less information about the proper use of EC due to the fact that they were newly enrolled in the college and might not have received information in their prior schooling. This is line with a cross-sectional institution-based study conducted by Demissie et al. 2020 that assessed the emergency contraceptive utilization and associated factors among female college students at Debre Tabor town which reported that there was a statistical significant association between age of the respondents and their EC use. It revealed that 70% of Respondents whose age category was 20-24years were two times more likely to use EC as a contraception method compared to those within the age range of 15-19years.

In another findings (figure 1), majority 72% of the respondents had ever heard of emergency contraception while 28% had never heard of emergency contraception. This would be justified by the fact that the some of respondents were medical students with family planning included in one of their course units excluding those pursuing a certificate in medical records and medical laboratory. This is in line with a survey conducted by Stephen et al. 2016 on determination of the factors associated with the use of emergency contraceptive pills among students of Takoradi polytechnic which showed that 74.6% of the sampled students had prior knowledge about ECPs, about 52.5% of those had acquired the information different media. Just a few had the information through a formal lecture.

Table 1 also revealed that majority 53% of the respondents were single, 10% married compared to 4% who had divorced. The possible justification for this might be access to current information on EC married youths might get from their partners. This is not in line with same cross-sectional study conducted by Demissie *et a* to assess the emergency contraceptive utilization and associated factors among female college students at Debre Tabor town. Respondents who were married or divorced was three and five times more likely to use ECs respectively as compared to single ones.

5.1.2 Health system-related factors contributing to the utilization of emergency contraceptives among female youth.

The objective of the study was to determine the health system-related factors associated with EC use among females. Data analysis and interpretation revealed the following major findings under this objective.

Majority 90% of the respondents reported a walkable distance to the public - health facility that provides general family planning services while 10(10%) reported a long distance. A justiciable reason could be the location of the study area which is opposite Lubaga hospital, in a walkable distance range to Mengo Hospital and Kisenyi Health Centre IV situated in a town center that is populated with a number of pharmacies, all these acting as emergency contraception service delivery facilities. This is not in agreement with an institution based cross-sectional study carried out by Yohannes *et al. 2015* that assessed the prevalence of and factors associated with Emergency contraceptives' use among the female undergraduate students of Arba Minch University, Ethiopia which revealed that 44.5% of the respondents fail to access the EC services because of the long distance from health facilities.

Study revealed that majority 64% of the respondents revealed that they could obtain EC pills from private pharmacy, 18% from clinics, while 6% reported that they could obtain EC pills from any shop. A justiciable reason could be the privacy and quick service delivery by the local pharmacy operators in comparison to other EC service delivery facilities. This is in agreement with a cross-sectional study conducted by Prem et al. 2020 that assessed the knowledge and attitudes about the use of emergency contraception among college students in Tamil Nadu, India which revealed that nearly 64.5% of the students informed that EC can be purchased from local pharmacy shops followed by government, 61.7% and private, 35.5% hospitals

Majority 55% of the respondents were not guided on the proper use of ECs while 45% received some guides. The lack of guidance on the proper use of ECs may lead to misuse of emergency contraceptives by the female youth. This is in line with the study carried out to assess the prevalence of and factors associated with Emergency contraceptives' use among the female undergraduate students of Arba Minch University, Ethiopia of which 54.4% of the respondents revealed that the EC service providers' poor attitude and mistreat towards the respondents has acted as the hindrance towards the respondents' EC services seeking behaviors.

5.1.3 The socioeconomic related factors contributing to the utilization of emergency contraception among female youth of higher educational institutions.

The objective of the study was to determine the socioeconomic-related factors associated with EC use among females. Data analysis and interpretation revealed the following major findings under this objective.

The study revealed that majority 82% of the respondents were leaving in rural areas while 18% stayed in urban areas. It was suggested that female youth living in rural setting were not using emergency contraceptives because not only are they marginalized in terms of health infrastructures but also because they often live in remote areas compared to those living in town who easily gets access to ECs services This is in line of the study conducted in Jeddah among 500 people has shown that of emergency contraceptives among the female youth occurs among 53% of the youths living in rural areas compared to their 47% counterparts living in urban setting.

Furthermore half 50% of the respondents were employed in private sector, 33% were working in public facilities and 17% were self-employed. These findings indicated that female youth working in private facilities are mostly use ECs. This is because they get enough income to pay for ECs compared to public servants who earns inadequate money. This is in line with the study by Dhabuliwo conducted on factors affecting utilization of contraceptives among women attending Fort Portal Regional Referral Hospital, Uganda revealed that women who were employed in the private or public sector were 41% while 33% were self-employed. Majority of the women felt that their income was not enough with a representation of 84%, those who were comfortable with their income had a representation of 16%.

A study revealed that majority 80% of respondents could afford ECs while 20% couldn't afford purchasing ECs. This indicates that ECs are paid for in the community. Those who couldn't' afford was due to inability to pay since they are expensive. This in line with a across sectional study done in Sudan by Kikwilu on the factors affecting utilization of contraceptives among women aged 15-24 years reported that more than half (77%) of the study population could afford all emergency contraceptives and 23% of the study population also could not afford emergency contraceptives

5.3 Conclusion

The study specifically sought to determine the individual factors associated with the utilization of ECs among female youth in Lungujja village Lubaga division, Kampala district , identify the health facility-related factors associated with the utilization of ECs among female youth in Lungujja village Lubaga division, Kampala district and to assess the social-economic factors associated with the utilization of ECs among female youth in Lungujja village Lubaga division, Kampala district.

The study found out that the respondents had prior knowledge about ECs use, female Catholics mostly use ECs, it indicated that majority of respondents had access to information about ECs through different sources such as media, health centers, friends, relatives. Most of the respondents using EC are where employed from private sectors, the study also indicated that respondents did not receive enough information on proper use of ECs from heath care providers.

5.4 Recommendations

Higher Education institution should ensuring the provision of knowledge and guidance of ECs usage among the female youth.

Continuous efforts at providing necessary information by relevant health organizations through mass media are needed to increase the prevalence of ECs.

There is need for strategies to be put in place to eliminate the regional variation in ECS use in the country.

There is need to promote the use of the ECS especially among female youth older than 24 years. This can be done through increasing awareness and knowledge of the methods.

There is need for research on the ECS-prescribing practices of healthcare providers in the country. The results can be used to inform policy on how much of a barrier to ECS use the providers might be, as well as to map strategies to improve healthcare providers' knowledge and confidence in ECS methods. Additionally, there is need for research into factors which are promoting regional variation of implant use in the country.

Involving males in the decision making process of contraceptives may also be integrated into strategies to promote family planning services especially ECS. Male involvement in family planning service delivery is vital since men are usually the decision makers in family in Africa

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APPENDIX 1: CONSENT FORM

My name is **SEMUSU SPEAR** a student of Kampala institute of health professionals pursuing a diploma in Pharmacy, am here to conduct a study on "**factors contributing to emergency contraceptive utilisation among female youth at Lungujja village Lubaga division, Kampala district"** as a requirement for the award of a diploma in pharmacy.

By participating in this study, it will increase our knowledge and understanding of people's perception on utilization of emergency contraceptives and how best to improve it

Confidentiality

The information you will provide was kept confidential between you, the researcher and those directly involved in research. Anonymity was ensured by keeping the respondent's name and profile secret.

Right to withdraw

Your participation in this study is voluntary and you was provided with the right to freely pull out from the study at any point depending on your convenience. The decision to withdraw will not affect, have any consequences for doing so.

If there are any concerns or questions about the study, then I was glad to clarify them.

Declaration of the respondents: I have understood fully the purpose of the study. I have read the information and been explained to fully the meaning. I have understood my rights to participation and withdraw. I therefore consent to voluntarily be a subject in this study.

SIGNATURE…….. DATE…….

APPENDIX II: QUESTIONNAIRE

Instruction: Tick where appropriate in the box provided

SECTION A: INDIVIDUAL FACTORS ASSOCIATED WITH EMERGENCY CONTRACEPTIVE USE AMONG THE FEMALE YOUTH

1. What's your age group?

a) 15-20 years ☐

b) 21-25 years ☐

c) 26-30 years ☐

d) 31-35 years ☐

2. What is your marital status?

a) Married ☐

b) Single ☐

c) Divorced ☐

3. What is your highest level of education?

a) Never attended school ☐

b) Primary level only ☐

c) Secondary level ☐

d) Tertiary/university level ☐

4. What is your religion?

a) Catholic ☐

b) Anglican ☐

c) Protestants ☐

d) Muslim ☐

5. Do you get access to information about emergency contraceptives?

a) Yes ☐

b) No ☐

6. If yes, from where have you ever heard emergency contraceptives?

a) Media ☐

b) Through formal lecture ☐

c) Others specify……

7. What is the correct period for taking emergency contraceptives?

a) Within 72 hours after sex intercourse ☐

b) Within 72 hours before sex intercource ☐

c) 5 days after sex intercource ☐

d) Don't know ☐

SECTION B: SOCIO-ECONOMIC FACTORS ASSOCIATED WITH THE USE OF EMERGENCY CONTRACEPTIVES AMONG THE FEMALE YOUTH

8. What is your place of residence?

a) Rural ☐

b) Urban ☐

9. Do you think area of residence is associated with the use of emergency contraceptives among the female youth?

e) Yes ☐

f) No ☐

10. Where are you employed?

a) In private sector ☐

b) In public sector ☐

c) Self-employed ☐

11). Do you pay for emergency contraceptives?

a) Yes ☐

b) No ☐

12). If yes, are they affordable?

a) Yes ☐

b) No ☐

13) Do you ever discuss with your partner about the use emergency contraceptive?

a) Yes ☐

b) No ☐

SECTION C: HEALTH-SYSTEM FACTORS ASSOCIATED WITH THE UTILIZATION OF EMERGENCY CONTRACEPTIVES AMONG THE YOUTH FEMALE YOUTH

14. Where do you get your emergency contraceptives?

a) Public pharmacy ☐

b) Private pharmacy ☐

c) Clinics ☐

d) Super market ☐

15. Do you receive direction on the proper use of emergency contraceptives?

a) Yes ☐

b) No ☐

16. Is the distance from your residence walkable to health facility associated with the utilization of emergency contraceptives?

a) Walkable ☐

b) Not walkable ☐

17. Did you get adequate health education from health workers about emergency contraceptives?

a) Yes ☐

b) No ☐

THANK YOU FOR YOUR PARTICIPATION

APPENDIX III: INTRODUCTION AND ACCEPTANCE LETTER FOR DATA COLLECTION

KAMPALA INSTITUTE OF HEALTH PROFESSIONALS

KI HP
Every Life Counts

DMO

21st July, 2023

KCCA
26 OCT 2023
MEDICAL SERVICES
LUBAGA DIVISION

Please assist this student to collect data for his research
Dr. Bulenga
DMO

RUBAGA DIVISION

Dear Sir/Madam,

RE: RESEARCH DATA COLLECTION FROM YOUR HEALTH FACILITY

This is to introduce to you MR SEMUSU SPEAR Reg No. UAHEB/PHA/010/20 a final year student offering a Diploma in Pharmacy from our institution, Kampala Institute of Health Professionals.

He is conducting a study on "FACTORS ASSOCIATED WITH EMERGENCY CONTRACEPTIVE UTILIZATION AMONG FEMALE YOUTHS IN LUNGUJJA VILLAGE, RUBAGA DIVISION, KAMPALA DISTRICT." as a partial fulfillment for the award of the above diploma.

This letter intends to request you to offer him an opportunity to collect data from your facility.

Any assistance rendered to him study will be highly appreciated.

Yours faithfully,

KAMPALA INSTITUTE HEALTH PROFESSIONALS
21 JUL 2023
PRINCIPAL
P.O. BOX 8843 KAMPALA

NGONO MOSES WASIGE

PRINCIPAL

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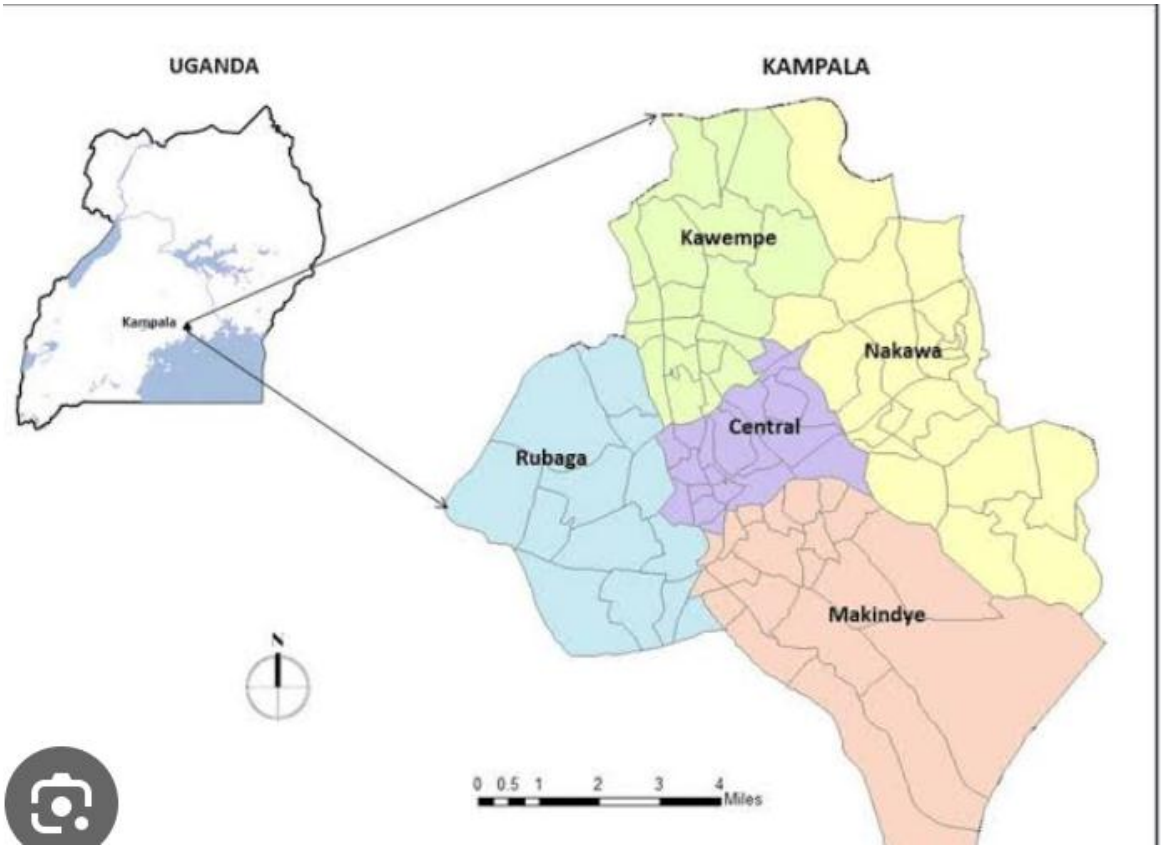
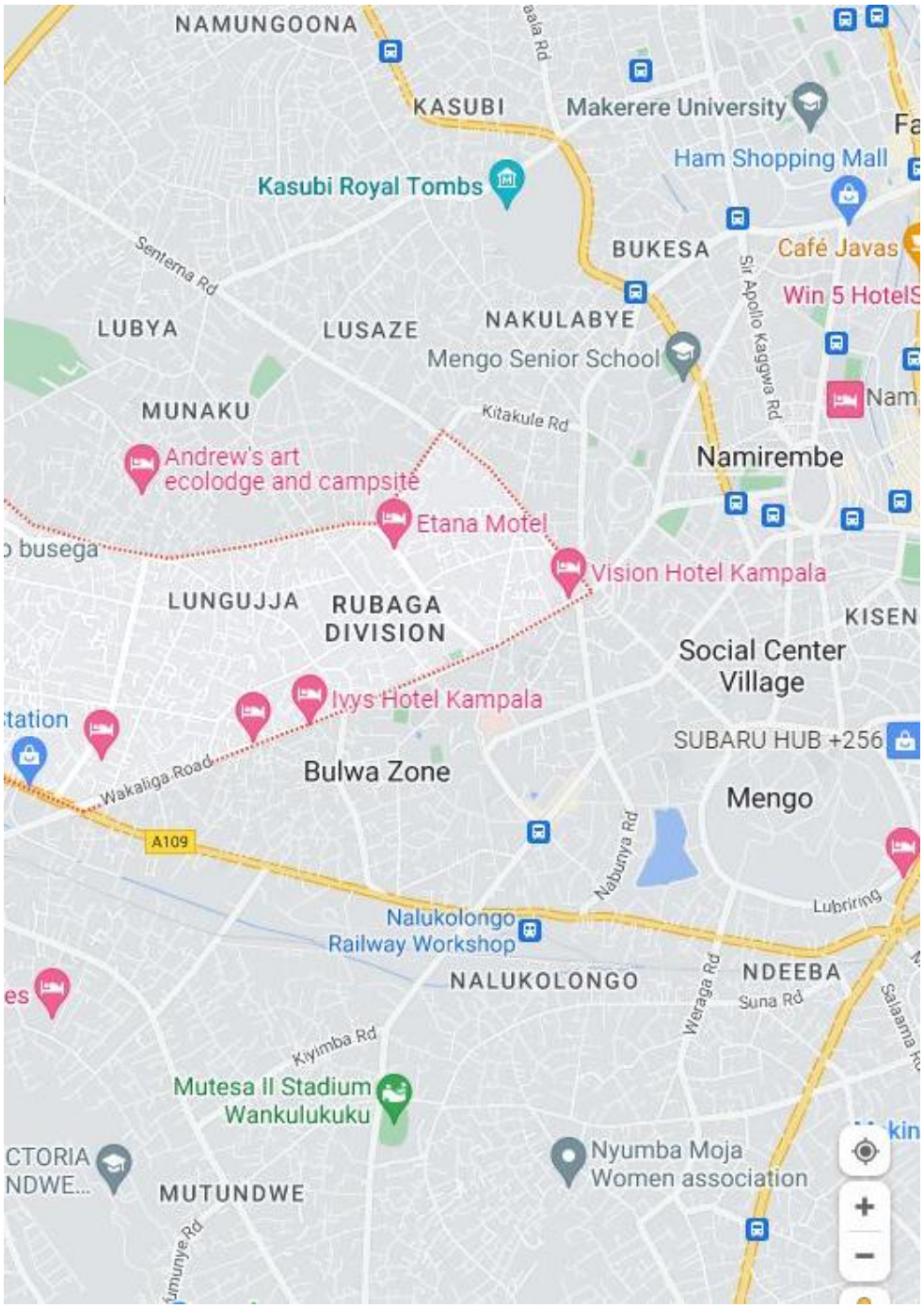
P.O. Box 8843, Kampala Uganda | Tel: +256 755 790 873 , Mob: +256 751 859 535 | Email:information.kihp@gmail.com

APPENDIX IV: MAP OF UGANDA SHOWING KAMPALA DISTRICT.



APPENDIX V: MAP SHOWING LOCATION OF STUDY AREA.



APPENDIX VI: REPORT APPROVAL FORM

Name of the candidate: **SEMUSU SPEAR**

Title of research study: **FACTORS ASSOCIATED WITH UTILIZATION OF EMERGENCY CONTRACEPTIVE AMONG FEMALE YOUTH IN LUNGUJJA VILLAGE LUBAGA DIVISION, KAMPALA DISTRICT.**

I hereby accept this research report for the above research study and approve it for submission to Uganda Allied Health Examination Board and other concerned organizations.

Approved by:

1. Chairperson Research Committee: **NYANZIGE CISSY**

Signature: .....

Date.....

2. Principal**: NGONO MOSES WASIGE**

Signature: ……....

Date: …….

APPENDIX VII: COPYRIGHT

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