

EMERGENCY CONTRACEPTIVES USE AMONG FEMALE STUDENTS AT AHMADU BELLO UNIVERSITY, ZARIA, KADUNA STATE

Kolawole, Taiwo Olabode (Correspondent Author)¹, Abubakar, M. Bashir², Zaggi, Hilary.³

¹Department of Sociology, Federal University, Oye-Ekiti,
Kolawole1999@yahoo.com/ 07059307074

²Department of Sociology, Ahmadu Bello University, Zaria.

³Department of Sociology, Kaduna State University, Kaduna

Abstract: The empirical study investigated the issues surrounding emergency contraceptives and problems that characterized the use of EC among female students in tertiary institutions (Ahmadu Bello University, Zaria). The study primarily explores the knowledge of female students about EC, knowing fully that almost all the female students especially those that have engaged in pre-marital sex use it. Five (5) faculties were purposively selected for the study and a total of five hundred (500) female students were also selected for this study using accidental or grab sampling technique. The findings of the study mainly revealed that the knowledge of female students about ECs was not too encouraging because they don't know what to use and are not always ready/prepared for the usage any time they want to satisfy their sexual urge but rather engage in EC any time they have unprotected sex with their partners. It means the health sector has quite a number of intervention steps/work to do in terms of seminars/workshops, enlightenment, orientation and educating the students without which the attainment of the MDGs may be a tall dream in Nigeria and some of them may accidentally give birth to child that his/her father cannot be identified as a result of multiple sex partners and finally, there will be continuity in the spread of STDs.

Key words: Emergency contraceptive, contraceptives, unprotected sex, unwanted pregnancy and HIV/AIDS

Introduction;

The advancement in science and technology has restructured and redefine the way and manner people interact with things that pertains them. For instance, birth control. A lot of devices have been produced to reduce that rate at which people especially women reproduce at the detriment of their health. The issue of pre-marital sex is likened to a burning bush among youths globally. It is worthy of note, to mention that youths engage in pre-marital unprotected sex for several reasons such as they don't enjoy sex when contraceptive is used, contraceptive is too expensive, it is far out of their reach to mention but few reasons. It is after the exercise that they run from pole-to-pole to use one thing or the other so that the unprotected does not result in unwanted pregnancy. Hence, this study to investigate EC among students in tertiary institution.

Review of Literature:

Academic meaning of Emergency Contraceptives:

According to WHO (2005) define emergency contraceptive refers to back-up methods for contraceptive emergencies which women can use within the first few days after unprotected intercourse to prevent an unwanted pregnancy. Emergency contraceptives are not suitable for regular use. Emergency contraception is a form of birth control. You can use this method if you have had unprotected sex and are worried that you might get pregnant. For example, if your regular birth control fails (the condom breaks during sex), if you forget to take your birth control pills or if you have sex without using any birth control.

Also, it is the prevention of pregnancy after unprotected vaginal intercourse. Emergency contraception may use drugs related to the female hormones estrogen and progesterone. These "morning-after pill" are similar to birth control pills but generally contain higher hormone doses. Another form of emergency contraception uses an intrauterine device (IUD) inserted by a physician within 5 days after intercourse. Emergency contraception is also known as emergency birth control; emergency postcoital contraception; and postcoital contraception, (Dejene, Tsion and Tefera, 2010).

And finally, emergency contraception is a way to prevent pregnancy after unprotected sex. Often called the morning-after pill, emergency contraception pills (ECPs) are hormone pills that women can take after having sex.

There are different types of ECPs. One type, levonorgestrel (brand names: Plan B and Next Choice), has been on the market for a while. It works up to 72 hours after having unprotected sex. Emergency contraception or emergency birth control uses either emergency contraceptive pills (ECPs) or a Copper-T intrauterine device (IUD) to help prevent pregnancy following unprotected vaginal intercourse.

General Overview of Contraceptive

Globally, technological advancement has positively affected all spheres of life. In fact, it is important to note that some rural areas were not exempted but despite the technological progress in the health sector, especially in the area of modern contraception methods- its awareness, knowledge and use among people especially those in the tertiary institutions, unintended pregnancy is still a big problem in Nigeria. More than 60% of the pregnancies in adolescents are unintended; ones which result from contraception non-use, contraception method failure and rape, (Altankhuyagiin, 2007 and Joseph, 2003). The incidence of unintended pregnancy and unsafe abortion, particularly among adolescents, remains high. In Nigeria, abortion emanating from unintended pregnancy is one of the most significant causes of maternal morbidity and mortality; it is also a major medical and public health problem, (Dejene, Tsion and Tefera, 2010).

Currently, more and more young people especially students in both secondary and post-secondary schools engage in sexual activity before marriage often without using contraception or unprotected. Studies data have indicates that young women who are unmarried are increasingly sexually active before the age of 15 due to several factors such as undue exposure, environmental, poverty and even parental carelessness and lots more. Thus, unwanted pregnancy is one of the greatest problems a young girl can face; this poses major public health problems in the developed and developing countries, including Nigeria. Unintended pregnancy and early child bearing impacts negatively on the educational prospects of girls by forcing them to drop out of school (jeopardizing students' educational progress and future careers) because of the morbidity resulting from unsafe abortion when the pregnancy is unwanted, culminating in poor participation of girls in the overall socio-economic development of their communities and eventually their countries. This will make the MDGs a tall dream in the country, (Abama and Kwaja, 2009).

The use of emergency contraception (EC) will decrease the cost, the emotional and the physical risk experienced by women/ or girls of reproductive age who engage in early and unprotected sexual activity. EC refers to the type of contraception that is used as an emergency procedure to prevent unintended pregnancy following an unprotected act of sexual intercourse, wrongly and lately use or contraception failure.

Reports from developed countries show that the use of EC varies from place to place and the knowledge on correct use varies from 83% in Sweden to less than 60% in developing countries. One of the lowest percentages (10%) was observed in a study done in Nigeria at the Addis Ababa University and Unity University College, Nigeria on the knowledge, attitudes, and practices affecting the use of EC. Findings from several studies indicate that even women, who indicate that they know how to use EC, often report they have never used it, (Zelege, Zebenay, and Weldegerima, 2009).

However, there are few studies which document the extent of emergency contraception use and the influencing factors on its use among university female students in Nigeria. This study was carried out for wholistic assessment of EC knowledge, meaning, use and its predictor factors and problems associated with EC among regular female students at Ahmadu Bello University, Zaria. We hope that our study will provide baseline data to assist policy makers in developing appropriate evidence-based strategies to promote the need based meaning, knowledge, use and implications of emergency contraceptive methods amongst eligible individuals in Nigeria.

Emergency contraception (birth control after sexual intercourse) is the use of a drug or device to prevent pregnancy after unprotected sexual intercourse. Emergency contraception can be used when a condom breaks, if a diaphragm or cervical cap slips out of place during intercourse, after a sexual assault, or any time unprotected intercourse occurs. Emergency contraceptive pills are sometimes called the "morning-after pill," but they are usually effective if taken within 72 hours of unprotected sexual intercourse.

Emergency contraceptives available in the United States include emergency contraceptive pills, which contain the same hormones found in birth control pills, and the Copper T380 intrauterine device (IUD). Both the Prevent kit and the Plan B kit are pills marketed as emergency contraceptive pills.

Emergency contraceptive measures can be taken within the first 72 hours after unprotected sexual intercourse to reduce the possibility of pregnancy. A woman is most likely to become pregnant if sexual intercourse occurs in the few days before or after ovulation (release of an egg from the ovary). Emergency contraceptives should not be used as a contraceptive method in women who are sexually active or planning to become sexually active. They are not as effective as any ongoing contraceptive method.

Methods:

This study was conducted in Ahmadu Bello University, Zaria. A cross-sectional study was conducted using all regular undergraduate female students of Ahmadu Bello University, Zaria as a source and randomly selected students as study participants. The sample size was 500 female students. A two-stage sampling approach was used; where first 5 faculties were selected purposively in Ahmadu Bello University, Zaria (faculty of Medicine, faculty

of Pharmacy, faculty of Natural Sciences, faculty of Social Sciences and faculty of Education). All existing and functioning department in all the selected faculties were represented. Then, the total sample size was allocated to each department proportional to the number of female students per department. Secondly, from each respective department, participants (female students) were purposively selected in their respective departments. Finally, 500 study participants who fulfilled the inclusion criteria were selected for the study. The questionnaires contain four parts namely; socio-demographic characteristics or data of the respondents, knowledge and meaning of emergency contraceptives, types of contraceptives known and use by the participants and problems of emergency contraceptives.

The first part assessed information on the socio-demographic characteristics of the participants for this survey which consisted of 8 questions. The second part assessed the knowledge and meaning of EC with 8 major questions. The questions were asked mainly in the form requiring “Yes”, “No” response and with two open ended questions. The third part was on the types of contraceptives the participants have knowledge about and have ever used, a table was drawn itemizing the types of contraceptives by ticking even the types they have ever used, it also contain another table expecting the participants to list the types of EC they know, heard about and have ever use. The fourth part contained five open ended lines expecting the respondents to fill the bad effects of EC use.

Data were cleaned, checked for inconsistencies and missed values, coded and entered for analysis to SPSS (SPSS Inc. version 16.1., Chicago, Illinois). Bivariate analysis was used to see the unadjusted effects of each predictor. Variables that showed significant association in the bivariate analyses were fitted in to a multivariable logistic regression model to isolate the independent effects on EC use.

Ethically, privacy and confidentiality of information given by each respondent was maintained and names given were not recorded. With the help of assistants from students in Department of Sociology, the selected students were informed about the purpose of the study, the importance of their participation and verbal consent was obtained. Based on their willingness to participate in the study, they were provided with the questionnaire and oriented on how to fill the questions. After they had completed filling in the questionnaire they, each, returned it to the focal person attach to each faculty (i.e. the respondents returned their questionnaires in person).

All filled questionnaires were checked for completeness, accuracy, clarity and consistency by the facilitator and investigator. Necessary corrections and changes were made in time. All supervision by the principal investigator throughout the data collection was carried out. This was to help identify problems that had to be addressed both on the questionnaires and with the data collectors.

Result:

Students in five different faculties across all functioning departments participated in this survey. All the participants (100.0%) were females while 44.0% were females. Not less than 46.0% of the respondents were Christians, 52.0% practiced Islam while 2.0% did not respond to the question. Most of the participants 90.0% were single and 10.0% were married.

Table 1: Whether Respondents have ever heard about Emergency Contraceptives

Option	Frequency	Percentage (%)
Yes	290	58.0
No	190	38.0
No Response	20	4.0
Total	500	100.0

Source: Researcher Work, 2012.

Table 1 shows that majority of the respondents 290 (58.0%) said ‘yes’ they have ever heard about EC, 190 (38.0%) while only 20 (4.0%) did not respond to this question. This simply means that few above average of the female students in Ahmadu Bello University, Zaria have heard about the concept of EC. This is not too good and impressive percentage of those who have ever heard of EC especially in academic institution like Ahmadu Bello University, Zaria. It means there has been poor awareness or orientation about EC in the country at large even though it is not a doubt if some of those who said they have never heard of EC must have ignorantly use it at one time or the other whether orthodox or local type to arrest unwanted pregnancy after unprotected sexual intercourse with their male counterparts. It is also a bad health signal if the learned do not have good knowledge about some health issues the engage in then what do you expect from the illiterates parents, neighbors and friends. This in a way may contribute to inability for the country to attain the millennium development goals because by the time you annex 38.0% and 4.0% (that is those that said no and no response) it will give over 40.0% that have never heard about EC before this study.

Table 2: Emergency Contraceptive Use

Option	Frequency	Percentage (%)
Yes	110	22.0
No	380	76.0
No Response	10	2.0
Total	500	100.0

Source: Researcher Work, 2012.

Table 2 shows that most of the respondents 380 (76.0%) said ‘no’ they have never use EC products, 110 (22.0%) said ‘yes’ they have ever use EC products while 10 (2.0%) did not answer this question. This indicate that going by this study over 20.0% of post secondary schools do not use contraceptives to prevent unwanted pregnancies instead they depend strongly on the use of EC. These in most cases pose serious and dangerous health risk to the users (potential future mothers), it may be responsible for the high prevalence of HIV/AIDS in Nigeria, (NACA,). This is because of the problems or implications that characterized or associated with EC products whether orthodox or traditional type. Ordinarily, the pre-sex preventive measure (contraceptives) will have reduced the health risk. This study isn’t saying EC is bad but in as much as they always use EC, it does not cost them anything to make provision for contraceptives to prevent unwanted pregnancies and sexual related diseases but most of the actors probably are those who do not like their male partners to use any form of contraceptives on them or the sexual intercourse was not planned for most especially the so called, ‘born again’. They will not wasn’t anybody to know that they engage is such act since it is against the faith they strongly believe in, practice, hold tenaciously and preach. Therefore, secrecy is the order of the day in such situation, the use of contraceptives is out of it totally, they believe that anybody can see them even in the most unexpected place. On the other hand, it is impressive to note that majority of the female students allow the use of contraceptives by their male counterparts. Such are well protected from sex related diseases. Although, this depends on the type of contraceptives use. For instance, the use of withdrawal type does not protect the actor (s) from sex related diseases.

Table 3: Ever engage in unprotected sex and step explore to prevent unwanted pregnancy

Option	Engage in unprotected sex		If any step was explore to prevent unwanted pregnancy		did you use any EC to prevent pregnancy	
	No	%	No	%	No	%
Yes	130	26.0	44	33.8	35	80.0
No	300	60.0	59	45.4	09	20.0
No Response	70	14.0	27	20.8	-	-
Total	500	100.0	130	100.0	44	100.0

Source: Researcher Work, 2012.

Table 3 displayed 3 important issues. One, it disclosed whether or not the respondents engage in unprotected sex. Two, is any step was taking after the unprotected sex to prevent unwanted pregnancies and thirdly, if any EC products was used or not. From the Table, 300 (60.0%) of the respondents agreed ‘no’ they do not engage in unprotected sex while 130 (26.0%) said ‘yes’ they do engage in unprotected sex. This indicate that with 26.0% not using any form of contraceptive to protect and prevent unwanted pregnancies, the prevalent of HIV/AIDS in Nigeria will still be very high. Although they may have several reasons why they choose not to use it. Among the 130 (26.0%) that engage in unprotected sex, 44 (33.8%) take urgent step to weaken the strength of the sex so that it does not develop into unwanted pregnancy while 59 (45.4%) do not border to take any step. This indicates that the level of risk taking by most of these female ladies engaging in unprotected sex is very high. About 35 (80.0%) of those that actually take any step to prevent unwanted pregnancy use one form of EC or the other while only 9 (20.0%) did not use EC but probably exploit other means that is, crude means such as using hot drink, potash, lime orange and some other concoction to weaken the spermatozoa.

On the understanding of emergency contraceptives or meaning of emergency contraceptives, quite a number of definitions were provided but few that are meaningful will be documented in this study. Some define EC as protective materials used to prevent against infectious diseases and unwanted pregnancies after sexual intercourse. Also, some agreed that EC is a drug use to prevent the occurrence of pregnancy or any other measure taken to prevent conception.

To some, EC is the urgent use of method to prevent unwanted pregnancy. It is also a measure taking after having unprotected sex and to avoid pregnancy. Some in the contrary define EC as a measure/ protective taking before, during or after sexual intercourse with opposite sex partner to prevent unwanted pregnancy and sex related diseases (STDs, HIV/AIDS, and Gonorrhoea) to mention but a few. It is pills that are used urgently after unprotected sex or the use of a means to prevent unprepared for pregnancies and prevention of sexual diseases. These definitions corroborate the interpretation given under Table 1. That is it further explains that most of the female students in tertiary institutions of learning do not have good understanding and knowledge of what EC is all about even though it is a medically preventive activities they engage in most of the time.

Table 4: Types of Contraceptives known and use by the Respondents

Type of Contraceptive	Knowledge about		Contraceptive ever used	
	No	%	No	%
Male Condom	500	100.0	150	30.0
Female Condom	500	100.0	205	41.0
Oral Pills	500	100.0	455	91.0
Injectables	205	41.0	15	3.0
IUD	86	17.2	08	1.6
Spermicides	55	11.0	-	-
Implants	150	30.0	11	2.2
Diaphragm	55	41.0	-	-
Periodic Abstinence	500	100.0	15	3.0
Withdrawal	500	100.0	472	94.4
Female Sterilization	350	70.0	-	-
Male Sterilization	310	62.0	-	-
Traditional and other methods	356	71.2	105	21.0

Source: Researcher Work, 2012.

Table 4 shows a respondents knowledge of contraceptives and variation in the use of contraceptives among female students in tertiary institutions of learning. From the above Table 4, all the participants 500 (100.0%) have common knowledge about male and female condom, oral pills, periodic abstinence and withdrawal. The usage of these contraceptives depends solely on the gender classification. For instance, the participants male counterparts must have use male condom on them during sexual intercourse. The above mentioned contraceptives are the most common ones that most people use and probably available almost in all patents medicine vendors (PMVs) in Nigeria. It is important to note that the participants do not have the level of knowledge about the remaining types of contraceptives such as IUD, male and female sterilization, diaphragm, implants to mention but a few. It is expected of all students in tertiary institutions and if possible those in secondary schools to have a good understanding of the types or methods of contraceptives even if they will not use at all in order to always play safe mostly in any emergency period. They could also be of help to friends and neighbors in the area educating or enlightenment on the proper and adequate use of contraceptives. Studies have shown that lack of good knowledge about contraceptives have sent so many people into early grave and barrenness even when there is a strong need of having more children, (COMPASS, 2006).

In respect to contraceptives use among female in tertiary institution of learning, injectables (3.0%), IUD (1.6%), implants (2.2%) and periodic abstinence (3.0%) experience poor usage. It is important to note that spermicide, diaphragm, male and female sterilization witness no usage at all among the undergraduate university students.

Table 5: Types of Emergency Contraceptives known and use by the Respondents

Type of Emergency Contraceptive	Emergency Contraceptive heard		Emergency Contraceptive ever used	
	No	%	No	%
ORTHODOX EMERGENCY CONTRACEPTIVES				
Oral pills (Prostinor 2)	110	100.0	110	100.0
spermicide Cream	75	68.2	61	55.5
TRADITIONAL EMERGENCY CONTRACEPTIVES				
Traditional waist belt	53	48.2	21	19.1
Traditional ring	61	55.5	46	41.8
Traditional herb	87	79.1	53	48.2
Traditional arm belt	55	50.0	18	16.4
OTHER TYPE OF EMERGENCY CONTRACEPTIVES				
Self inducement	95	86.4	45	40.9
Hot drinks (gin, ogoro)	110	100.0	102	92.7
Mixture of potash and lime orange	110	100.0	100	90.0
carbonated drinks (crest, bitter lemon, Schweppes)	110	100.0	110	100.0
Alabunkun and blue for clothes	110	100.0	110	100.0
Andrew liver salt	110	100.0	110	100.0

Source: Researcher Work, 2012.

Table 5 displayed types of EC the respondents heard/know and ever used. These EC are categorized into 3 parts. Taking a critical focus at each categories of the EC in the above Table, generally, it is important to note that the EC users could afford to take or try any form of EC if only to satisfy their immediate need rendering the sperm inactive as displayed in categories 2 and 3 especially category 2. That is, the traditional EC. Most people in Nigeria do not believe in them because of destructive criticism most people leveled against. But those who use these traditional EC affirmed to its effectiveness. Although none of it exists without a strong warning, if bridged, it will loose its efficiency unlike other categories, no warning is attached to its usage except instructions. From the Table the level of usage differ even though the respondents may know or have heard about the EC products before. For instance, the traditional EC group, the participants know or have heard about them but the usage turnout to be very poor e.g the traditional waist and arm belt are 19.9% and 16.4% respectively. The third group may not all that strange to us but it is absolute. That is, participants engage in using them. Of course, someone who have ever used or know it very well must have introduced the EC to them.

A primary 5 pupil was impregnated by a boy in Zaria, nobody in the family know about it but fortunately and unfortunately, she was relocated to her parents' home town (southwest), she could not hide from her peer group and they got concoction of potash, blue and lime for her to drink. Unfortunately, she died.

Problems of Emergency Contraceptives

It is no doubt that the use of EC of any type is risky. That is, none of the products that do not have its own embedded health implications on the users. It is important therefore to note that the side effects associated with the use of EC and its reaction or manifestation in the body system of the individual users differs. Here are some of the problems that characterized the use of EC. These problems can be categorise into two (2) major ways. The health and social problems of using EC. Medically, they are uncertainty/ unreliability of the type use, delay in conception; menstrual pains, delay bleeding and fluctuation, constant itching of the private part, may destroy the womb, abdominal pain, difficulty in delivery

Socially, it can lead to brake in marriage, it encourages promiscuity, it may also cause stigma, protrude stomach (even when they are not pregnant) and it may finally lead to untimely death.

The above facts corroborate with some of the effects of EC use, according to WHO, (2005), include nausea, abdominal pain, fatigue, headache, and menstrual changes. Breast tenderness, fluid retention, and dizziness may also occur. Many of these symptoms may be less severe with progestin-only or intrauterine forms of emergency contraception. Serious risks include heart attack, blood clots, and strokes. Emergency contraceptive pills do not continue to protect against pregnancy during the rest of the cycle. Emergency contraception may not prevent tubal pregnancy. If you experience severe abdominal pain, contact your health care provider immediately. Tubal

pregnancy can be life threatening. Side effects of IUDs used for emergency contraception are the same as those for ongoing birth control IUDs. Emergency contraception does not protect against sexually transmitted infections, nor does it treat existing infections.

Discussion of Findings:

Results show that utilization of EC was very low, in fact, it is out of place if concluded that majority of students (girls) in higher institutions of learning in Nigeria did not have knowledge about EC despite the fact that most people use them very well both orthodox and traditional type; correct use was even lower. The age of the respondents, marital status, and knowledge about EC and previous use of regular contraceptives as variables were found to be major predictors of EC utilization.

In this study it was found that 130 (26.0%) of those who had unprotected sex used EC, which is similar to the report of most studies in developing nations especially Nigeria (Dejene, Tsion and Tefera, 2010). The possible reasons for a low EC practice observed in this study might be related to the fact that some people still do not believe in the reality or existence of HIV/AIDS even among the learned people and students in Ahmadu Bello University, Zaria (34.6%); compared to (57%) at the university in South Africa. It might also be due to a lack of knowledge of EC observed in this study (58.0%). This outcome is not good in an academic environment like Ahmadu Bello University, Zaria in this 21st century. It is worthy of note that most students that have one time or the other engage in premarital sex must have been involve in one form or type of EC or the other but never known the process is called *emergency contraceptive*.

Girls who were older were found to have used EC more than their younger counterparts. This finding is consistent with the study conducted in South Africa, Nigeria and France, which reported that age has a significant effect on the practice of EC, where older age groups are more likely to use EC when compared to younger age groups. Younger girls may have less information about the proper use of EC due to the fact that they are newly enrolled in university and may not have received this information in prior schooling. Although, there are few cases of local EC wrongly use among secondary schools students in some part of Nigeria especially in areas where promiscuity is the order of the day. Such students embark on local EC as the final result through friends since they will not want parents, guardians and their neighbors to know about it because of fear of the unknown and stigmatization respectively.

In the current study, marital status of the findings showed a significant nexus between married female students the of practice EC than unmarried girls. The effect of marital status and increment in age on EC use might be linked to issues like decreased fear of being seen by others for those older and married girls. In addition, better exposure to information, maturity and heightened awareness of the consequences of unintended pregnancy held by girls as they get older and engaged in marital status that means older/married women would have less severe consequences from unintended pregnancy than would their younger unmarried counterparts.

In this study, good knowledge of EC was a significant predictor of their use, which is in agreement with reports of studies conducted earlier in Nigeria, Ethiopia, Cameroon and Sweden where knowledge of EC was significantly associated with increased likelihood of using them. The study also showed that experience of using regular contraception had a significant association with EC use, where those who used regular contraceptive methods used EC more compared to those who had no previous experience of regular contraceptive use. This finding is inconsistent with the reports of other studies which showed that a lower proportion of girls with experience of regular contraceptive use used EC. This inconsistency might be explained by the differences in level of use of regular contraceptives in the studies which were not further explored. More so, most of those who use these contraceptives do not want other married women like them to know because of social stigma especially among the illiterate married women.

Although the findings of this study may not be generalized to unmarried girls who are out of University, it has demonstrated the sexual and reproductive health problems faced by girls in Ahmadu Bello University, Zaria. However, the findings may not be representative of all higher learning institutions of Nigeria as the socio-cultural situations around the different Universities in Nigeria vary greatly. In general this study came up with findings which have a policy implication of reducing the short and long term effects of unintended pregnancy among students in tertiary institutions in Nigeria and some developing nations at large. The need for increasing the knowledge of university girls about EC and availing youth friendly sexual and reproductive health services is implicated because of the implications that characterized wrongly use of EC be it orthodox or local type. Some of these problems or implications such as loss of weight, death, destruction of diaphragm or womb, severe menstrual pain, constant itching in the private part, uncertainty of the method use and may lead to bareness and lots more.

Conclusion:

In general, this study came up with findings which have a policy implication of reducing the short and long term effects of unintended pregnancy among young girls (unmarried) and young married (may not have good and adequate gap for their children) in higher learning tertiary institutions. The need for increasing the knowledge of tertiary institution of learning girls about EC and availing youth friendly sexual and reproductive health services is implicated.

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