KNOWLEDGE AND FACTORS INFLUENCING THE USAGE OF EMERGENCY CONTRACEPTION AMONG STUDENTS OF TERTIARY INSTITUTIONS IN SOUTHERN SENATORIAL ZONE OF KADUNA STATE

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ABSTRACT

Unplanned pregnancies among young female adults are increasingly becoming a social and economic problem for both society and the respective individual. Each year, between 2.2 to and 4 million female adolescents resort to unsafe abortion globally, and about 2million are exposed to the risk of reproductive health complications. As a result of the increasing involvement of female adolescents in risky sexual activities coupled with the attendant health challenges associated with the practice, this study examines the knowledge of emergency contraception among students of tertiary institutions in Southern, Kaduna State and also identifies the factors militating against its usage. Data for the study were obtained through the use of a questionnaire survey. The required information was elicited from 270 female respondents selected from the three (3) tertiary institutions chosen for the study. Descriptive statistics such as the use of frequency distribution, percentages and chi-square were employed for data analysis. The study revealed that respondents have low knowledge of emergency contraception despite their increasing involvement in unprotected sexual relationships. The study also showed that a higher proportion of the respondents demonstrated preference for modern contraceptives to traditional contraceptives. Factors such as fear of untimely death, religious teachings or injunctions, poor knowledge of emergency contraception, cultural disapproval among others were found to have influenced the utilization of emergency contraception.

The results of the chi-square test revealed that there is a significant relationship between knowledge of emergency contraception and its usage. Arising from these findings, the study recommends that a comprehensive reproductive health service should be provided in all health facilities. Also, besides creating public awareness on the benefits of emergency contraception, this study also advocates for the inclusion of topics on the subject in the general studies curriculum of tertiary institutions.

1.1 Background to the Study

Incidences of unintended pregnancies which occur as a result of unprotected sexual intercourse compel man to devise and practice different ways of contraception, amongst which is Emergency Contraception. According to Haggai (2003) emergency Contraception refers to a method of contraception that is concerned with the use of drugs or devices to prevent pregnancy within a few days of unprotected sexual intercourse. Emergency Contraception is primarily a female method of contraception and its primary use is in reducing the need for abortions and the negative maternal health consequences associated therewith. Levonorgestrel-only pills (Postinor-2) and combined oral contraceptives appear to be the most common methods practiced globally (Lemma, 2009; Ezebialu and Eke 2013).

Emergency Contraception is intended for use following rape or coerced unprotected sex and contraceptive failure (such as forgotten pills, breakage or spillage of condoms). It is effective only in the first few days following unprotected sexual intercourse before the ovum is released from the ovary and before the sperm fertilizes the ovum but cannot interrupt an established pregnancy or harm a developing embryo (World Health Organization, 2016). Emergency contraception offers a valuable means of preventing unwanted pregnancy from a single act of sexual intercourse by 75–99% (Kongnyuy, Ngassa, Fomulu, Wiysonge, Kouam, Doh (2007) and Adhikari, 2009).It contributes significantly in reducing psychological burden and the health risks associated with unintended pregnancies and abortions (Kolawole and Zaggi, 2012).Moreover, no deaths or serious complications have been causally linked to emergency contraception (Trussell, Raymond and Cleland 2015).

Unplanned pregnancies among young female adults are a worldwide problem with social and economic repercussions for the unprepared young individual (Mqhayi, Annsmit, McFadyen, Beksihiska, Conolly, Zuma, K and Morroni, 2004). The incidence of unwanted pregnancy and abortion among young adults continue to rise in geometrical progression all over the world. Each year 2.2 – 4 million adolescents resort to unsafe abortion and at least 2 million more young women are left with a chronic illness or

disability, which may bring them life-long suffering, shame, or abandonment (Ramos, 2011). In Nigeria, over 60% of abortions are associated with female young adult. More so, abortions account for 20%–40% of maternal deaths and tens of thousands suffer from chronic and sometimes irreversible health consequences, including infertility (Abiodun and Balogun, 2009).

Young female adults by nature exhibit risk-taking behaviours and engage in sexual activity without much concern for the outcome of such decisions (Ehuehi, Ekanem and Ehuehi, 2006). Students of tertiary institutions are considered particularly a high risk group in terms of reproductive health as most students in tertiary institutions are involved in multiple sexual relationships which increase their vulnerability to numerous reproductive health complications. (Adeniji, Tijani and Owonikoko, 2013 and Abiodun and Balogun, 2009).

Kitshoff (2010) opines that there is the likelihood for one to assume that students in tertiary institutions know the available methods of contraception because of the higher level of education they have obtained. Notwithstanding, evidences from several studies in tertiary institutions in sub-Saharan Africa such as that of Addo &Tagoe-Darko (2009) in Ghana, Tessema & Bayu (2013) in Ethiopia, Muhammad and Shanaz (2012) in KwaZulu-Natal, South Africa, Mohammed & Krishna (2014) in Nigeria have all shown that most students of tertiary institutions do not have knowledge of emergency contraception and for the few that are aware, their level of awareness is not proportionate to its practice.

Although previous research (Adeniji, Tijani and Owonikoko,2013; Abiodun and Balogun,2009; Addo and Tagoe-Darko 2009; and Attahir, Sufiyan, Abdulkadir and Haruna (2010). have examine the various dimensions of emergency contraception such as adolescent risky sexual behavior and its attendant consequences, only few of such studies have systematically investigated students' knowledge of emergency contraception. Furthermore, little is known about students' attitude towards emergency contraception and the factors which influences its utilization. Till date students' level of awareness of emergency contraception and the extent to which the practice is utilized still remains largely unknown. Specifically, therefore this study is undertaken to examine knowledge of emergency contraception amongst students of tertiary institutions in Southern Kaduna State and to also identify the factors which influences its usage. Similarly, the relationship between knowledge of emergency contraception and factors affecting its utilization was also examined. The hypothesis states that the Knowledge of emergency contraception has no significant influence on its utilization among students of tertiary institution in Southern Kaduna State.

Methodology

Location of Study: The study was conducted in the Southern Senatorial District of Kaduna State. The study area

consists of eight Local Government Areas namely, Sanga, Jema'a, Jaba, Kachia, Kaura, Zangon-Kataf, Kagarko and Kauru. Presently the study area shares boundaries with Chikun,Igabi and Kajuru in the North and with Bassa LGA in Plateau State at it's Eastern flank. To the West it shares boundaries with the Federal Capital Territory, Shiroro, Muya, Gurara and Paikoro LGAs in Niger State. In the South, the study area shares boundaries with Akwanga, Wamba, Kokona and Karu LGAs of Nassarawa State. The study area is largely heterogeneous in nature and it consists of different ethnic groups. Among the major ethnic groups are Bajju, Adara, Kagoro, Morwa, Ninzo, Jaba, Atyab, Ayu etc. Majority of the inhabitants are farmers with a handful of civil servants, artisans, petty traders and so on. There are also a number of public, private and faith-based health facilities spread across the study setting. The study area was chosen essentially because no study has been undertaken to examine issues related to emergency contraception.

Population of Study: The population of the study consisted of all registered female students in all the tertiary institutions in the study area. They include both married and unmarried female students from different ethnic groups, religious background and of different ages. In addition, the study population included students offering different courses from various departments in these institutions.

Sample Size and Sampling Technique: As at the time of the study there are a total number of nine (9) tertiary institutions in the Southern Senatorial Zone. The schools are Kaduna State College of Nursing and Midwifery Kafanchan, Kaduna State College of Education Gidan Waya, Kaduna State University, Kafanchan Campus, Nuhu Bamali School of Agriculture Samaru Zango Kataf, St Louis School of Midwifery Zonkwa, and Baptist School of Health Kafanchan. Others are ECWA Theological Seminary Kagoro, ECWA College of Health Technology Kagoro and Federal College of Statistics Manchock. To select the institutions where the study was conducted, the researcher wrote the names of all the institutions on pieces of papers of the same size. The pieces of paper were then folded and shuffled. From the pile, three (3) pieces of paper were selected. Through this method Kaduna State University, Kafanchan Campus, Kaduna State College of Education, Gidan-Waya and College of nursing and midwifery, Kafanchan were selected for the study.

In each of the three (3) institutions selected, two (2) faculties or schools as the case may be, were selected for the study. Since Kaduna State University and the School of nursing and midwifery have only two (2) faculties and schools respectively, there was no need for using any selection method. Thus, at Kaduna state university, the faculties of agricultural science and environmental sciences were picked for the study. While the schools of nursing and midwifery were chosen for the study from Kaduna State College of Nursing, Kafanchan. However, at the Kaduna State

College of Education, Gidan-Waya which had six (6) schools, two (2) schools were selected using the simple random sampling method earlier described. Through this process, the school of Arts and social science and the school of science were selected for the study.

From the faculties or schools selected for the study, one (1) department each was selected from the six (6) faculties in the three (3) institutions. The departments were selected using the simple random sampling method which was described in the preceding section. At the Kaduna State University, the department of agriculture and architecture were selected from the faculties of agricultural and environmental sciences respectively. At the Kaduna State College of education, the department of biology/chemistry was selected from the school of sciences, while the department of economics/geography was chosen from the school of Arts and Social Sciences. At the Kaduna State College of nursing and midwifery, the department of nursing and the department of midwifery were selected from the school of nursing and midwifery respectively. On the whole a total number of six (6) departments from the six (6) faculties were selected for the study from the three selected institutions.

The respondents for the study in all the three (3) institutions were selected from all the year groups or levels using the simple random sampling method which was previously described. At the Kaduna State University, the department of agriculture and architecture has students in 100 to 500 levels. In levels 100 to 400 in both departments, six (6) students each were selected using the hat and draw method while in 500 level eight (8) students each were selected using the same method. Thus, from the two departments a total number of sixty-four (64) respondents were selected from Kaduna State University.

From the Kaduna State college of nursing and midwifery which has students only in year 1to 3 in both the two (2) selected departments, seven (7) students each were selected from each of the three (3) year groups using the simple random sampling method. On the whole a total number of forty-two (42) respondents were drawn for the study from this institution. At Kaduna State College of Education which has students in NCE 1 to 3. While twenty-seven (27) were selected in NCE 1 and 2, twenty-eight (28) were selected in NCE 3 in both the two (2) selected departments. Thus a total number of one hundred and sixty-four (164) respondents were drawn from this institution. On the whole an overall total of two hundred and seventy (270) respondents were selected for the study from the three institutions selected for the study.

Methods of Data Collection: Data for the study was obtained through questionnaire. Since all the respondents are literate, the questionnaire was distributed to the respondents in their respective classrooms. Each respondent was allowed to fill his questionnaire under the close supervision of the researcher. The completed questionnaires were then retrieved from the respondents. The questionnaire elicited

information on the respondents' socio-demographic data, sexual and reproductive history, forms of emergency contraception, knowledge of emergency contraception, and factors affecting the use of emergency contraception.

Techniques of Data Analysis: The data generated from the questionnaire survey were first checked for consistency and finally edited. After cleaning, the data were coded and analyzed using Statistical Package for Social Sciences (SPSS) version 20. Descriptive statistics such as the use of frequency distribution, percentages and chi-square were employed for data analysis.

RESULTS

Socio-Demographic Characteristics of Respondents

As shown in Table 1, the age composition of respondents reveals that 13.7% of all respondents are 20 years or less while about 48.9% are 20-24 years.

Table 1: Socio-demographic Characteristics of Respondents

Variables	Frequency	Percentages
Age Composition		
Less than 20 years	37	13.7
20-24 years	132	48.9
25-29 years	62	23.0
30-34years	24	8.9
35years & above	15	5.6
Total	**270**	**100**
Religious Affiliation		
Christianity	219	81.1
Islam	50	18.5
Traditionalist	1	0.4
Total	**270**	**100**
Marital Status		
Single	179	66.3
Married	85	31.5
Divorced	3	1.1
Widowed	3	1.1
Total	**270**	**100**
Ethnic of Respondents		
Hausa/Fulani	15	5.6
Jaba	25	9.3
Atyap	27	10.0
Bajju	36	13.3
Other ethnic groups in Southern Kaduna	125	46.3
Ethnic groups from other States	42	15.6
Total	**270**	**100**
Institutions		
Kaduna State College of Education	163	60.4
Kaduna State College of Nursing & Midwifery	42	15.6
Kaduna State University	65	21.1
Total	**270**	**100**
Level/Year of Study		
Year One	81	30.0
Year Two	81	30.0
Year Three	78	28.9
Year Four	12	4.4

Year Five	18	6.7
Total	**270**	**100**

Source: Field Survey, 2021

Furthermore, respondents within the age ranges of 25-29 years, 30-34 years and above 34 years constitute 23.0%, 8.9% and 5.6% respectively. Thus it can be seen from the data that the bulk of the respondents are within the age range of 20-24 years. In addition, Table 1 revealed that there are more Christians than Muslim in the sample. While 80.1% of the respondents are Christians, only 18.5 % are Muslims and 0.4% are traditionalist. It can also be seen in Table 1 that a significant proportion of the respondents (66.3%) are single while 31.5% of the respondents were married.

Only a marginal 1.1% and 1.1 % of the respondents reported that they are divorced and widowed respectively. The data on ethnic group showed that the Bajju constituted the bulk of the respondents (13.3%), followed by Atyap 10.0% , Jaba (9.3%) and Hausa/Fulani (5.6%). Other minority ethnic groups within Kaduna State who were also captured in the study constituted 46.3%, while 15.6% of the respondents indicated that they belong to other ethnic groups outside Kaduna State.

Similarly, the findings in Table 1 show that a significant proportion of the respondents (60.4%) are from Kaduna State College of Education (KSCOE), while 15.6% and 24.1% of the respondents are drawn from Kaduna State College of Nursing and Midwifery Kaduna State University respectively. It can also be seen in the Table, that an equal proportion of respondents (30.0%) in both year one and year two took part in the study. Furthermore, while 28.9% indicated that they are in the third year of their study, only 4.4% and 6.7% disclosed that they are in years four and five of their study respectively.

Respondents Sexual History

The study investigated the sexual history of the respondents. Specifically, data on age at first sex, number of sexual partners, unprotected sexual intercourse, and unplanned pregnancy were obtained. The details are presented in Table 2.

Table 2: Sexual Experience of respondents

Variables	Frequency	Percentages
Age at first sex		
Less than 20 years	141	52.2
20-24 years	96	35.6
Above 24 years	33	12.2
Total	270	100
Number of sexual partners		
One partner	65	24.1
Two partner	159	59.0
Three partner	20	7.4
More than three partners	26	9.6
Total	270	100
Unprotected sexual intercourse		
One	68	25.2
Two	85	31.5
Three	39	14.4
More than three times	78	28.9
Total	270	100
Experience unplanned pregnancy		
Yes	131	48.5
No	139	51.5
Total	270	100
Number of unplanned pregnancy experienced		
Never	140	51.9
One time	90	33.3
Two times	11	4.1
Three times	8	3.0
Four or more times	22	8.1
Total	270	100

Source: Field Survey, 2020

As displayed in Table 2, majority of the respondents (52.2%) indicated that they had their first sexual experience at the age of 20 years or less. While 35.6% of the respondents said they had their first sex at ages 20-24 years, a marginal 12.2% of respondents experienced their first sexual intercourse at 24 years or more. Although 24.1% of the respondents have only one sexual partner, 59.0% and 7.4% of the respondents reported having two and three sexual partners, respectively. Respondents who claimed to have four or more sexual partners constituted only 9.6% of the sample.

Knowledge of Emergency Contraception

Table 3 examined respondents' knowledge of emergency contraception. Awareness of emergency contraceptives was found to be widespread among the respondents. Although the study revealed that 74.8 % of the respondents said they have heard about emergency contraception, only 25.2% disclosed that they have not. It was similarly observed from the Table that a 34.5% of the respondents said they got their information about emergency contraception from their friends/peers. While, the mass media was identified as the source of information for 24.4%, others representing 23.0% and 8.9% of the respondents mentioned health workers and books/magazines respectively as their source of information. On the other hand, 5.2% and 4.1% stated that they got their information on emergency contraception from family/relatives and also from campaign outreach.

Out of the 47.8% who have heard about emergency contraceptives, 36.7% correctly identified progesterone as the drug used for emergency contraception, while 23.7% had knowledge that combined oral contraceptives as an emergency contraceptive method. In addition, respondents who knew about emergency contraception (57.75) reported that emergency contraceptives could be available in pharmaceutical stores (27.8%), and 8.5% mentioned friends/relatives.

Table 3: Knowledge of Emergency Contraception (EC)

Variables	Frequency	Percentages
Ever heard about EC		
Yes	129	47.8
No	141	52.2
Total	**270**	**100**
Source of Information on EC		
Mass Media	66	24.4
Friends/Peers	93	34.5
Health workers	62	23.0
Family relatives	14	5.2
Books/Magazines	24	8.9
Campaign outreach	11	4.1
Total	**270**	**100**
Drugs used for EC		
Progesterone Pills/IUD	99	36.7
Contraceptives	64	23.7
Antibiotics	39	14.4
I don't know	68	25.5
Total	**270**	**100**
Where EC is obtained		
Pharmacy/Drugs Store	104	38.5
Health Facility	75	27.8
Friends/Relative	23	8.5
	68	25.2

I don't know	**270**	**100**
Total		
Recommended time for the use of EC pills		
Before sex	66	24.4
Within 24 hrs after sex	104	38.5
Within 72 hrs after sex	62	23.0
Up to 5 days after sex	14	5.2
I do not know	24	9.0
Total	**270**	**100**
Prevent sexually transmitted disease		
Yes	131	48.5
Not	71	26.3
I don't know	68	25.2
Total	**270**	**100**

Source Field Survey, 2020

The Table also showed that 23.0% started that they use EC pills while 5.2% and 9.0% mentioned up to 5 days after sex and I do not know respectively. It can also be seen from the Table that 48.5% of the respondents incorrectly reported that emergency contraception prevents STIs while 26.3% correctly started that it does not.

Forms/types of emergency contraception utilized by respondents

Table 4 presents the information obtained from respondents on the utilization of emergency contraception, forms of modern and traditional emergency contraceptives used and the frequency of utilization.

Table 4: Forms/types of emergency contraception utilized by respondents.

Variables	Frequency	Percentage
Ever use emergency contraception		
Yes	244	90.4

No	26	9.6
Total	**270**	**100**
Types of emergency contraception used		
Modern contraception	157	58.1
Traditional contraception	87	32.3
None	26	9.6
Total	**270**	**100**
Forms of modern EC used		
Menstrogen	33	21.0
Postinor 2	95	60.5
Copper IUD	11	7.0
Pills & IUD	18	11.5
Total	**157**	**100**
Forms of traditional EC used		
Lime	60	68.9
Potash	10	11.5
Gin/Spirit	7	8.0
Herbs	10	11.
Total	87	100
Frequency of use of modern & Traditional EC		
One Time	81	30.0
Two Times	53	19.6
Three Times	14	5.2
Four Times	7	2.6
Five Times	101	37.4
More than Five times	14	5.2
Total	270	100

Source: Field Survey,2020

The Table also showed that 23.0% started that they use EC pills while 5.2% and 9.0% mentioned up to 5 days after sex and I do not know respectively. It can also be seen from the Table that 48.5% of the respondents incorrectly reported that emergency contraception prevents STIs while 26.3% correctly started that it does not.

Forms/types of emergency contraception utilized by respondents

Table 4 presents the information obtained from respondents on the utilization of emergency contraception, forms of modern and traditional emergency contraceptives used and the frequency of utilization.

It can be seen in Table 4 that majority of the respondents (90.4%) had ever used emergency contraception and only a marginal 9.6% indicated that they have not. Furthermore, while 58.1% of the respondents stated that they used modern contraceptives, 32.3% said they utilized the traditional method. Among those who utilized modern contraceptive method 61.0%, 21.0%, 7.0% and 12.0% indicated that they used menstrogen, postinor2, copper IUD and a combination of pills and IUD respectively.

With regards to the traditional method used, lime was identified as the most popular method used by 68.9% of the respondents, while 11.5% and 8.0% of the respondents mentioned potash and gin or spirit as the traditional contraceptives they used respectively. Herbs was reported as the traditional method used by 11.5% of the respondents. The frequency at which emergency contraception was utilized varied among the respondents. Majority of the respondents (37.4%) said that they made use of emergency contraception more than five times prior to the study. Those who utilize it once and twice constituted 3.0% and 19.6% of the respondents respectively. Table 4 also revealed that 5.2%, 2.6% and 5.2% utilized emergency contraception four times and also more than five times respectively.

Factors Affecting Usage of Emergency Contraception

Furthermore, this study investigated the socio-cultural and economic factors which influenced the utilization of emergency contraception among the respondents. The responses obtained from the respondents when they were asked to identify factors which affected their decision to make use of emergency contraception are presented in Table 5.

Table 5: Factors affecting the usage of emergency contraception

Factors affecting the use of Emergency Contraception	Frequency	Percentages
Cultural disapproval	28	10.4
Leads to untimely death	58	21.5
Leads to barrenness/infertility	30	11.5
My religion regards it as a sin	46	17.0
It affects the womb	27	10.0
Poor of knowledge & Ignorance	48	17.8
Lack of accessibility	16	5.9
Lack of funds/money	17	6.3
Total	**270**	**100**

Source: Field Survey, 2020

The findings in the Table showed that 21.5% of the respondents indicated that the fear of untimely death was the primary reason why they were reluctant to make use of any form of emergency contraceptives. While 17.8% of the respondents pointed out that ignorance and poor knowledge of emergency contraception affected their uptake of emergency contraceptives, 17.0% said that they did not adopt the practice because it is against their religious beliefs, which regard the use of contraceptives it as a sin because of its tendency to disrupt conception.

The results in Table 5, further revealed that 10.4%, 10.0% and 6.3% stated that their reasons for not using emergency contraceptives include cultural disapproval, destruction of the womb and the lack of funds or money, respectively. The least factor mentioned by 5.9% of the respondents is that they do not have access to emergency contraceptives. A chi-square ($\chi 2$) test to establish the bivariate association between knowledge of emergency contraception and factors affecting its utilization among students of a tertiary institution in the Southern Senatorial Zone is presented in Table 6.

Table 6: Chi-square Statistics on the Knowledge of Emergency Contraception and its Utilization among Students of Tertiary Institutions

Variable	Df	A	$X^2_{Cal.}$	$X^2_{Tab.}$	Decision

Knowledge of EC. EC utilization among students.	6	0.05	14.33	12.59	Reject Ho 1.

EC = Emergency Contraception

As shown in Table 6, the level of significance is set at 0.05, while the degree of freedom is 6. The chi-square test results revealed that the tabulated X2 is 12.59 and the calculated X2 is 14.33. Since the calculated value of X2 is greater than the table value, the null hypothesis was therefore rejected in favour of the alternative hypothesis. Hence, the implication of this is that, there is a significant relationship between knowledge of emergency contraception and its utilization.

Discussion of Findings

On the premarital sexual history of the respondents, the study reveals that majority of the respondents (52.2%) had their first sexual experience at age less than 20 years. Majority of those who initiated premarital sex at an early age also indicated that they had sex with multiple partners. This finding is consistent with that Tomas of Asfew &Anteneh (2015) in Ethiopia. They also reported early initiation of sexual intercourse and the practice of risky sexual behaviours among their female respondents.

It was also observed from the findings of the study that respondents had poor knowledge of emergency contraception. For instance, only less than half of the study population (47.8%) indicated that they have heard about emergency contraception. This findings is similar to that of Akani, Enyindah & Babatunde (2008) who reported in their study that 50.7% of the respondents said they aware of emergency contraceptives. Furthermore, poor knowledge of emergency contraception was demonstrated when 71.8% would not correctly state the appropriate time when emergency contraceptives should be taken. This finding is in consonant with the study of Attahir, Sufiyan, Abdulkadir & Haruna (2010) which similarly reported that 77.4% do not know when emergency contraceptives should be taken.

In addition, the use of traditional contraceptives such as lime, potash, gin, herbs etc, which have no known proven efficacy, by 32.3% of the respondents also confirms the existence of ignorance and lack of sufficient knowledge of emergency contraception among the respondents. Poor knowledge of emergency contraceptives can be attributed to the lack of detailed information about the subject which might be associated with respondent's source of information. As shown in Table 3 only 23.0% and 34.5% of the respondents said that they got their information from health workers and the media respectively. It is therefore assumed that while the media and medical sources were associated with better knowledge, informal sources such as friends/peers and family/relatives constituted sources of misinformation.

Furthermore, the study noted that both traditional and modern forms of contraceptives were used by the respondents. However, it was observed that majority of the respondents (58.1%) made used of modern contraceptives compared to 32.3% who used traditional contraceptives. The popularity of modern contraceptives was similarly reported in the study of Gebrehiwot, Gebrekidan, Berhe & Kidamu

(2013) in Ethiopia. They disclosed that 57.0%, 39.2% and 2.3% of the respondents said they used pills only, used both pills and IUCDs and intrauterine contraceptives devices only. The preference of modern emergency contraception to traditional method might be likely because they are more convenient to use and are effective and reliable than the use of traditional contraceptives. On the other hand, the popularity of traditional contraceptives among the respondents could be associated to the socio-cultural myths about its efficacy and partly due to the poor economic situation in the country which makes modern contraceptives more expensive than the traditional ones.

In accordance to the work of Attahir et al (2010), this study similarly reported that 70.0% of the respondents disclosed that they used emergency contraceptives more than twice. The frequency with which the use of emergency contraceptives is reported in this study is an indication of an increase in the rate of sexual activities among students of tertiary institutions in the study setting. The increasing utilization of emergency contraceptives is not unconnected to the deplorable economic conditions in the country, which has forced some female students to resort to transactional sex as a means of addressing their social and economic needs.

Several factors were reported to have discouraged respondents from utilizing emergency contraceptives. Among which are that it leads to untimely death, infertility, ignorance, lack of money and that it's practice is liken to the commission of sin. This finding is in agreement with that of Ehrle & Sarker (2011) which similarly attributed the reluctance to use emergency contraceptives by most female to their religious beliefs which strongly frowns at promiscuity and abortifacient. Furthermore, according to, Sander, Raymond & Weaver (2009) most women are hesitant to use emergency contraception essentially because they are scared of the side effects and safety associated with the repeated use of contraceptive pills.

Conclusions

One of the major finding of this study which revealed an increase in sexual activities among female students is in tandem with the basic assumptions of the rational choice theory. In line with the theory, it can be inferred that most female students indulge in sexual activities largely because they perceive their action as a means to a specified end regardless of the consequence associated with it. The choice to engage in sexual activity is therefore driven by the benefits likely to be derived from the practice rather than from the cost associated with it. Similarly, the popularity and patronage of both modern and traditional forms of contraception observed among the female students in the study might be attributed to the calculated benefits it would bring to them. It is also pertinent to note that the major findings of this study which showed an increase in the sexual activities of female students, poor knowledge of emergency contraception and the preference of modern contraception to the traditional

methods are similar with the findings of previous studies.

Recommendations

Arising from the findings of this study, the following recommendations are suggested.

1. Reproductive health services for adolescents and young adults should be provided in all health facilities. Detail knowledge of emergency contraception as well as relevant pills, appropriate timing for usage and the consequences of using traditional contraception should be provided to all those seeking such services.

2. A deliberate public enlightenment campaign aimed at creating awareness of emergency contraception among young people should be consistently disseminated through the mass media, civil society organizations and other relevant government agencies. The enlightenment campaign should focus on educating young people on the consequences of the risk associated with unprotected sex and unwanted pregnancies among other issues.

3. Given the prevalence of sexual activities among students, this study suggests the provision of counseling services in tertiary institutions. In addition, topics which cover issues of emergency contraception should be included in the general studies curriculum of tertiary institutions.

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