



Exploring Young People's Views on Emergency Contraceptives



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Abstract

The study sought to ascertain whether respondents know the difference between regular and emergency contraceptives and solicit their views on emergency contraceptives. The participants for this study were 22 undergraduate students of the University of Ghana (15 males and 7 females) between the ages of 18 and 25 years who volunteered to participate in the study. This study is exploratory in nature and gathered qualitative data through semi-structured interviews. The interviews were electronically recorded and transcribed. All the respondents could explain what regular contraceptives are, but only four were able to define what ECs are. Some students do not know the difference between regular and emergency contraceptives. Those students who were not able to define what ECs are knew that they are used for preventing unwanted pregnancies. Respondents had different views on emergency contraceptives; while generally they agreed that it was appropriate to be used to prevent unplanned pregnancies especially due to rape, some believed they were difficult to come by. Respondent' views about EC suggest that there is still more to be done in educating the youth on EC.

Keywords: Emergency contraceptives; Regular contraceptives; University students; Young people; Unplanned pregnancy; Ghana

Introduction

Although women may have access to contraceptives, failure to use a method, switching of methods and discontinuation of methods suggest that available contraceptives are not meeting women's needs. Women would therefore prefer methods that are effective, lack side effects and are affordable [1]. There is therefore a growing interest in the potential impact that emergency contraceptives (ECs) could have on unwanted pregnancies and unsafe abortions especially in sub-Saharan Africa. It has been estimated worldwide, that 41% of pregnancies are unintended, of which 38% result in unplanned births and 48% in abortions with the remaining 13% in miscarriages. It has also been observed that the decline in unintended pregnancies are associated with increase in contraceptive use [2]. Emergency contraception (EC) refers to methods of contraception that can be used to prevent pregnancy after unprotected sexual intercourse. They are recommended for use within five days but are more effective the sooner they are used after the act of intercourse [3].

According to the World Health Organization (WHO) EC is recommended for use when there is a contraceptive failure or incorrect use, including condom breakage, slippage, or three or more consecutively missed combined oral contraceptive pills [3]. In the view of WHO, all women and girls at risk of unintended pregnancies have a right to access EC, and these methods should be

routinely included in all national family planning programmers. The use of EC could reduce the incidence of abortion and subsequently maternal mortality. Adolescent sexual activity exposes them to the risk of unintended pregnancies, induced or unsafe abortions and sexually transmitted infections among others. The risk of pregnancy increases with the decline in age at menarche and prolonged stay in school which tends to delay marriage. When young people stay in school for a long time, it increases the likelihood of engaging in sexual activity even though they may not be ready for childbearing. This is regarded as a crucial health, social and demographic issue in the developing world [4].

In Ghana, majority of university students especially at the undergraduate level fall within the age bracket of 17 and 25 years. Young people joining universities often become sexually active partly due to peer pressure, alcohol use, or as a result of a perceived sense of being in control of their social life [5]. Some researchers have found that "most female students are enrolled at the university at their young age, this exposes them to unplanned and unprotected sexual intercourse leading to unintended pregnancies, abortions and sexually transmitted infections" [6]. In a study on EC among University of Ghana students, it was observed that 55% of the male respondents stated that they would "certainly" or "probably" reduce the use of a condom if they knew EC was available [7]. This is contrary to the findings in Nigeria [8]. In the Nigerian study

conducted in three tertiary universities, the participants believed that increased use of EC was associated with fear of infertility, anovulation, ill health and STIs. Also, about half of the respondents of university students believed that EC was the same as the abortion pill.

This current study used students of the University of Ghana who are young, some of whom may have never used any contraceptives. For this reason, the study seeks to achieve the following:

- A. Ascertain whether students know the difference between regular and emergency contraceptives.
- B. Identify students' views on EC.

Materials and Methods

The Standards for Reporting Qualitative Research (SRQR) [9] consisting of 21-item check list was followed. To obtain detailed information on students' views about EC, qualitative method was used. This study is exploratory in nature, gathering qualitative data through in-depth semi-structured interviews. The use of this approach enabled the researchers to provide a holistic picture and understanding of the issue under consideration, where respondents expressed their own views within the context of their knowledge and experiences through the interview process [10]. The participants for this study were part of the first phase of a larger study involving 1,869 undergraduate students. During that phase, the participants completed a questionnaire indicating their views, knowledge and usage of EC. The participants were consequently asked to indicate their willingness to participate in the second phase of the study which involved interviews to have in-depth information about their knowledge, usage and views about EC. About 170 students volunteered to be interviewed for the research. Of these, 56 were purposively selected because information on their contacts was complete, of which 22 (15 males and 7 females) were available for the interview. The interview schedule was submitted to the Ethics Committee for the College of Humanities of the University of Ghana and approval was given before the interviews were done. The ethical issues related to the study were addressed by maintaining a high level of confidentiality of the information given by the respondents. Permission was sought from the interviewees before electronic audio recordings were made. The interviews were done at the convenience of the interviewees. The interviewees decided on the time and the venue for the interviews. The recorded interviews were later transcribed.

Results

To find out whether respondents know the difference between regular and emergency contraceptives they were asked to define them. The results show that in as much as students have heard about regular contraceptives and EC, it was interesting to note that they were not clear on the distinction between the two. All the 22 students interviewed could explain what regular contraceptives are, but only four were able to define what ECs are. Those students who were not able to define what ECs are, have either heard of them

and know they are used for preventing unwanted pregnancies but could not differentiate them from regular contraceptives.

For example, one of the respondents indicated that: 'all that I know is the normal contraceptives. I don't know if some can be classified as emergency contraceptives. I think emergency contraceptives are more powerful than the normal ones' (Male student). Similarly, another respondent also reported as follows: 'I only heard of emergency contraceptives last year during the clinical practice but have not used it before and got to know more about its last semester during our pharmacology class' (Female student). However, it was interesting to note that one of respondents who had ever used EC describe it this way: 'These are the contraceptives that are taken within 72 hours of unprotected sex when you know that you are not safe and there is the likelihood of you getting pregnant then you take them after the sex or within 72 hours' (Male student). One of the respondents indicated that he does not know much about the types of ECs, but he knows some friends who use Positron 2 and Lydia to prevent pregnancy. A male respondent had this to say: 'students like us, if you impregnate someone, your parents will give you an ultimatum or ask you still to stop schooling. So far as we are human beings and we cannot do without sex, emergency contraceptives are important' (Male student). One student attributed unplanned pregnancy to rape. Sometimes, when people are raped, they could become pregnant, and since this was not planned for, EC could be used. Others may also be naive and get pregnant. In such situations also, EC could be used. A female respondent put it thus: 'Okay, I know it is good because you might be raped or not plan to have sex and you can become pregnant, and as students, the implications will be many. Parents will be disappointed and so I think it is good to use the emergency contraceptives in case of any unplanned sex so that you can use it to prevent unwanted pregnancy' (Female student). Some students were of the view that EC is difficult to obtain. This becomes a big challenge since the repercussions of unprotected sex are enormous; one of which is getting pregnant. A male respondent put it this way: 'If you can remember to do something before the intercourse to prevent pregnancy, then that will be better because there are times that you cannot get it to buy. There are times when you realize that the timing is wrong, you cannot get it to buy' (Male student). EC being fake is also one of the reasons why people are not interested in using it. When one goes to the pharmacy shop to buy it, the cost varies, and the range is wide, and one would want to know why. Even if the brands are different, the price should not be so different. Authenticity is a big issue, and it is difficult to identify the original product. How will one not get pregnant if she buys the fake one unknowingly? One lady had this to say: 'I have heard that now we have fake ones, so you buy them, and you feel really sick. The fake ones are cheaper as compared to the original ones. Sometime ago when I went to the pharmacy, and I asked for the pills, I was told one is like ₵15, so I was like, give me the original one. I think that may be the only problem. I have a friend who is currently going to give birth even though she used the pill. That means the fake ones are not safe' (Female student). In addition to the issues raised, religion is one of the main reasons why people

do not use ECs. Some religious groups as part of their doctrine, do not allow the usage of contraceptives. Students who belong to such groups may find it difficult to use ECs as their religion frowns on its usage. This is the view from a male respondent: 'The issue that is bothering me with contraceptive is religion; I don't know how you people can help. There are so many religions which do not believe in contraceptives. Like the Catholic Church. They don't believe in contraceptives; they don't preach or even allow it. They say God said we should multiply, and it should not be modified by using any family planning method' (Male student).

Discussion

Although respondents claimed to know about EC, their responses to the difference between regular and emergency contraceptives indicated that they really do not know the difference between the two. Some respondents believed some regular methods could be referred to as emergency contraceptives. This should be a source of concern for all stakeholders in family planning education. Although family planning was introduced in Ghana as far back as the early 1970s with the establishment of the Ghana National Family Planning Programmed and EC was introduced in Ghana in 2000 [11] and given some media attention through advertisements on radio, some people are still not sure what they are. This is a very serious issue with regards to the sample in this present study who were mainly the youth. During this period of their lives, they are likely to involve themselves in sexual experimentation. Furthermore, although they tend to be sexually active, they do not use any contraceptives [12].

This puts them at the risk of unintended pregnancies. It is therefore important that measures are taken to provide information on short term contraceptives including EC to these young ones who may really need them. In doing this, their attention must be drawn to the fact that EC as the name suggests, should be used in emergency situations only and that they might do well to choose from the variety of different contraceptive methods available that may be suitable for them. The views of the youth on EC should be an issue of immense concern among stakeholders on reproductive health in our societies. Majority of these youth are sexually active, and they have the tendency of finding and using different methods to prevent unwanted pregnancies. In most cases, some of these youth are not aware of the appropriate methods to use. They stand a high risk of unintended pregnancies as well as the danger of not being able to complete their studies. According to the 2017 Ghana Maternal Health Surveys, 10% of pregnancies end up in induced abortions [13]. This is an indication that not all pregnancies are planned for and wanted. The main reasons given by women who had induced abortions were that they were not ready, were too young or wanted to delay child bearing [13]. It is for this reason that understanding the views of the youth on ECs is very important as this information would be useful in the activities and services provided by the family planning units of reproductive health centers.

Students' views on EC are varied. This could be as a result of their own experiences or those of others [14]. Other issues that could be

influencing the views of youth could be religion which opposes the use of certain contraceptives. However, despite religious opposition to the use of contraceptives, there is a success story in the US where private institutions merged with public health care facilities where compromises were reached [15]. This could be replicated in Ghana and other countries. Whatever be the case, this implies that young people may not feel the same way with the introduction of new things in this case, EC. Therefore, programmed on reproductive health in general and EC need to take into consideration the fact that young people are not necessarily a homogenous group and target each specific group with information that would be best suited for them. This is expected to help improve the reproductive health profile of the youth and thus reduce unintended pregnancies, induced abortions and maternal mortality.

Despite the importance and effectiveness of ECs, there is the need for them to be regulated so that users will be responsible enough and not misuse or abuse them. As highlighted by one of the respondents, some of these contraceptives are being sold in the market are fake. It is therefore worth noting that, there is the need for proper regulations of how these contraceptives are sold and proper training of how they should be administered. A strategy that could be adopted to provide accurate information to young people is use of peer providers. It has been observed that this strategy could provide young people with access to vital health information and services that would improve young people's sexual and reproductive health [16]. This is because young people may be more comfortable with receiving information and services regarding their reproductive health from their peers.

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