PREVALENCE OF CONTRACEPTIVE USE AMONG KENYA COAST NATIONAL POLYTECHNIC STUDENTS

Kailong J. M. 1
1 Assistant lecturer,
Department of medical sciences,
School of pure and health sciences,
Technical University of Mombasa,
Kenya

Adem A, 2
2 Lecturer,
Department of mathematics and Physics,
School of pure and health sciences,
Technical University of Mombasa,
Kenya.

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ABSTRACT
The study purpose of the study was to determine the prevalence of emergency contraceptive use among the Kenya Coast National Polytechnic. The objective of the study was to establish the level of contraceptive use, student knowledge on contraceptives and accessibility of contraceptives. A descriptive cross sectional study design was employ to collect both qualitative and quantitative data. Data was collected from sample size of 196 calculated using Fisher's formula. Data was collected using both structured questionnaires and interviews. The collected data was analyzed using SPPS version 20 and presented using tables and pie charts. About 32% of the respondents were using contraceptive, 99% had knowledge on contraceptives and 77% could access contraceptives within their neighborhood. Bivariate analysis findings show that residence (p=0.000), course (P=0.000), usage of contraceptive (p=0.000) and availability at a nearby facility (p=0.009) to statistically significant in contraceptive use. The study recommends that the respondents need more knowledge on various contraceptive options, support from both institution of learning as well as parents on safe sex practices and reliable provision of contraceptives

KEY WORDS: Contraceptives, teenagers, accessibility

INTRODUCTION
Emergency contraceptives are medicines taken to reduce the risk of pregnancy within a few days after sexual intercourse during which contraceptives fail or were not used (WHO, 2012). Emergence contraceptives pills are taken after unprotected sexual intercourse or breakage of condom (Sedgh et al; 2007). The common forms of emergency contraceptive are levonorgestrel and Birth control pills (WHO, 2004). Globally, emergency contraceptives can prevent up to over 95% of pregnancies when taken within five days after intercourse (WHO, 2012).

In Africa 24% women of reproductive age have the highest unmet need for contraception rates (WHO, 2004). In Uganda, NGOS are trying to make contraceptives more available in rural areas. According to study that was done by Nwachukwu and Obese in Nigeria 2008, modern birth control method were used by 30% respondents in Sub-Saharan Africa (Obi et al; 2008).

In Kenya, the prevalence of contraceptive use has increased since 1970s, at which time only7% of married women of reproductive age used any method of family planning (Raymond et al; 2011). By 1988, this figure has grown to nearly 40% as contraceptives use had increased, Kenya’s total fertility rate has dropped from more than eight children (Singhs et al; 2010).

The purpose of this study was to systematically review the prevalence of emergency contraceptive use among college students. Kenya coast national polytechnic is a national polytechnic with over 5000 student population.
OBJECTIVES

Broad objective
To determine the prevalence of emergency contraceptive use among Kenya Coast National Polytechnic students

Specific objectives
a) To establish the level of emergence contraceptive use
b) To know the knowledge of students on contraceptives
c) To determine the accessibility of contraceptives

METHODOLOGY

The study employed a descriptive cross sectional study design to collect both quantitative and qualitative data from the respondents. The target populations were female students who are bonafide students of the college with college identity card

STUDY SITE
The study was conducted at Kenya coast national polytechnic. The college is located in Majengo Kisauni road, Mombasa County, Mvita Sub County. The institutions offer variety of courses ranging from certificate, diploma and higher national diploma. The is made up of ten departments, namely: Business management, Secretarial and language, Medical science, Journalism, Catering, Fashion and design, Information technology, Hospitality, Applied science, Mechanical, building and electrical engineering

SAMPLING
The study employed cluster random sampling was used to come up with a sample frame from the ten departments. Then simple random sampling was used to recruit the subjects into the study. Structured questionnaires were administered to the respondents as well as interviews conducted on two selected subjects from each department. All study subjects were taken through the purpose of the study and signed a written informed consent before taking part

SAMPLE SIZE
The sample size was determined using Fisher’s formula (Mugenda, 1999)

\[ n = \frac{z^2pq}{d^2} \]

\( n= \) desire sample size
\( z= \) standard normal deviation (1.96)
\( p= \) anticipated population proportion (15%)
\( q= 1 – p \)
\( d= \) allowable error
\( n= (1.92)^2(0.15)(0.85) \)
\( (0.05)^2 \)
\( =196 \)

DATA MANAGEMENT
The collected data was edited, transcript, coded and entered into SPSS version 21 software for analysis. The study findings were presented using tables and pie charts
RESULTS

Figures

**CONTRACEPTIVES USE EXTENT**

![Pie chart showing contraceptive use extent with 32% YES and 68% NO.]

**Figure 1:** Prevalence of contraceptive use among KCNP students

![Bar chart showing contraceptive usage percentages for Condom, Depo provera, Jardelle, and T copper.]

**Figure 2:** Preferred contraceptive among KCNP students
### Tables

#### Table 1: Bivariate analysis on socio demographic factors

| Variable          | Category          | Frequency (N=196) | Contraceptive use | Df | Chi Square | P= value |
|-------------------|-------------------|-------------------|-------------------|----|------------|----------|
|                   |                   | On (n=124)        | Not (n=72)        |    |            |          |
| Age               | 18-20 years       | 142 (72.4%)       | 94 (75.8%)        | 1  | 1.906      | 0.167    |
|                   | 21-24 years       | 54 (27.6%)        | 30 (24.2%)        |    |            |          |
| Religion          | Christian         | 144 (73.5%)       | 95 (76.6%)        | 1  | 2.422      | 0.120    |
|                   | Muslim            | 52 (26.5%)        | 29 (23.4%)        |    |            |          |
| Course            | Certificate       | 68 (34.7%)        | 60 (48.4%)        | 1  | 35.403     | 0.000    |
|                   | Diploma           | 118 (60.2%)       | 55 (44.4%)        |    |            |          |
|                   | Higher diploma    | 10 (5.1%)         | 9 (7.2%)          |    |            |          |
| Level of pocket   | <2000             | 34 (17.3%)        | 20 (16.1%)        | 2  | 6.738      | 0.034    |
| money (Ksh.)      | 2000 – 5000       | 94 (48%)          | 68 (54.8%)        |    |            |          |
|                   | >5000             | 68 (34.7%)        | 36 (29.1%)        |    |            |          |
| Residence         | College hostels   | 45 (23%)          | 37 (29.8%)        | 2  | 99.521     | 0.000    |
|                   | Home with relatives | 62 (31.6%)     | 8 (6.5%)          |    |            |          |
|                   | Rentals           | 89 (45.4%)        | 79 (63.7%)        |    |            |          |

#### Table 2: Bivariate analysis on student knowledge on contraceptive

| Variable          | Category (N=196) | Contraceptives use | Df | Chi Square | P= value |
|-------------------|------------------|--------------------|----|------------|----------|
|                   |                  | On (n=124)        | Not (n=72) |    |           |          |
| Aware of contraceptive | Yes           | 194 (99%)         | 123 (99.2%) | 1  | 0.153     | 0.696    |
|                   | No               | 2 (1%)            | 1 (0.8%)   | 1  | 1.174     | 0.278    |
| Mode of action    | Yes              | 3 (1.5%)          | 1 (0.8%)   | 1  | 1.174     | 0.278    |
|                   | No               | 193 (98.5%)       | 123 (99.2%) | 1  | 1.173     | 0.279    |
| Indications       | Yes              | 194 (99%)         | 122 (98.4%) | 1  | 1.173     | 0.279    |
|                   | No               | 2 (1%)            | 2 (1.6%)   | 1  | 0.175     | 0.676    |
| Side effects      | Yes              | 80 (40.8%)        | 52 (41.9%)  | 1  | 0.175     | 0.676    |
|                   | No               | 116 (59.2%)       | 72 (58.1%)  |    |            |          |
| Usage             | Yes              | 112 (57.1%)       | 94 (75.8%)  | 1  | 48.012    | 0.000    |
|                   | No               | 84 (42.9%)        | 30 (24.2%)  |    |            |          |
| Storage           | Yes              | 68 (34.7%)        | 50 (40.3%)  | 1  | 4.720     | 0.030    |
|                   | No               | 128 (65.3%)       | 74 (59.7%)  |    |            |          |
| Effectiveness     | Yes              | 172 (87.8%)       | 109 (87.9%) | 1  | 0.007     | 0.974    |
|                   | No               | 24 (12.2%)        | 15 (12.1%)  |    |            |          |
CONCLUSION
Most college students at KCNP fall at an age range of 18-20 years, at this age most are sexually active and they need support from parents and institution on contraceptive choices. Their residence in college plays a role in sexual and contraceptive use practices.

Majority of the respondents can access contraceptive products at a nearby health facility and which is significant to contraceptive uptake.

The level of knowledge of on contraceptive use was satisfactory. However, uptake of contraceptive products was low despite the sexually active life by the students.

DISCUSSION
The study findings shows that from a sample size of 196 respondents; about 142 (72.4%) to be from an age range of 18-24 years, Christians were the dominant group with 144 (73.5%) respondents and about 48% receive a monthly pocket money of Ksh. 2000 to 5000. About 75% of the respondents are sexually active while preadolescent group with 144 (73.5%) respondents and 172(87.8%) of the respondents are using contraceptives without the knowledge of their parents. The bivariate analysis findings show that availability of contraceptives within a nearby facility (p=0.009) was significant to contraceptive uptake.

Majority of the respondents can access contraceptive products at a nearby health facility and which is significant to contraceptive uptake.

The level of knowledge of on contraceptive use was satisfactory. However, uptake of contraceptive products was low despite the sexually active life by the students.

RECOMMENDATIONS
The study recommends on the following;
1. The institutions of higher learning and the parents need to support their children on sexual health in order to arrive at an equilibrium between sexual activity and contraceptive use which stands at 75% to 32%
2. Despite the level of knowledge of contraceptives being high (99%), there was need to educate the students on variety of contraceptive products, mode of action and safety
3. Institutions of higher learning should employ an health care worker who can ensure that there is always sustainable contraceptive commodities to students all times.

| Variable                              | Frequency (N=196) | Contraceptive use | Df | Chi square | P= value |
|---------------------------------------|-------------------|-------------------|----|------------|----------|
| Available at nearby facility          |                   |                   |    |            |          |
| Yes                                   | 151 (77%)         | 103 (83.1%)       | 48 (66.7%) | 1          | 6.925    | 0.009    |
| No                                    | 45 (23%)          | 21 (16.9%)        | 24 (33.3%) | 1          | 3.713    | 0.054    |
| Issued at college                     |                   |                   |    |            |          |
| Yes                                   | 65 (33.2%)        | 35 (28.2%)        | 30 (41.7%) | 1          | 0.010    | 0.921    |
| No                                    | 131 (66.8%)       | 89 (71.8%)        | 42 (58.3%) | 1          | 0.974    | 0.324    |
| Availability at any time              |                   |                   |    |            |          |
| Yes                                   | 58 (29.6%)        | 37 (29.8%)        | 21 (29.2%) | 1          | 0.997    | 0.324    |
| No                                    | 138 (70.4%)       | 87 (70.2%)        | 51 (70.8%) | 1          | 0.974    | 0.324    |
| Parents support on contraceptive use  |                   |                   |    |            |          |
| Yes                                   | 24 (12.2%)        | 13 (10.5%)        | 11 (15.3%) | 1          | 0.997    | 0.324    |
| No                                    | 172 (87.8%)       | 111 (89.5%)       | 61 (84.7%) | 1          | 0.974    | 0.324    |
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