FACTORS CONTRIBUTING TO THE PREVALENCE OF UNPLANNED PREGNACIES AMONG FEMALE UNIVERSTY STUDENTS AT KAMPALA INTERNATIONAL UNIVERSITY- WESTERN CAMPUS, ISHAKA- BUSHENYI

BY

ATWIKIRIZE MOREEN

NSIN; M16/U011/011

A RESEARCH PROPOSAL SUBMITTED TO KAMPALA INTERNATIONAL UNIVERSITYSCHOOL OF NURSING AND MIDWIFERY IN PARTIAL FULFILMENT FOR THE REQUIREMENTS OF AWARD OF A DIPLOMA IN NURSING

AUGUST, 2017

ABSTRACT

Background: Unplanned pregnancies among university students is an important public health issue in both developed and developing countries because of its negative association with social, psychological and health outcomes for both mothers and the children. The rate of unplanned pregnancies among university female students is high. Unplanned pregnancies can be prevented by effective use of contraceptives.

Aim of the study: To determine the factors contributing to the prevalence of unplanned pregnancies among female university students at Kampala International University-Western Campus (KIU-WC)

Method: A quantitative descriptive survey was conducted among 96 female university students at KIU-WC. A hand delivered self-administered questionnaire was used to collect the data by the researcher.

Results: The level of unplanned pregnancies is high among participants (85.2%) who carried pregnancy while at the university. Low socio-economic factors (47.3%) contribute to the prevalence of unplanned pregnancies. Participants always accessed contraceptives (83.3%) from pharmacies/drug shops (54.4%) and private clinics (38.9%) expensively. Effective use of contraceptives protected majority of the sexually active participants (67.7%).

Conclusion: Most pregnancies among female students at KIU-WC are unplanned and these unintended pregnancies are due to low socio-economic factors. This problem can be reversed by the free access and effective use of contraceptive methods by students.

COPYRIGHT

I ATWIKIRIZE MOREEN declare that this publication is my own effort and it has never been submitted for academic award in any institution, college or university whatsoever before.

Signature ……

Date ……

ATWIKIRIZE MOREEN (RESEARCHER)

AUTHORISATION

I certify that this dissertation on the factors contributing to the prevalence of unplanned pregnancies among the female students at KIU-WC has been done under my supervisor.

Signature ……..

Date ……..

MR. TURYASINGURA JOHNAN (SUPERVISOR)

DEDICATION

This book is dedicated to my father Mr. Mujuni Levi who has brought me up and educated me to this level. My brothers Ainebyona Emmanuel, Atuhurire Lucky, Atukwase Witness, Ainamani Robert and my friend Nankunda Mercy whose moral support and courage has made a difference in my life. I cherish the good moments we have had with my colleagues during our course of study. And finally to all my lecturers who have shaped me this way, installed pride and confidence in my career.

ACKNOWLEDGEMENT

I wish to thank my supervisor Mr. Turyasingura Johnan who despite his busy schedule has taken time to continually review my work and advise me accordingly. Your guidance, assistance, critics and encouragement sailed me through this work project.

My sincere gratitude to my parents who supported me financially in the course of my study and great words of encouragement that have kept me moving.

I also acknowledge all the people who have been involved in the preparation of this report, more especially the management of Kampala International University-Western Campus for having allowed me to collect data at the university, and the respondents for revealing their most confidential and highly personal information.

Above all I give glory to the Almighty God who is my wisdom and strength, and for another opportunity to increase in knowledge to serve the people.

Contents

List of figures

List of tables

LIST OF ABBREVIATIONS/ACRONYMS

AIDS Acquired Immune Deficiency Syndrome

EC Emergency Contraceptives

HIV Human Immune Virus

KIU Kampala International University

KIU-TH Kampala International University Teaching Hospital

KIU-WC Kampala International University Western Campus

MOH Ministry Of Health

UNFPA United Nations Fund for Population Activities

UNICEF United Nations International Children's Emergency Fund

WHO World Health Organization

OPERATIONAL DEFINITION OF TERMS

A peer: Is someone you can identify with ease in terms of age, sex, behavior, personality and hobbies.

An adolescent/ teenager: Is a person aged between 10 and 19 years, in this study.

Contraception: It refers to measures/methods to prevent conception without abstaining from sexual intercourse in order to prevent unplanned pregnancies.

Pregnancy: Refers to a state of carrying a developing embryo or foetus within the female body.

Reproductive Health: Is the complete physical, mental and social wellbeing of an individual and not merely the absence of disease or infirmity in all matters related to reproductive process, their function and systems at all stages of life (WHO, 1998).

Sex education: Is the process of providing knowledge and skills usually of desirable qualities of behavior regarding sexual intercourse.

Sexual activity: Is defined as vaginal sexual intercourse in this study.

Teenage pregnancy: It refers to a pregnancy of a woman from 10 to 19 years age.

Unplanned pregnancy: A pregnancy that occurred without advanced planning whilst studying at the university or higher institution of learning.

CHAPTER ONE

1.0 Introduction

This chapter covers the background of the study, problem statement, purpose of the study, the specific objectives, research questions and the justification for the study.

1.1 Background

Today's generation of adolescents is the largest in history. Nearly half of the global population is less than 25 years old (UNFPA, 2006). These young people face many significant sexual reproductive health challenges such as limited access to youth friendly services including information on growth, sexuality and family planning. This has led youth into risky sexual behaviors resulting to high STI and HIV prevalence, early pregnancy and vulnerability to delivery complications resulting in high rates of death and disability (Hoque M.E, et al, 2013).

Unplanned pregnancy is an important public health issue in both developed and developing countries because of its negative association with social and health outcomes for both mothers and children. Of the estimated 210 million pregnancies that occur throughout the world each year, about 38% are unplanned, out of which 22% end in abortion. (Amin F, et al, 2009).

Studies conducted in various developed and developing countries revealed that unintended pregnancies can have serious health, social, and economic consequences. The negative consequences of unwanted pregnancies are increased risk of low birth weight and of being born prematurely both of which may result into high risk of infant

mortality. (Bald. M et al, 2003). In sub Saharan Africa, unintended pregnancy accounts for more than a quarter of the 40 million pregnancies that occur annually. (WHO, 2008).

In Uganda, adolescent pregnancy often results in a diverse maternal and neonatal health outcomes. In this context, low use of contraception and high rates of maternal mortality rate make preventing unwanted pregnancies critical. The study conducted by the Global Health Action in 2012 revealed that non-use of contraception among Ugandan University students differ for men and women.

The diversity of socio-demographic factors regarding risky behaviors seems to be pertinent to males but not females. Decision making power for contraceptive use largely appears to rest with males, especially among those who were not in a steady relationship. (Global Health Action, 2012).

It is a core concept in understanding the fertility of populations and the unmet need for contraception. Unintended pregnancy is associated with increased risk of morbidity for women, and with health behaviors during pregnancy that are associated with adverse effects such as delay prenatal care, which may affect the health of the infant. Women of all ages may have unintended pregnancies, but some groups such as teens, are at a higher risk. (Biddlecom.A, et al, 2007).

Pregnancy among teenagers especially those that are at tertiary institutions seem to be an increasing problem with serious health implications for young mothers (Anyawu, et al, 2013).

This issue is worrisome on different fronts. First, given the alarming trend of HIV/AIDS pandemic and other sexually transmitted diseases, the health of these teenagers is put to threat. Second they are exposed to psychological torture and in some cases their school is adversely affected.

According to the United States Center for Disease Control and Prevention (2008), 329,772 births were recorded among teenagers between 15 and 19 in 2011. About 70,000 teenagers in developing countries die annually of causes related to pregnancy and child birth (UNICEF, 2011).

According to the UNFPA report of 2013, the underlying causes of teenage pregnancy include child marriage, gender inequality and obstacles to human rights, poverty, sexual violence and coercion, national policies restricting access to contraception, age, appropriate sexual education and reproductive health services.

In Uganda studies carried out by Neema (2006) found that most teenagers have a wrong perception on how pregnancy occurs, where by 25.9% of girls and 25% of boys believe that a girl cannot get pregnant the very first time she has sexual intercourse. About 33.3% of girls and 30.6% of boys believe that girls cannot get pregnant if she has sex while standing up. About 24.8% of girls and 20.8% of boys believe that a girl cannot get pregnant if she thoroughly washes herself immediately after sex. It is also found that 8.3% of girls and 58% of boys believe that a girl cannot get pregnant if the boy withdraws before ejaculation (Neema, et al 2006).

1.2 PROBLEM STATEMENT

Every year in the world, the rate of unplanned pregnancies amongst students at higher institutions of learning continues to increase despite the availability of free contraceptive methods and emergency contraceptives offered by student health centers at higher educational institutions (Brunner and Ersek, 2009). The unplanned pregnancy rate over the years 2009 to 2013 at selected higher educational institutions increased from 0.50% to 0.67% (Maria and Roinah, 2015).

Most of these unintended pregnancies and needless deaths could have been prevented had basic reproductive health services been made available to these women (Daulaire 2009). From the researcher's observation, unplanned pregnancies among students at KIU is fast becoming a problem in spite of the availability of contraceptives at KIU-TH and provision of free condoms at the hospital.

The researcher has therefore sought of the study to describe the factors that contribute to the prevalence of unplanned pregnancies among female students at KIU.

1.3 Purpose of the study

Unplanned pregnancies among students at universities is recognized as a serious health problem in the society despite the effort done so far to reduce it. The study aimed to determining the factors that contributed to this problem and the recommended measures alleviated the prevalence and the consequences of unplanned pregnancies among female University students. The information obtained from this study helped the KIU

community and other stakeholders to design and set appropriate measures that alleviated the problem of unplanned pregnancies among female University students.

1.4 Justification for the study

Unplanned pregnancies are dangerous to the mothers, the child, parents of the student mother and the entire community at large. The mother may suffer psychological stress due to insufficient care of pregnancy in terms of finance, academic demands and harshness of parents. Some of the students at the University are under the age of twenty. Teenage childbearing is associated with many adverse consequences for teen mothers, their family and children, which may be due to the disadvantaged situation in which these students already lived before having a teen birth. The burdens that these young mothers carry by having a baby during school often restricts economic and educational opportunities.

The information obtained from this study guided in what needs that were to be done and need that was to be improved or changed and to determine the factors contribute to prevalence of unplanned pregnancies among female University students. The study is also yielded findings that were used by the KIU community and other stakeholders to design and set appropriate measures that helped to alleviate the social health problem of unplanned pregnancies among female University students. By finding the root cause of the problem helped to manage the situation that caused female students at the University to bear unplanned pregnancies, hence reduced the consequences associated with this.

1.5.1 Broad objective

To determine the factors contributing to the prevalence of unplanned pregnancies among female students at KIU-WC.

1.5.2 Specific objectives

i. To assess the socio-economic risk factors influencing unplanned pregnancies among female University students.

ii. To assess the free access to the contraceptive methods and reproductive health services available at KIU-TH by female University students at Kampala International University-Western Campus.

iii. To determine ways of preventing unplanned pregnancies in female University students at Kampala International University-Western Campus.

1.6 Research questions

i. What are the socio-economic factors influencing the prevalence unplanned of pregnancies in female students at KIU?

ii. Are the contraceptive methods and reproductive health services available at KIU-TH freely accessible to female students at KIU-WC?

iii. What could be the preventive measures to unplanned pregnancies in female University students at KIU?

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter presents the search for and review of literature relevant to the research topic factors contributing to the prevalence of unplanned pregnancies among female university students. The review of literature is discussed under three sections which are assessing the socio-economic risk factors influencing unplanned pregnancies among female University students, assess the free access to the contraceptive methods and reproductive health services available, and ways of preventing unplanned pregnancies in female University students.

2.1 Socio-economic factors influencing unplanned pregnancies among female University students

About 14 million women 15-19 years old give birth each year, about 11% of all births worldwide (WHO, 2009). 95% of these births occur in low and middle income countries. As a result of this and other factors including lack of education on sexual and reproductive health, poverty, contraceptive failure, and sexual assault, an estimated 10-14% of young women around the world experience unwanted pregnancies (Akande, 2008).

Poor living conditions often lead young people to engage in sex at an early age. In a survey conducted among high school students in Addis Ababa, 38% reported that they were sexually active. 71% of these students experienced their first sex between ages of 14-16 and were forced to practice sex for money (Gebre, 2010)

Research suggests that sexual risk taking has many non-sexual consequences such as poor academic performance and early school leaving, while unplanned pregnancy is strongly associated with low economic status. And poverty, lack of sex education, inadequate access to reliable contraception, poverty, and limited education contribute to the high rate of pregnancy among the youth (Grant and Hallman, 2007).

In some studies unprotected sex among University students is also associated with lack of social capital. Social capital is simply trust in others, perception and sharing values (Agardh et al, 2010).

The exchange of gifts or material goods for sex is sometimes expected as a sign of appreciation in sexual relationships among Africa youths, and as such can be fittingly viewed in the ensuing context of man's responsibility to provide for a woman. However, in other situations unplanned sex occurs because of the desire for material gains (Moore, et al, 2007).

In Uganda, university enrolment also marks the beginning of independent living by moving out of parents' homes into hostels on or off campus. There, students participate in numerous social activities and functions such as dance clubs, sporting events and binge drinking, which may lead some students into experimenting sexual activities (Mutungi, et al, 2008). These activities may facilitate unplanned, and unwanted sexual advances contributing to the spread of HIV (Wamoyi et al, 2010).

2.2 Assessment of the free access to the contraceptive methods and reproductive health services to University female students

According to a study from Washington University School of Medicine in 2012 led by Jeffrey P, providing free birth control to women reduces unplanned pregnancies and abortions. Another study conducted from 2008 to 2010 by investigators at Washington University reports that providing birth control to women at no cost substantially reduces unplanned pregnancies and cuts abortion rates by a range of 62-78% compared to the national rate (Jeffrey, 2012).

In Botswana, contraceptives are available with no charge from the government health facilities. These facilities include also university clinics, mobile clinics, health posts and Botswana Family Welfare Association, and sexual and reproductive centres (Hoque M.E, et al 2013).Most of our health centres do not pay attention to the youth reproductive health issues. The little services that are provided lack privacy and right attitude from the providers. And as a result a lot of youths avoid or stop utilizing these centres and at the end of the day they are left uninformed leading to increased number of unplanned pregnancies among the youths (Georgina C, 2011).

Some women may have none or limited knowledge on effective use of contraceptives and so end up conceiving even when they are on contraceptives as they do not follow the instructions prescribed (Mesce, 2010).

According to Tanzania National Family Planning Guidelines and Standards (2013), all men and women including young people (10-24 years of age), irrespective of their

parity and marital status, are eligible to access accurate and complete family planning information, education and services. Although this policy allows teenagers to access reproductive health services, the policy is not effectively implemented in most of the areas as teenagers are still facing difficulties when they need the services.

A study conducted in Uganda found that young people face refusal or restrictions when they request contraceptives from providers (Nalwadda G, et al 2011). Nearly one-third of the providers said that they will not supply contraceptives to individuals who are younger than 18, unmarried, still in school and those without children, although the policy guidelines of Uganda have no such requirements. (Global Health Action, 2012).

2.3 The preventive measures to unplanned pregnancies in female University student

Numerous prevention strategies such as health education, skill-building and improving accessibility to contraceptives have been employed by countries across the world, in an effort to address this problem of unintended pregnancies among the adolescents (Chioma O et al, 2009).

It was estimated that regular contraceptive use can prevent 12.0 million unplanned and unwanted pregnancies every year (Ersek et al, 2011).

Unplanned pregnancies may be prevented by using the contraceptive methods, such as the oral contraceptive pills, the long-term hormonal injections, the condoms, the tubal ligation or a vasectomy (Hoque M.E, 2013).

In countries where the incidence of unplanned pregnancies was decreasing, there was an increase in the use of contraceptives (Singh et al, 2010). In a study conducted on contraceptive use and attitudes among female college students in USA, it was suggested that between ages 20 and 24 they have one of the highest rates of unplanned pregnancies. It was indicated that 53.3% did not use contraception (Bryant, 2009).

Increasing awareness of emergency contraceptives among youths is one of the strategies to prevent unintended pregnancies (Sonia P, 2007).

In a study on awareness of emergency contraception among female college students in Chandigarh-India, it was found that only 7.3% of the female students had knowledge about emergency contraceptive pills and of them, 14.7 knew the correct timing. It was therefore concluded that appropriate awareness programs on EC were important in preventing unplanned pregnancies (Sonia P, 2007).

In a study conducted in 2010 among 1,954 students at Mbarara University of Science and Technology in southwestern Uganda, it was found that 18.6% of the sexually active students had not used contraception in their last sexual encounter. It was also concluded that non-use of contraception among university students differ for males and females, possibly due to gendered power relations. In the same study, it was also concluded that sexual and reproductive health policies and programs should be designed to take these differences into account (Devika M, et al, 2012)

CHAPTER THREE

METHODOLOGY

3.1 Introduction

The chapter covers the following; study design and rationale, study setting and rationale, study population, sample size determination, sampling procedure, inclusion criteria, definition of variables, research instruments, data collection procedure, data management, data analysis, ethical consideration, limitation of the study, and dissemination of results.

3.2 Study design and rationale

This study was a cross-sectional descriptive survey, and employed quantitative method. Self-administered questionnaires with in-depth questions helped to obtain the data related to the specific objectives. The researcher selected the above method because it allows easy collection of data at single point in time.

3.3 Study setting and rationale

The study was conducted from Kampala International University-Western Campus and Kampala International University-Teaching Hospital, both located approximately 330 kilometres along Mbarara-Kasese highway in Ishaka-Bushenyi municipality, western Uganda and southwest of Kampala city. Both institutions are under one umbrella of KIU as privately owned university. KIU-WC is one of the campuses of KIU with other branches in Kampala, Kenya and Tanzania, and it mainly teaches health sciences. This

setting was used because the participants were easier to identify from the university and students' places of residence since some the students rented near the university.

3.4 Study population

The targeted population for this study included female students in the age range 17-30, studying at Kampala International University Western Campus. Non pregnant but sexually active students, pregnant students and those who had given birth in course of their study at a university were targeted.

3.4.1 Sample size determination

The sample size (n) was obtained by using the formula for single proportion by Kish and Leishile (1965) as follows;

$$n = \frac{Z^2 PQ}{d^2}$$

Where;

n =sample size.

Z = the value that corresponds to the 95% confidence interval which is 1.96.

P = the estimated number of respondents. Targeted number was unknown, so 50% was used to give the largest required minimum sample.

Q = 1-P (0.5)

d = the degree of precision of error to be committed which was 10% (0.1)

$$n = \frac{(1.96)^2 \times 0.5 \times 0.5}{(0.1)^2} = 96.04$$

Therefore the sample size was 96.

3.4.2 Sampling procedure

Convenient sampling method was used to select 96 participants. Different groups of respondents were selected; sexually active but non-pregnant female students, pregnant students and students who delivered a baby while at the university or even other higher institutions of learning before joining KIU-WC, in depth interviews. The researcher administered the questionnaires to consented respondents, who were also guided on questions in case a respondent failed to understand the questions.

3.4.3 Inclusion criteria

All female students in the age range of 17-30 at Kampala International University Western Campus and were sexually active. The participants consented first and were in both groups.

3.4.4 Exclusion criteria

All female students at Kampala International University Western Campus, below the age of 17 and above 30 years of age did not participate in this exercise. All female students who did not consent were excluded.

3.5 Definition of Variables

3.5.1 The dependent variable measured was unplanned pregnancies among female university students.

3.5.2 Independent variables were the factors investigated and these included:

1. demographic characteristics; age, marital status, faculty, religion, and education level
2. socio-economic status; Household economic status will be determined using proxy indicators (means test) like household properties, for example a female student mother coming from a home the cemented floor and having a house with iron sheets (UDHS, 1995).
3. Free access to contraceptive methods and reproductive health services; knowledge, attitudes, beliefs and availability
4. Sexual behavior; age at first intercourse, rewards for sex, sex education, type and number of sexual partners and reasons for having sex.
5. Peer influence/drive
6. Pregnancy; desire for pregnancy, counseling against unplanned pregnancy, age at first pregnancy

3.6 Research instruments

The researcher collected data from the respondents using questionnaires which were divided into five parts, that is; first part was used to collect data about demographic characteristics of the respondents, the second part assessed the socio-economic factors,

the third part assessed the free access of contraceptive methods, the fourth part assessed the pregnancy and sexual behavior and the fifth part assessed the preventive measures of unplanned pregnancies among female university students. It had both structured and multiple choice questions and was written in English. This tool was selected because the study population was literate and able to read, write and understood English.

3.7 Data collection procedure

Data was collected through administering a questionnaire to a single participant. Depending on the situation, the researcher conducted a one to one interview, which was an interaction between the interviewer and the informant. The researcher explained to the respondent the research project, the purpose, the kind of questions that were asked, assured confidentiality and consent was asked for and signed. Filling the questionnaire spent 30 to 45 minutes. At the end of filling the questionnaire by the respondent, the researcher thanked the respondent for their cooperation.

3.7.1 Data management

The filled questionnaires were checked for validity before leaving the data collection site. Data was manually coded and it was entered correctly into the computer. The questionnaires were kept properly in a lock to avoid access by unauthorized persons and loss.

3.7.2 Data analysis and presentation

Data analysis was done manually using paper, pen and tallies. Frequencies of variables were generated; Tabulation and percentages were used to illustrate the study findings. The data was presented in form of tables, and pie-charts.

3.8 Ethical consideration

All participants were informed about the nature of the study and they were given the option of withdrawing from the study or to omit answering certain questions without any negative repercussions. Anonymity and confidentiality was assured. Ethical approval was obtained from the Research ethical committee of KIU-WC before data collection.

3.9 Study limitation

The research anticipated the following limitations:

- Some students refused to answer questions concerning their pregnancies and sex life most especially where they felt ashamed or shy like number of sexual partners and age at first sexual intercourse. However, this was solved by; the researcher explained to the participants that information given was a secret between the researcher and the respondent, assured utmost confidentiality of any data provided by the respondent, told respondents to fill the questionnaire in their suitable environment and explained to the respondents that the questionnaires did not possess names of the respondents to assign any data filled in the questionnaire to anyone.

- Financial challenge. This was however solved by mobilizing funds from parents, relatives and friends.

3.10 Dissemination of results

The results were forwarded to the Uganda Nurses and Midwives Examinations Board, Kampala International University Western Campus Library, and a copy was retained by the researcher for future reference.

CHAPTER FOUR

RESULTS

4.0 Introduction

This chapter shows the results obtained during data collection process which is presented in form of tables, and pie-charts.

4.1 The demographic data findings

Table 1: shows some of the demographic characteristics of the respondents (n=96)

Characteristics	Frequency (n)	Percentage (%)
Age group		
15-18	5	5.2%
19-25	67	69.8%
26 and above	24	25%
Marital status		
Single	77	80.2%
Married	19	19.8%
Windowed	00	00
Separated	00	00
Faculty		
Art	20	20.8%
Education	12	12.5%
Health sciences	64	66.7%
Religion		
Christian	71	74%
Moslem	25	26%

From the table 1 above, majority of the respondents 67 (69.8%) were in the age group of 20-25, 24(25%) were aged 26 and above and the minority of the respondents 5(5.2%) were aged between 15 and 19. Majority of the respondents 77(80.2%) were single, and 19(19.8%) of the respondents were single. No respondents were windows or had separated with their husbands. Majority of the participants 64(66.7%) were studying health sciences, 20(20.8%) studied art courses and only 12(12.5%) of the respondents were in the faculty of education. Most students 71(74%) were Christians, and the remaining participants 25(26%) were Muslims.

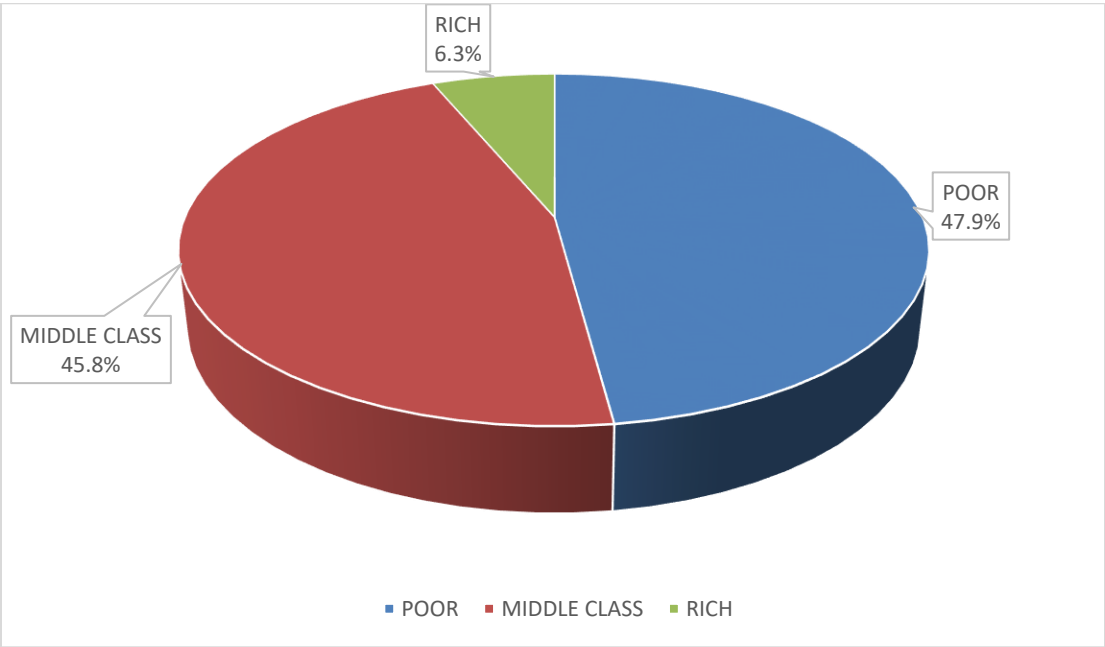
Table 2: shows the level of study of the respondents (n=96)

Level of education	**Frequency(n)**	**Percentage (%)**
First year	21	21.9%
Second year	55	57.3%
Third year	13	13.5%
Finalist	07	7.3%

The table above shows that majority of the respondents 55(57.3%) were in second year and the minority 07(7.3%) were finalists. 21(21.9 %) of the respondents were in first year while only 13(13.5%) of the participants were in third year.

4.2 socio-economic factors

Figure 1: A pie-chart showing the social status of the respondents (n=96)



From the figure above, results indicate that most of the respondents (n=46, 47.9%) were from poor families, with almost the number of the respondents (n=44, 45.8%) from the middle class and very few were (n=6, 6.3%) from rich families

Table: 3 shows the parents occupation of the respondents (n=96)

Occupation	Peasant	Domestic farmer	Civil servant	Business person	Causal laborer
Frequency(n)	42	10	28	07	09
Percentage (%)	43.8%	10.4%	29.2%	7.3%	9.4%

Table 3 indicates that the parents of majority of the students 42(43.8%) were peasants and the parents of 29.2% of the students are civil servants. Parents of 10(10.4%),

09(9.4%) and 07(7.3%) of the respondents are domestic farmers, causal laborers and business men respectively.

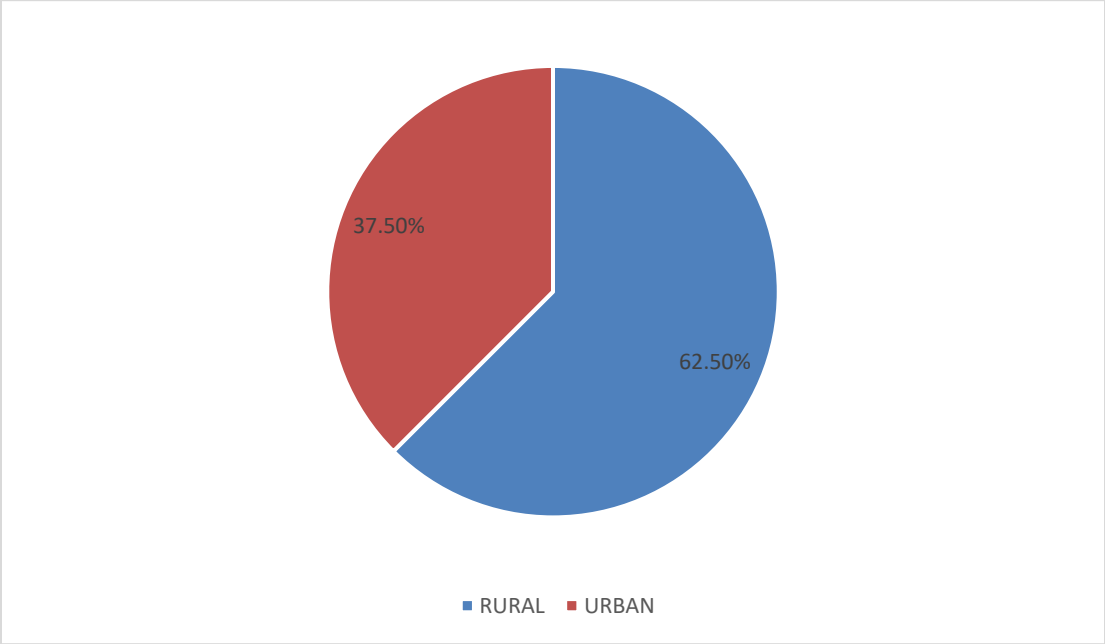
Table 4 shows the level of education of respondents' parents (n=96)

Variable	No education	primary	secondary	Tertiary
Frequency (n)	12	23	20	41
Percentage (%)	12.5%	24%	20.8%	42.7%

From the results above, majority of the respondents' parents (42.7%) attained tertiary level as the highest level of education while the minority (12.5%) did not go to school. 24% of the respondents have parents who stopped schooling at primary level and 20.8% respondents' parents joined secondary school.

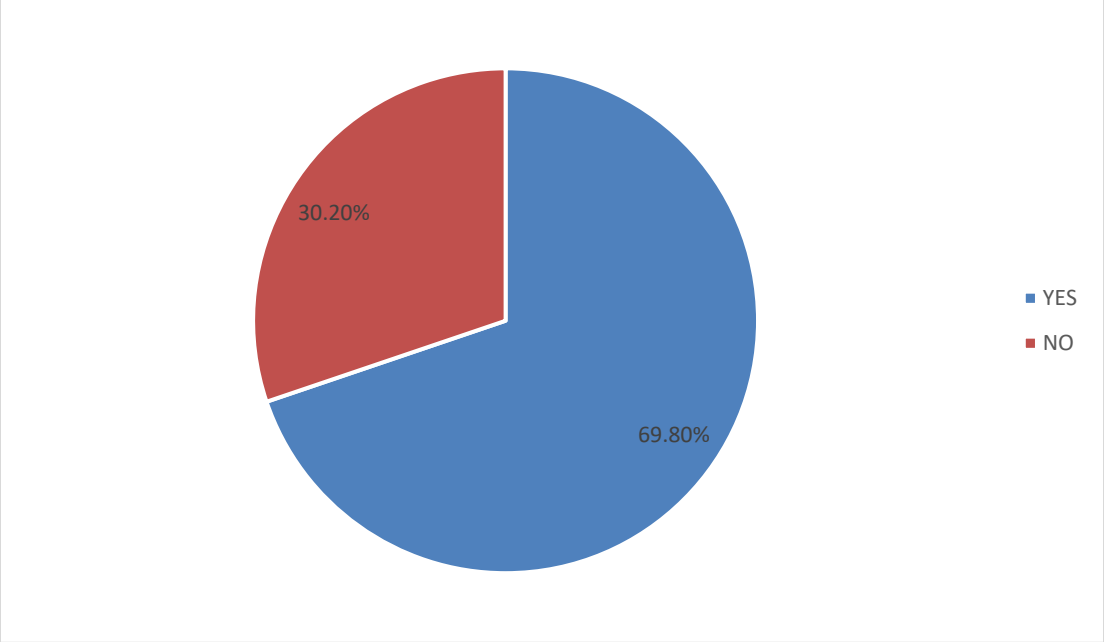
Figure 2 shows the place of birth of the participants

(n=96)



The pie-chart above indicate that majority 60(62.5%) of the students came from rural areas and the minority 36(37.5%) of the students lived in urban areas.

Figure 3 shows the number of students living with their parents (n=96)



The above results show that majority (n=67, 69.8%) of the students live with their parents and a big percentage (n=29, 30.2%) don't stay with their parents at home.

Table 5 shows students who never lived with their parents and the people they live with

(n=29)

Person lived with	Guardian	Aunt/ uncle	Sister/ Brother	Husband	Grand parent	Boy friend	Alone
Frequency (n)	01	01	02	19	06	00	00
Percentage (%)	3.4%	3.4%	6.9%	65.5%	20.7%	00%	00%

From the table above, majority of the students 19(65.5%) who never lived with their parents at home were married women and stayed with their husbands. 06(20.7%) of

the students stayed with their grandparents. None of the students lived with their boyfriends or alone.

Table 6 shows the status of the house the students live in at home (n=96)

Variable	Frequency(n)	Percentage (%)
Number of rooms in parent's house		
Two	19	19.8%
Three to four	47	49%
Five to eight	30	31.2%
Type of roof of parent's house		
Iron sheets	91	94.8%
Polythene material	00	00%
Tiles	05	5.2%
Grass thatched	00	00%
Type of house at home		
Permanent fully furnished	34	35.4%
Semi-permanent	49	51.0%
Temporary	13	13.6%

Table 6 indicates that most students 49(51%) live in semi-permanent houses, 34(35.4%) of the students live in completed permanent houses and the minority 13(13.6%) temporary houses. Most respondents 47(49%) live in a 3-4 roomed house, 30(31.2%) live in a 5-8 roomed house while the minority live in a 2 roomed house. The houses of majority of students 91(94.8%) were roofed with iron sheets and only

05(5.2%) of the respondents live in houses with tiled roofs. No respondents live in polythene roofed or grass thatched houses.

Table 7 shows the financial status and support of the student at school (n=96)

Variable	Frequency (n)	Percentage (%)
Provider of respondent's school fees		
Government loan/scholarship	27	28.1%
Husband/ Fiancée	16	16.7%
Sponsoring organization	08	8.3%
Parent	45	46.9%
Main provider of upkeep to the student		
Parent	59	61.5%
Close relative	02	2.1%
Boyfriend	25	26%
Others	10	10.4%
Means the student gets lunch at school		
Buy from school Canteen/ Restaurant	18	18.8%
Buy eats; chapatti, fried cassava, samosa	35	36.5%
Cook lunch	43	44.8%
Average amount received for upkeep in a month		
Below 20,000shs	13	13.5%
30,000 to 50,000shs	53	55.2%
60,000 to 100,000shs	26	27.1%
Above 100,000shs	04	4.2%

Table 7 shows that the most students 45(46.9%) are sponsored by their parents, 27(28.1%) are sponsored by the government through the loan program or scholarship program, 16(16.7%) are sponsored by their husbands and the minority 08(8.3%) are sponsored by a Non-Governmental Organization. Majority of the participants 59(61.5%) obtain their upkeep from their parents while a significant number of students 25(26%) got their upkeep from their boyfriends and 10(10.4%) of the students receive money from other people like husbands and ordinary friends. Majority of the students 35(44.8%) cook lunch, 35(36.5%) buy fast foods like samosa, chapatti for lunch and the minority 18(18.8%) affords to buy lunch from the canteen. In a month, most students 53(55.2%) receive 30000-50000 shillings for their upkeep. 26(27.1%) receive 60,000-100,000shs and only 04(4.2%) of the students receive more than 100,000shs in a month. 13(13.5%) students receive less than 20,000shs which may not be enough to meet their needs.

4.3 Free access to contraceptives and reproductive health services

Table 8 shows the number of students who visited the reproductive health clinic and the frequency of visit
(n=96)

Variable	Frequency(n)	Percentage (%)
Visited the reproductive health clinic		
Yes	61	63.5%
No	35	36.5%
Frequency of visit		
Monthly	00	00%
Each time I have sex	05	8.2%
After 3 months	45	73.8%
When I get money	11	18.0%
Limitations to visiting reproductive health clinic by students		
Services are expensive	23	65.7%
Health workers discourage students	05	14.3%
Unavailability of contraceptives	00	00%
Fear to visit the clinic	07	20%

Table 8 indicate that 63.5% of students visit reproductive health clinic and a significant number (36.5%) don't. Of those who visit, most (73.8%) visit the clinic

after 3 months, 18% visit when they get money and 8.2% visit the clinic each time they play sex. Of those who don't visit the clinic, majority (65.7%) are limited by the services being expensive, 14.3% were discouraged by health workers and 20% of them fear to visit the clinic.

Table 9 shows the sources, accessibility and cost of contraceptives to students (n=96)

Variable	Frequency (n)	Percentage (%)
Source of contraceptives		
Pharmacy/drug shop	49	54.4%
Community distributers	00	00%
University health unit	06	6.7%
Private clinic	35	38.9%
School	00	00%
Ability to access the contraceptives		
Always	75	83.3%
Sometimes	09	10%
Never	00	00%
Service provider discouraged me	06	6.7%
Cost of contraceptives		
Very expensive	78	81.3%
Free	00	00%
Condoms are for free, but not my choice	69	71.9%
I don't care about contraceptive methods	13	13.5%

The results in table 9 above show that most respondents 49(54.4%) get contraceptives from pharmacies and drug shops, 35(38.9%) get them from private clinics and only 06(6.7%) of the students obtain contraceptives from the university hospital. None of the students obtain contraceptives from community distributers and school. Most of the respondents 75(83.3%) always access the contraceptives, 06(6.7%) were discouraged and 09(10%) occasionally accessed contraceptives. Most of the respondents 78(81.3%) commented that contraceptives are very expensive and 69(71.9%) commented that condom are for free but it is not their choice and 13(13.5%) of the respondents commented that they don't care about contraceptive methods.

Table 10 shows information about relationship and sexual behavior of the respondents
(n=96)

	Frequency (n)	Percentage (%)
Have boyfriend/husband		
Yes	77	80.2%
No	19	19.8%
Ever had coitus		
Yes	87	90.6%
No	9	9.4%
Age at first coitus		
10-14	02	2.3%
15-19	56	64.4%
20-25	29	33.3%
Person respondent had sex with at first coitus		
Boyfriend	68	78.2%
Husband	04	4.6%
Ordinary friend	15	17.2%
Stranger	00	00%
Conditions that led respondents start sexual activity		
Rewards from friends	40	46%
Rape	00	00%
Curiosity/exploring	23	26.4%
Alcohol	00	00%
Peer influence	24	27.6%

The table 10 above indicate that majority of the respondents 77(80.2%) have boyfriends/ husbands and only 19(19.8%) don't. Most respondents 87(90.6%) are sexually active and few 09(9.4%) are not. Most respondents 56(64.4%) had their first coitus between ages of 15-19, 29(33.3%) experienced first coitus between ages of 20-25 and minority had first sexual experience between ages of 10-14. Most respondents 68(78.2%) had their first coitus with their boyfriends and 15(17.2%) of the respondents had their first coitus with ordinary friends. Only 04(4.6%) of the respondents had their first coitus with their husbands. No respondents had their first coitus with a stranger. The results also show that majority of the respondents 40(46%) were influenced by rewards from friends and 23(26.4%) were exploring, yet a significant number 24(27.6%) of the respondents were under peer influence. No respondents started sexual activity due to rape.

Table 11 shows results about pregnancy
(n=96)

Variable	Frequency(n)	Percentage (%)
Ever been pregnant when student	(n=96)	
Yes	27	28.1%
No	69	71.9%
Level of education when became pregnant	(n=27)	
Primary	01	3.7%
Secondary	05	18.5%
Tertiary/university	21	77.8%
Planned to carry pregnancy	(n=27)	
Yes	04	14.8%
No	23	85.2%
Circumstances that led to pregnancy while at campus	(n=27)	
Satisfy boyfriend/fiancée/husband	17	63%
Prove my fertility	05	18.5%
Worried of not having a child at my age	02	7.4%
Peer influence	03	11.1%
All female students near me have children	00	00
Effects of pregnancy on the student	(n=64)	
Academic performance lowered	25	92.6%
Stopped studying	13	48.1%
Stress	26	96.3%
No effect at all	00	00%

From the table above, of the sexually active participants, most respondents 69(71.9%) had not carried any pregnancy while 27(28.1%) of the respondents had carried pregnancy while studying. Majority of these respondents 21(77.8%) become pregnant while studying at tertiary institutions/university, 05(18.5%) became pregnant in secondary school and very few 01(3.7%) became pregnant in primary. A big number of these respondents 23(85.2%) did not plan the pregnancy while only 04(14.8%) planned to be pregnant. Of those respondents who planned their pregnancy, most 17(63%) wanted to satisfy their sexual partners, 05(18.5%) wanted to prove their fertility, 03(11.1%) were under peer influence and 02(7.4%) were worried of not having a child at their age. Majority of the respondents reported challenges of becoming pregnant while studying with 25(92.6%) reporting drop in academic performance, 25(96.3%) reporting stress and 13(48.1%) reported a study break. All respondents reported more than one effect.

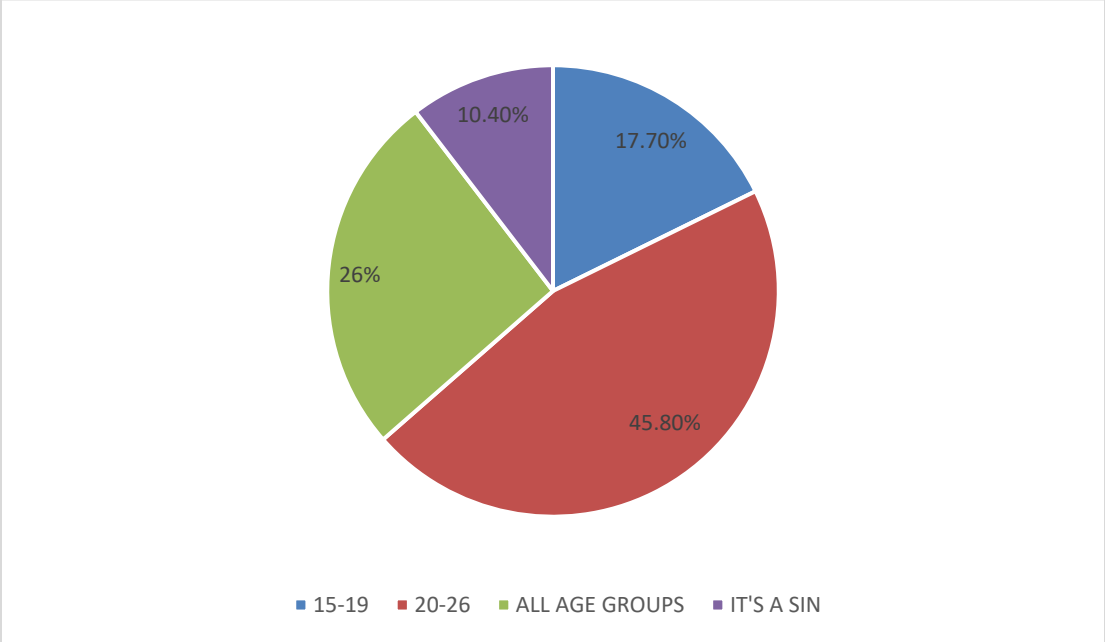
4.4 Prevention of unplanned pregnancies

Table 12 shows respondents' suggestions on different ways of preventing unplanned pregnancies among university students (n=96)

Variable	Frequency(n)	Percentage (%)
What enabled respondent not to become pregnant		
Abstinence from sex	12	12.5%
Use of contraceptives	65	67.7%
I don't know	02	2.1%
Possible ways of preventing unplanned pregnancies in university students		
Use of contraceptives	90	93.8%
Abstinence	51	53.1%
Sex education	18	18.8%
Restoration of morals among university students	45	46.9%
Introduction of policies against pregnancies among unmarried students	12	12.5%
Respondents' comment on abstinence		
Unreliable for campus students ('campusers')	19	19.8%
It's the best method with no risks	34	35.4%
Not easy	54	56.3%
Attitude toward use of emergency contraceptives		
Positive	69	71.9%
Negative	27	28.1%

Table 12 indicate that use of contraceptives has enabled majority of the sexually active respondents 65(67.7%) not to carry unplanned pregnancy and 02(2.1%) did not know why they have never conceived. 12(12.5%) abstained from sex. Most respondents 90(93.8%) suggested use of contraceptives to prevent pregnancy, 51(53.1%) suggested abstinence, 18(18.8%) suggested sex education and very few students suggested enhancement of policies against pregnancy among students. A significant number (46.9%) of students suggested the restoration good morals among female students. One respondent suggested more than one method of preventing unplanned pregnancies. Most students 54(56.3%) reported that it is not easy to abstain, 34(35.4%) mentioned abstinence as the best method of contraception with no risks and 19(19.8%) of the respondents reported abstinence as an unreliable way of overcoming pregnancy. Majority of the respondents 69(71.9%) had a positive attitude toward use of contraceptives and 28.1 of the respondents had a negative attitude.

Figure 4: A pie-chart showing the suggested age groups respondents would give emergency contraceptives to prevent pregnancy if approached by a student (n=96)



The results above indicate that most respondents 44(45.8%) would give emergency contraceptives to students in the age range of 20-26, 25(26%) of the respondents would give emergency contraceptives to students in all age ranges. while 17(17.7%) of the respondents can dispense emergency contraceptives to students of 15-19 age range, minority 10(10.4%) of the respondents believe that it is a sin to dispense emergency contraceptives to students.

CHAPTER FIVE: DISCUSSION OF RESULTS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter gives a general overview of the study in preference to the results presented in chapter four, draws conclusions concerning the study, suggests recommendations from the study and suggests the study findings' implications to nursing practice. Results are discussed according to the specific objectives of the study.

5.1.1 The demographic characteristics findings

The study revealed that majority of the respondents 67(69.8%) were in the age range of nineteen to twenty five and majority of them 77(80.2%) were single but with boyfriends. This exposes these female students to unplanned pregnancies since majority of the female students 87(90.6%) engaged in sexual activities with their boyfriends. This is in line with the findings of George A, et al, (2012) that found the average age of university students in Uganda to be 22 years, in a study to assess the risk factors for unplanned sex among university students in Kampala, a study that was conducted in five universities. This could also be due to the fact that most students who join the university and other tertiary institutions are this age range and most of them join the university before marriage, and yet sexually active which exposes them to the risks of unplanned pregnancies.

5.1.2 The socio-economic factors

This section of the study mainly assessed the socio-economic status of most of the respondents which was critically analyzed and used to explain the possible reasons that may lead campus girls to engage in sexual activities that could eventually result in unplanned pregnancies among university students.

This study found out that most respondents 46(47.9%) were from low social status and almost the same number of respondents 44(45.8%) were in the middle class. This could be due to majority of the respondents' parents 42(43.8%) being peasants that it becomes for the parents to pay school fees for their children and provide them with all the necessities and thus students end up living in poor conditions. This agrees with WHO (2009) finding that 95% of the 14 million births of women worldwide occur in low and middle income countries. It also agrees with Akande (2008) who mentioned poverty as one of the factors that contribute to unwanted pregnancies among young women around the world.

The research also highlighted majority of the respondents 60(62.5%) as residents of rural areas. Most rural areas associated with low family income and lack of information to use contraceptives, which exposes female students from such families to risks of practicing unprotected sex for money when they join a university, which may eventually result into unplanned pregnancies. This agrees with a research conducted in rural areas of mulatto and Afro-Brazil (2008) which revealed that women of low family income are prone to unintended pregnancy because they have

restricted information about and access to contraceptives and little power to negotiate condom use with their partners.

The study also found out that majority of the respondents 49(51%) lived in semi-permanent houses and majority of the houses 47(49.0%) had 3-4 room. Due to such congestion and poor living conditions may lead to sexual activities in emerging adults that consequently results into unplanned pregnancies as well as sexually transmitted diseases. This finding agrees with that of Gebre, (2010) who said that poor living conditions often lead young people to engage in sex at an early age and that in Addis Ababa 71% of the students studied experienced their first sex between ages 14 to16 and were forced to practice sex for money. These findings also agrees with Grant and Hallman, (2007) research finding that unplanned pregnancy is strongly associated with low economic status and that poverty among other factors contribute to high rates of pregnancy among youths.

Much as this research revealed that majority of the respondents 59 (61.5%) received their upkeep from their parents, the number of respondents 25(26%) who obtained their upkeep from their boyfriends is significant to lead to unplanned sexual activities, which may be regarded as a reward to the boyfriend in exchange for the received upkeep. And this may result in unplanned pregnancies. This agrees with Moore, et al, (2007) that exchange of gifts or material goods is sometimes expected as a sign of appreciation in sexual relationships among African youths, and as such can be fittingly viewed in the ensuing context of man's responsibility to provide for a woman. This study also revealed that most respondents 53(55.2%) receive an amount

between 30,000-50,000shs in a month which may not be enough to buy food, handouts, hair making facilitate social functions such as birthday parties and sporting events. Moreover this amount is not a monthly entitlement. “My boyfriend provides me with money for hair and birthday party, said one of the respondents” This may lead therefore to engagement in sex for gifts and material goods in order to please their sexual partners. To an extent this lines with Moore, et al, (2007) who said that exchange of gifts or material goods for sex is sometimes expected as a sign of appreciation in sexual relationships among Africa youths, and as such can be viewed in the ensuing context of man’s responsibility to provide for a woman

5.1.3 Assessment of free access of contraceptive methods and reproductive health services to university female students

This study revealed that majority of the respondents 61(63.5%) visited reproductive health clinics for various reason, obtaining contraceptives inclusive, where 45(73.8%) of respondents visited the clinic every after three months. This indicated that basic reproductive health services are available to women to control unplanned pregnancies. This contradicts with Daulaire, (2009) who said unintended pregnancies could have been prevented had basic reproductive health services made available to women.

The research also showed that the cost of reproductive health services limited the majority of the respondents 23(65.7%) of those who never visited the reproductive health clinic 35(36.5% of all participants). Fear to visit the clinic limited 07(20%) of these respondents, yet 05(14.3%) of the respondents were discouraged by health

workers. This can lead to unplanned pregnancies among sexually active students since the same study revealed that 87(90.6%) of the respondents were sexually active and 77(80.2%) had boyfriends. This agrees to with the finding of UNFPA, (2013) which reported that poverty and restricted access to contraceptives and reproductive health services are some of the underlying causes of teenage pregnancies. This percentage of students discouraged that was revealed by this study is a significant factor that could lead to unplanned pregnancy especially when the respondents are sexually active. This agrees with a report by Georgina C, (2011) that most of the health centers do not pay attention to the youth and that the little services provided lack privacy and right attitude from the health workers that lead many youths stop utilizing the services which lead to unplanned pregnancies.

The study also indicated that majority of the respondents 75(83.3%) always accessed contraceptives. However, the same study revealed that majority of these respondents 78(81.3%) accessed the contraceptives at high costs, moreover in pharmacies/drug shops 49(54.4%) and private clinics 35(38.9%). Only 06(6.7%) of the students accessed free condoms from the university health unit. This contradicts with the situation in Botswana where contraceptives are available with no charge from the government health facilities which include university clinics (Hoque M E, et al, 2013).

This research also revealed that a large number of students (n=69, 71.9% of respondents) do not use condoms because it is not their best choice of contraception even though condoms are for free. This can lead to reduced use of condoms and with

limited funds for students to go for their best choices could lead to increased unplanned pregnancies. This to some extent contradicts with a report by Jeffrey P, (2012) that providing free birth control reduces unplanned pregnancies since the type of contraceptive also matters to the users.

Concerning pregnancy and sexual behavior, this research found out that majority of the respondents 56(64.4%) had their first coitus at a young age between ages 15-19. It also revealed that majority 40(46%) of them initiated sexual activity due to the rewards from friends. This shows that most of the respondents started sexual activity when they were still in secondary schools. This agrees with the findings in a survey conducted in Addis Ababa by Gebre, (2010) that revealed that 38% of the high school students were sexually active, of (71%) of these students experience their first sex for money. However, this study also revealed curiosity and peer influence as some of the important factors that influenced some of respondents to start sexual activity. This could be due stories young people make regarding sex and lack of sex education.

The study also revealed that only 27(28.1%) of the respondents had carried a pregnancy while in school. The research also revealed that majority 21(77.8%) became pregnant from the university and 17(63%) became pregnant as they wanted to satisfy their sexual partners. This could be due to a feeling of maturity and self-reliant most students experience when they join tertiary institutions. This was also highlighted by Mutungi, et al (2008) that university enrolment marks the beginning of independent living by moving out of parents' homes into hostels on or off campus,

where they practice numerous social activities that may lead them to experiment sexual activity that results into unplanned pregnancies.

Even though majority of the respondents always accessed contraceptives, this study found out that majority 23(85.2%) of the respondents who had given birth while studying carried unplanned pregnancies. This is in line with the a study conducted on contraceptive use and attitudes among female college students in USA, which suggested that ages between 20 and 24 had the highest rates of unplanned pregnancies. (Bryant, 2009). Although this study did not investigate the students' awareness on contraceptives, its finding contradicts with Sonia P, (2007) who said increasing awareness of emergency contraceptives among youth is one of the strategies to prevent unintended pregnancies. This could be due to various factors like lack of money to buy emergency contraceptives, policies and attitude.

This research also identified that unplanned pregnancies has various effects such as lowered academic performance, stress and dropping out of school. These consequences face the individual altogether, which could impact psychological torture to the victims. This agrees with a research conducted by Grant and Hallman, (2007) which suggested that sexual risk taking has many non-sexual consequences such as poor academic performance and early school leaving. The same finding of this research also agrees with Anyawu, et al, (2013) who stated that pregnancy among females at tertiary institutions expose them to psychological torture and in some cases their school is adversely affected .

5.1.4 The prevention of unplanned pregnancies in female university students

This researched found use of contraceptive as the most effective way that protected majority of the sexually active students 65(67.7%) not to have unplanned pregnancies. This agrees with many literatures by many researchers. It was estimated that regular contraceptive use can prevent 12 million unplanned and unwanted pregnancies every year (Ersek, et al, 2011). The result of the same study also coincides with Hoque M.E (2013) findings that unplanned pregnancies may be prevented by using contraceptive methods like oral contraceptive pills, condoms and tubal ligation.

The research suggested various ways of preventing unplanned pregnancies and these include use of contraceptives (n=90, 93.8%), abstinence from sex (n=51, 53.1%), restoration of good morals among the youths (n=45, 46.9%), and sex education (n=18, 18.8%). This agrees with the statement by Chioma O, et al, 2009 that numerous preventive strategies such as health education, skill-building and improving accessibility to contraceptives have been employed by countries across the world, in an effort to address the problem of unintended pregnancies.

Although 35.4% of the respondents identified abstinence as the best way to prevent unintended pregnancies, this research study revealed that abstinence is rather a hard means of preventing unplanned pregnancies among majority of the respondents 54(56.3%) in university female students especially in those students who already started sexual activities.

This study also indicated that majority of the respondents 71(74%) did not know the right age that can use benefit from contraceptives. Only 25(26%) of the respondents suggested that all female in the reproductive age would be given contraceptives. This could be due to the perception that long use of contraceptives results into conception failure by young females later in life. To some extent this coincides with the finding in a research by Global Health Action, (2012) that nearly one third of the providers said that will not supply contraceptives to individuals who are young than 18 years, unmarried, still in school and those without children.

5.2 CONCLUSIONS

- Low socio-economic status and lack of youth friendly free access to contraceptives contribute to unplanned pregnancies among female university students.
- Most pregnancies among university students at Kampala International University-Western Campus are unplanned. These unplanned pregnancies have left female students psychologically stressed due to lowered academic grades and school leaving, as some students fail to handle academic demands and the pregnancy.
- Regular and correct use of contraceptives of choice can reduce the raising rate of unplanned pregnancies among female university students.

5.3 RECOMMENDATIONS

- ✓ Government should provide students in both private and public universities with necessities such as accommodation, meals and study materials to reduce on the costs parents encounter.
- ✓ Female students should be provided with free contraceptives of choice by the university health unit and other government health facilities
- ✓ Implementing policies regarding access of reproductive health services and access to emergency contraceptives to all females in reproductive age at reasonable prices.
- ✓ Conduction of health education as well as sex education among university students, males and females alike.
- ✓ Introduction of policies that restrict unmarried university or tertiary students from getting pregnant.

5.4 IMPLICATIONS TO NURSING PRACTICE

Regarding the findings of this study, it is necessary for the nursing professionals to:

- ❖ Educate their patients especially the youth about the contraceptive methods of their choice, ensure privacy and avoid discouraging them from utilizing contraceptives.
- ❖ Conduct out reaches to different communities including universities and rural areas, sensitizing people about the usefulness of contraceptive methods and also clear the wrong perceptions about use of contraceptives and age group.
- ❖ Counsel their clients about the correct use of the contraceptives of choice before dispensing the contraceptives to the clients.

REFERENCES

Adhikari R and Tamang J (2009). Premarital sexualCH behavior among male collegestudents of Kathmundu, Nepal. BMC Public Health.

Akande E. Oluwole (2008).Health Consequences of teenage pregnancy in sub-Saharan Africa. 19th annual World Congress on Fertility and Sterility in Durban, South Africa.

Akinrinola B, et al (2006). Unintended pregnancy and induced abortion in Uganda. Report 2006.

Alemuyehu H. G (2008). President of ANFEAE, Literacy Plus program (Ethiopia). Winner of the UNESCO Confucius Prize for Literacy 2008. www.unesco.org.

Biddlecom A.E, et al (2007) Protecting the Next Generation in sub-Saharan Africa: Learning from Adolescents to prevent HIV and Unintended Pregnancy. New York

Black D.S, Sun P, Rohrbach L.A and Sussman S (2011). Decision making style and gender moderation of the self-efficacy-condom use link among adolescents and youngadults: informing targeted STI/HIV Prevention programs. Arch Pediatr Adolesc Med 165(4): 320-325.

Coetzee,M.H & Ngunyulu,R.N, 2015. Assessing theuseofcontraceptivesbyfemaleundergraduatestudentsinselectedhighereducationinstitutions. Open journal.

Curtis TC (2010). Perspectives on Sexual and Reproductive Health.

EAC/AMREF Lake Victoria Partnership (EALP) Programme: HIV sero-Behavioral study in six universities in Uganda. SIDA; 2010.

Eaton L, Flisher A J, and Aaro L E (2010). Unsafe sexual behavior in South African youth 56(1): 149-165.

Fisher T.D. (2007). Sex experimenter and social norms. Effects on reports of sexual behavior in young men and women. Archives of sexualBehavior,36,89-100.

Grello C.M, Welsh D.P and Harper MS (2006). No strings attached: Nature of Casual sexing journal of sex Research, 43,255-267.

Gullette D.L and Lyons A (2006).Sensation seeking, self-esteemandunprotectedsexincollegestudents.JournaloftheAssociationofnursesin AIDS Care, 17(5), 23-31.

Hamdela B, Mariam A, and Tilahun T (2012).Unwanted pregnancy and Associated Factors among pregnant among married women in Hosanna town, Southern Ethiopia. An open access article distributed under the terms of Creative Common Attribution License.

Joseph, Cynthia and Wayne (2008). The potential of long acting Reversible Contraception to Decrease Unintended Pregnancy. Family planning worldwide data 2008 sheet.

Magovan B, Owen P and Drife J (2009). Clinical Obstetrics and Gynecology *2nd*Edition, New York, London.

Agardh A, et al (2012). Non-use of contraception determinants among Ugandan university students. Glob Health Action.

Nalwadda G, et al (2010). Persistent high fertility in Uganda. Young people recount obstacles and enabling factors to use of contraceptives. BMC public Health.

SAHARA-J (2013). Social Aspects of HIV/AIDS – An open access journal.

Shah IH, Leal OF, and Bronfman M (2008). Sexual and reproductive health of young people. In Scielo Public Health. Vol. 50. Mexico.

Sonia P, et al (2007).Awareness of emergency contraception among female college students in Chandiagarh, India .INDIAN JOURNAL OF MEDICALSCIENCES.

UN: World Youth Report (2007). Young People's Transition to Adulthood-progress and challenges, New York.

UNFPA (2007). Reproductive Health and HIV/AIDS in Ethiopia. www.unfpa.org.

Wang H et al (2015).Female contraception and unintended pregnancy among unmarried university students. journal.pone.0130212.

WHO (2001). Definition of Reproductive Health.http://www.who.int/topics/reproductive health/en/. Retrieved 10th march 2010.

WHO (2009). Intervention for preventing unintended pregnancies among adolescents. http://apps.who.int/rhl/reviews/CD005215.pdf. Retrieved June/2010.

APPENDIX 1

INFORMED CONSENT Serial number…….

Dear participant,

My name is Atwikirize Moreen; I am a student at Kampala International University Western Campus. I am doing a diploma in nursing science, and I am required to undertake a study on "Factors that contribute to the prevalence of unplanned pregnancies among female university students at KIU-WC." This is in the partial

Fulfillment of the award of my diploma.

The information that you give me will used in identifying the factors leading to prevalence of unplanned pregnancies, which will help the stakeholders in suggesting suitable ways to reduce this problem.

You have been selected to participate in this study and wish to inform you that participation in this study is voluntary. You are free to withdraw at any stage of the study if you so wish without any prejudice on unplanned pregnancies. Any information you will give me will be received with utmost confidentiality and no name will be written on the questionnaire.

I……..have understood the guidelines of this study and I am willing to voluntarily participate in this study.

Date ……

Signature…….

APPENDIX 2: QUESTIONNAIRE

My name is ATWIKIRIZE MOREEN, a student enrolled at KIU-WC doing a diploma in Nursing Science, and I am conducting a research about “Factors contributing to the prevalence of unplanned pregnancies among female university students at KIU-WC.”

Some of the questions are personal and you may feel embarrassed. However your information given will be kept confidential and used ONLY for the purpose of this study. This interview may not be compulsory so in case you feel that you are unable to answer these questions, inform the researcher in time to collect the questionnaire from you to give it to another person.

DEMOGRAPHIC CHARACTERISTICS

1. Age group
    a. 15-18
    b. 19-25
    c. 26 and above.
2. Marital status
    a. Single
    b. Married
    c. Windowed
    d. Separated
3. Faculty (specify the course)

a. Art

……..

b. Education

……..

c. Health sciences ……

4. Religion
    a. Christian
    b. Moslem
    c. Others (specify) …….
5. Level of Study
    a. First year
    b. Second year
    c. Third year and above
    d. Finalist

SOCIO-ECONOMIC FACTORS

1. What do you think is your social status?
    a. Poor
    b. Middle
    c. Rich
2. Are your parents a live?
    a. Yes

b. No

c. Only mother a live

d. Only father a live

3. What is the main occupation of your parents?

   a. Peasant

   b. Domestic farmer

   c. Civil servant

   d. Business person

   e. Casual laborer

4. What is the level of education of your parent?

   a. No education

   b. Primary

   c. Secondary

   d. Tertiary institution

5. What is your place of residence (place of birth)?

   a. Urban /town

   b. Rural

6. Are you living with your parents?

   a. Yes

   b. No

7. If No, who do you stay with?

   a. Uncle d. Aunt g. Grand parent

b. Brother e. Sister h. Guardian

c. Husband f. Boyfriend i. Alone

8. How many rooms are in your parents' house?

…….

9. What type of roof is your father's house?

a. Iron sheets c. Grass thatched

b. Polythene material d. Tiles

10. The type of house at home

a. Permanent fully furnished

b. Semi-permanent

c. Temporary

11. Who pays your school fees?

a. Government loan/scholarship b. Parent

c. Fiancée d. Husband e. Sponsoring organization

12. Who mainly provides you money for up keep (pocket money)?

a. Parent c. Boyfriend/fiancée

b. Close relatives d. Others

13. How do you get lunch at campus?

a. Buy from school canteen/ restaurant

b. Buy eats like chapatti, fried cassava, pancakes

c. None

d. Others (specify)……..

14. What is the average amount of money received from your caretaker in a month?
    a. Below 20,000shs
    b. 30,000-50,000shs
    c. 60,0000-100,000shs
    d. Above 100,000shs

FREE ACCESS TO CONTRACEPTIVES AND REPRODUCTIVE HEALTH SERVICES

1. Have you ever visited any reproductive health clinic to obtain contraceptives (family planning)?
    a. Yes
    b. No
2. If yes, how often do you visit this clinic?
    a. Monthly
    b. Each time I have sex
    c. After three months
    d. when I get money
3. If No, what limits you from visiting this clinic?
    a. The services are expensive
    b. Health workers discourage students
    c. Contraceptives are usually unavailable
    d. I fear to visit that clinic

4. Where do get contraceptives in your community?

a. Pharmacy/drug shop b. University health unit

c. Community distributers d. Private clinic e. School

5. Were you able to access the contraceptives?

a. Always b. sometimes

c. Never d. Service provider discouraged me

6. What is your comment on the cost of contraceptive methods?

a. They are for free

b. They are very expensive

c. I don't care about contraceptive methods

d. Only condoms are for free, but it's not my favorite

PREGNANCY AND SEXUAL BEHAVIOR

1. Do you have a boyfriend?.....
2. Have you ever had sexual intercourse?.....
3. If yes, how old were you at your first sexual intercourse?
   a. 10-14

b. 15-19

c. 20-25

d. Others (specify)…….

4. With whom did you have sex on this occasion?

   a. Boy friend

   b. Husband

   c. Ordinary friend

   d. Stranger

   e. Others (specify)……

5. What conditions led you start sex activity?

   a. Rewards from friends

   b. Rape

   c. Curiosity/exploring

   d. Alcohol

   e. Peer influence

6. Have you ever been pregnant?.....

7. If yes, at what level of education were you?

   a. Primary

   b. Secondary

   c. Tertiary institution

8. Did you plan to carry your first pregnancy?

   .....

9. What circumstances led to your pregnancy while at campus?
    a. Satisfy my boyfriend/fiancée/husband
    b. Prove my fertility
    c. Worried of not having a child at my age
    d. Peer influence
    e. All female students near me have children
10. As a student, how did this pregnancy affect you?
    a. Academic performance lowered
    b. Stopped studying
    c. Became stressed
    d. No effect at all

PREVENTION OF UNPLANNED PREGNANCY

1. What has enabled you not to become pregnant?

……

……

……

2. List the possible ways of preventing unplanned pregnancies among university students

.....

.....

.....

.....

2. What do say about abstinence during school?

   ……

   ……

3. What is your attitude towards use of emergency contraception by students?

   ……

   ……

4. What age can you give emergency contraceptives to prevent pregnancy if another student came to you?

   a. 15-19

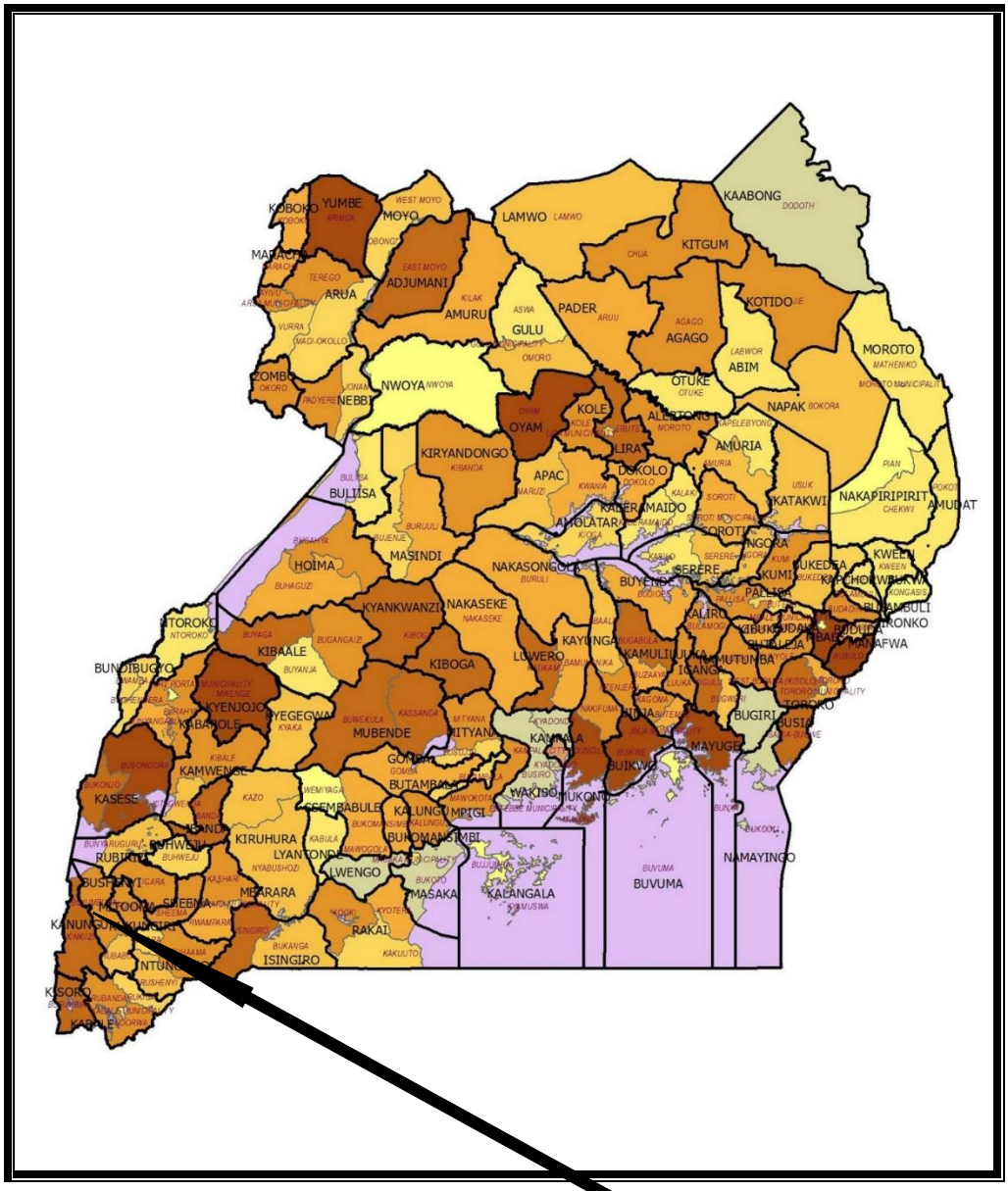
   b. 20-26

   c. All age groups

   d. It is a sin to dispense contraceptives

THANK YOU VERY MUCH FOR YOUR COOPERATION!!

A map of Uganda showing location of Bushenyi district



LOCATION OF BUSHENYI DISTRICT

A Map of Ishaka-Bushenyi showing the location of KIU-WC

Kampala International University-Western Campus

APPENDIX 3: INTRODUCTORY LETTER

KAMPALA INTERNATIONAL UNIVERSITY
WESTERN CAMPUS
EXPLORING THE HEIGHTS

School of Nursing Sciences,
P.O.BOX 71 Bushenyi, Ishaka
Tel: +256 (0) 701 975572
E-mail: akabanyoro@gmail.com
Website:http://www.kiu.ac.ug

Office of the Dean - School of Nursing Sciences

TO WHOM IT MAY CONCERN

Dear Sir/Madam

RE: ATWIKIRIZE MOREEN - DNS/E/4936/161/DU

The above mentioned is a student of Kampala International University – School of Nursing Sciences undertaking Diploma in Nursing Science and she is in her final academic year.

She is recommended to carry out her data collection as a partial fulfillment for the award of the Diploma in Nursing Science.

Her topic is **FACTORS CONTRIBUTING TO THE PREVALENCE OF UNPLANNED PREGNANCIES AMONG FEMALE UNIVERSITY STUDENTS AT KAMPALA INTERNATIONAL UNIVERSITY WESTERN CAMPUS, ISHAKA**

Any assistance rendered to her will be highly appreciated.

Thank you in advance for the positive response.

KAMPALA INTERNATIONAL UNIVERSITY WESTERN CAMPUS
16 AUG 2017
DEAN SCH. OF NURSING SCIENCES

.....
Nabaliisa Sarah
RESEARCH COORDINATOR

Please help the bearer to collect data for her research
Kampala hope
INTERNATIONAL UNIVERSITY WESTERN CAMPUS
07 SEP 2017
SPNO
TEACHING HOSPITAL