

For over a decade, advocates have sought to improve access to Emergency Contraception (EC) throughout the world. These efforts have been highly successful in Europe and North America, where EC is now widely available over the counter; have generated much debate in Latin America, and are beginning to take hold in Asia. In Africa, however, the success of EC programs remains limited. Even in countries where the regulatory environment is favorable, resource constraints within the public sector block the ability to provide consistent and quality EC services at low cost. In a growing number of African countries, the private sector has emerged to fill these gaps, increasing access primarily among young, affluent urbanites. Low knowledge levels among the general population ultimately undermine the impact of such provision strategies, with as few as 10% of women in Senegal and Zambia reporting having ever heard of EC, and in the majority of African countries, less than 1% of all women have reported ever using it [10-12].

Statistics done on unplanned pregnancy showed that the rate of unplanned pregnancies varies around the world. The number is particularly high among teenagers and poor sectors of the population, but it is also seen among women age greater than 35, both single and married. These statistics revealed that even though the total number of unplanned pregnancies has decreased over the past few decades, the percentage remains high among teenagers [13], who could be due to gap in awareness, mal attitudes towards contraception, low accessibility or as a result of sexual assault. At times, the knowledge and practice might be there but no contraceptive is 100% effective, and it is always very crucial to have EC as a backup method [14].

A cross-sectional study conducted on KAP emergency contraception among female students of in 2012 revealed that only 41.9% heard about and 6.8% used EC [15] even though 28.9% of the student practices sexual intercourse [16].

According to ACOG practice emergency contraception is up to 89 percent effective in preventing pregnancy, depending on how quickly a woman begins the methods, the type of methods taken used, and when the sex occurred during the woman's menstrual cycle [17]. If it used correctly, it can help adolescents to prevent unintended pregnancy and its complication. In addition, providing emergency contraceptives can provide adolescents with a bridge to other reproductive health services [18].

Despite limited studies were conducted on issue of EC in the country focused on female students at university level only. Therefore, besides considering students at middle level institution this study attempted to look for attitude of female students towards EC and then to fill the gap in the previous studies.

This study come up with information related to KAP of Jimma preparatory school female students, which could be used as base-line information for researchers, local health planners and identifying factors that hinders the utilization of EC when necessary, and suggests possible solution that enhances EC utilization. It also helps Jiren high school clubs and HEW to design protocols to train family planning including EC and reinforce knowledge of EC services through school session for Jimma preparatory school female students.

Therefore, this study was aimed to examine the knowledge, attitude and practice of Jimma preparatory female students regarding emergency contraception.

Methods and Materials

The study was conducted in Jimma town which is the capital city of Jimma Zone, Ethiopia. It is located 346 km far from Addis Ababa (Capital city of the country) to the southwest direction. According to 2007 national population and housing census the total population of Jimma town 120,960 from which males and females accounts 60,824 (50.2%) and 32,191 (4 and 9.8%), respectively. And the females reproduction age groups contribute the amount of 17,093 women (Ethiopia census). Jimma town has an average of altitude of 1865 meter above sea level with a mean annual rain fall of 1849 mm throughout the year. It has a "weynadega" climate with temperature ranges from (20-29)°C. The town has 6 high schools (both private and public), one specialized hospital and one general hospital, 4 health center, 13 health posts, many private clinics and 3 NGO. Institution based cross study was conducted on 157 female students by considering 10% non-response rate. The structured and well-organized questionnaires that are prepared after reviewing similar literature and modified to our context were used to collect data. The questionnaires were translated to Amharic language and then back to English by 3rd person to check for consistency. Collect related to the socio-demographic variable of the study population and data related to the variables elicited in there literature reviews associated with the study under consideration.

Data were collected with the pretested structured questionnaires which are compared of open and closed ended questions and done by the assigned nurses, Ho and mid wife nurses in the antenatal care and mother and child health department (MCH), the questionnaire was cleared from vague, of ensive, boring and irritating question. After the data being collected it is sorted cleaned, coded in to homogenous group for simplicity and clarity and it was analyzed by using manual scientific calculator and tally sheet and presented by table and graphs. Chi square test was used to see association between some variables and adherence. Du med

S. No	Characteristics		Number	%
1	Age	15-19	142	90.4
		20-24	15	9.5
		>25	0	0
2	Religion	Orthodox	67	42.67
		Muslim	50	31.84

		Other	0	
5	Reasons for not using EC	I don't know from where to get		
		Drugs unavailable	1	6.25
		Health institute is far to get	3	18.75
		Services	8	50
		Fear of social stigma	3	18.75
		I don't know its availability privacy not kept	2	12.5

Table 2 Contraception usage in emergency situations

Knowledge of Emergency Contraceptives

137 (87.26) of respondents who know about ECs, 97 (61.7%) agreed to use ECs when they practice unintended sexual intercourse, 125 (79.6) gave their opinions to advice their friends to use ECs, 80 (50.9%) of respondents were replied to agree with increment of prevalence of HIV/AIDS and other STIs when emergency contraceptive use in the society increases. Worries with the use of ECs includes, ECs will promote promiscuity 40(25.4%) and fear of side effects in using ECs 69 (43.9%) (Table 3).

S. No		Agree		Neutral		Disagree	
		No	%	No	%	No	%
1	If I have unintended sexual intercourse I would use ECPs.	97	61.7	32	20.3	28	17.8
2	If a close friend have unintended sexual intercourse I would advise her to use ECPs.	125	79.6	26	26	26	

life time. T is result is somewhat lower than similar study conducted