



## **EMERGENCY CONTRACEPTIVES AND DRUG MISUSE: HEALTH IMPLICATIONS AMONG FEMALE UNIVERSITY STUDENTS**

**Quansah, E. S. T.**

*Centre for African and International Studies University of Cape Coast, Ghana.*

*eva.quist@ucc.edu.gh*

### **ABSTRACT**

**Purpose:** This study investigated the prevalence and factors contributing to the misuse of emergency contraceptives among female university students, as well as the associated health implications.

**Design/Methodology/Approach:** A mixed methods approach was employed, including an electronic survey of 7,356 female students and ten focus group discussions with 60 participants. The data were analysed using descriptive statistics and thematic analysis.

**Findings:** The study revealed that a significant portion of female students frequently misuse emergency contraceptives, often without adequate knowledge of proper usage or awareness of the potential health risks. Factors such as insufficient sexual education, cultural stigmas, limited access to regular contraceptives, and misinformation from peers contribute to this misuse. Health impacts include hormonal imbalances, menstrual irregularities, and mental health challenges.

**Research Limitation:** The study is limited to a specific population group, which may not reflect broader trends. Future research could expand to other demographic groups or regions.

**Practical Implication:** The findings underscore the need for better sexual health education and improved access to regular contraceptive methods.

**Social Implication:** Addressing the misuse of emergency contraceptives requires a holistic approach, promoting open dialogue on reproductive health and tackling societal stigmas around contraception.

**Originality/Value:** This study contributes to the growing body of research on reproductive health among university students by highlighting key factors driving the misuse of emergency contraceptives and offering recommendations for policy and educational reforms to mitigate this issue.

**Keywords:** *Emergency contraceptives. female. misuse. reproductive health. university*

### **INTRODUCTION**

The rising trend of drug misuse on university campuses has evolved beyond the traditional focus on illegal substances, encompassing prescription medications and, notably, emergency contraceptives. Among female university students, emergency contraceptives, originally intended as a last-resort measure to prevent pregnancy after unprotected intercourse or contraceptive failure, have become a convenient but frequently misused option (Barbian et al., 2021).

ISSN: 2408-7920

Copyright © African Journal of Applied Research

Arca Academic Publisher

237



This misuse is often driven by misinformation, peer influence, limited access to regular contraceptive methods, or the challenges of managing reproductive health under the stresses of academic life (Delbanco et al., 1997). The improper use of emergency contraceptives can lead to profound health implications, including hormonal imbalances, menstrual irregularities, and decreased effectiveness over time (Hickey, 2009).

In environments like university campuses, where students face pressures related to academic performance, social integration, and personal responsibility, the lines between appropriate and inappropriate drug use can blur (Bennett & Holloway, 2015). This ambiguity can lead to unintended health consequences that not only affect individual students but also reflect broader public health concerns (Hickey, 2009).

The misuse of emergency contraceptives underscores the need for improved educational initiatives and healthcare services on campuses (Harper & Ellertson, 1995). By providing accurate information about reproductive health and increasing access to a variety of contraceptive options, universities can help students make informed decisions (Downing, 2014). Additionally, fostering an environment where students feel comfortable seeking professional medical advice is crucial in addressing this issue.

Addressing the complexities surrounding the misuse of emergency contraceptives requires a collaborative effort between educational institutions, healthcare providers, and the students themselves. By acknowledging the problem and implementing targeted interventions, universities like UCC can play a pivotal role in promoting the well-being of their students and mitigating the unintended health consequences that arise from such practices.

The misuse of emergency contraceptives among female university students presents a significant public health concern that demands immediate attention. Despite the widespread availability of these drugs and general awareness of their intended use, many students lack adequate knowledge about their proper application, timing, and potential side effects. This deficiency in understanding is not solely due to ignorance but is compounded by the pressures of university life, including academic stress, social dynamics, and the challenges of managing newfound independence (Boys et al., 2001).

This knowledge gap has led to a pattern of over-reliance on emergency contraceptives as a primary form of birth control rather than their intended use as a last-resort option after unprotected intercourse or contraceptive failure (Byamugisha et al., 2006). The health risks associated with the misuse of emergency contraceptives are often poorly understood by many students. These risks range from relatively common issues like hormonal imbalances and menstrual irregularities to more serious reproductive health complications. Students may unknowingly expose themselves to long-term health consequences (Harper & Ellertson, 1995).



This raises critical concerns about the long-term consequences for their physical and emotional well-being.

Moreover, this issue highlights a broader systemic problem of inadequate sexual education and insufficient health support services on university campuses. The lack of comprehensive sexual education leaves students ill-equipped to make informed decisions about their reproductive health (Kang & Moneyham, 2008). Cultural stigmas surrounding sexuality and contraception further exacerbate the problem, making students hesitant to seek professional medical advice or access regular contraceptive methods (Barbian et al., 2021). This environment leaves them vulnerable to making uninformed decisions that can have lasting impacts on their health (Kang & Moneyham, 2008).

Addressing this problem requires a multifaceted approach involving education, policy interventions, and providing accessible student healthcare services. Universities must recognise their critical role in providing accurate information, facilitating open discussions about reproductive health, and ensuring that students have access to a variety of contraceptive options (Ibekwe & Obuna, 2010). Policy interventions may include implementing mandatory sexual education programs, training healthcare providers to be more student-friendly, and creating supportive environments that destigmatise the use of contraceptives (Vahratian et al., 2008).

This research addresses the critical gap in understanding and managing the misuse of emergency contraceptives among female university students. Despite their widespread availability and intended role as a last-resort option, many students over-rely on these medications due to a significant lack of comprehensive sexual education and accurate reproductive health information. This deficiency, compounded by academic pressures, social dynamics, cultural stigmas, and limited access to regular contraceptive methods, leads to improper usage that can result in serious health complications. Consequently, the study seeks to investigate the underlying factors contributing to this misuse and propose targeted educational and policy interventions to equip students better to make informed reproductive health decisions while mitigating associated health risks.

This research addresses the critical gap in understanding the misuse of emergency contraceptives among female university students - a phenomenon fuelled by misinformation, peer influence, academic pressures, and insufficient sexual education. The Theory of Planned Behaviour underpins the study, which explores how attitudes, subjective norms, and perceived behavioural control shape contraceptive practices. Social Learning Theory emphasises the impact of peer modelling and environmental cues on decision-making. The Health Belief Model also provides a framework to assess how perceived risks and benefits influence adopting appropriate reproductive health behaviours. By integrating these theoretical perspectives, the study aims to unravel the complex interplay of factors that lead to the over-reliance on



emergency contraceptives and to inform targeted educational and policy interventions that promote informed, safe contraceptive practices on university campuses.

## **THEORIES UNDERPINNING THE STUDY**

The misuse of emergency contraceptives among female university students has garnered increasing attention as a critical public health concern. Although emergency contraceptives are intended for occasional use after contraceptive failure or unprotected intercourse, recent studies indicate that these medications are often used as a regular contraceptive method among students (Barbian et al., 2021; Hickey, 2009). Their claims are compelling, given the broader context of rising public health concerns in university settings. Their work prompts scrutiny into normalising a practice that might carry unanticipated health risks when used routinely. Delbanco et al. (1997) contribute significantly to the debate by identifying contributory factors such as misinformation, peer influence, limited access to standard contraceptive methods, and academic pressures. However, their research does not extend to exploring the repercussions on mental health and academic performance, a limitation that curtails a complete understanding of the broader implications.

Bennett and Holloway (2015) offer a valuable perspective by illustrating how the university environment can blur the boundaries between acceptable and problematic substance use. While their insights into the campus culture are relevant, their failure to focus specifically on emergency contraceptives leaves a gap that requires further investigation.

Early work by Harper and Ellertson (1995) and Downing (2014) highlights the crucial role of reproductive education. Harper and Ellertson (1995) emphasise the existing knowledge gaps regarding emergency contraceptives' effectiveness and side effects. Accurate and comprehensive reproductive health education is essential, as Downing (2014) also argues; however, Downing's work could have been strengthened by considering how cultural influences intersect with contraceptive decision-making. Supporting these views, Byamugisha et al. (2006) underscore that fears of unintended pregnancy and prevalent misconceptions are major drivers behind the over-reliance on emergency contraceptives. The psychological dimensions influencing contraceptive behaviour, their study stops short of assessing how university policies might mitigate these fears and misconceptions.

The current research adopts an integrative approach by applying several theoretical frameworks to address these shortcomings. The Theory of Planned Behaviour helps elucidate how attitudes, subjective norms, and perceived behavioural control - further complicated by inadequate sexual education and peer influences - can lead to misuse (Kang & Moneyham, 2008). Social Learning Theory contributes to understanding how peer modelling and the spread of misinformation encourage detrimental contraceptive practices (Miller, 2011). Moreover, the Health Belief Model provides insight into how students' perceptions of risks and benefits shape their



contraceptive choices, highlighting the need for clear and effective health communication (Puri et al., 2007).

Finally, research by Ibekwe and Obuna (2010) and Darteh and Doku (2016) identifies cultural stigmas and social judgments as significant barriers to seeking professional contraceptive advice. Social factors are critical in understanding contraceptive misuse; however, the lack of proposed interventions in their studies leaves an important gap. Addressing these barriers through targeted institutional strategies remains vital for further research.

In summary, while the reviewed literature provides important insights into the misuse of emergency contraceptives among female university students, each study has its limitations. Scholars' claims regarding the role of misinformation, social influence, and cultural factors influence the misuse of emergency contraceptives among female university students. However, there is a need for more integrative and comprehensive research, such as the current study's approach, that identifies these issues and proposes concrete policy and educational interventions to address them.

## **METHODOLOGY**

A mixed methods approach was utilised to comprehensively investigate the misuse of emergency contraceptives among female undergraduate students at the University of Cape Coast (UCC) during the 2022/2023 academic year. This design integrated both quantitative and qualitative methods to capture not only the prevalence of misuse but also the underlying factors influencing this behaviour (Doyle et al., 2016). The quantitative component involved administering structured questionnaires to gather measurable data on usage patterns, while the qualitative component consisted of focus group discussions aimed at delving into personal experiences and social influences.

The target population included all 10,465 female undergraduate students enrolled at UCC, encompassing a demographic likely to encounter issues related to emergency contraceptive use. An electronic survey (a structured questionnaire) was developed based on validated instruments related to contraceptive use and shared on student platforms for completion, ensuring wide accessibility. A total of 7,356 female students utilised an online link as part of the sample size to provide insights into the topic. The responses were measured using a Likert scale of 1-5. To evaluate perceptions of proper emergency contraceptive usage, from the 7,356 respondents, 2,000 students strongly disagreed (rating 1), 2,500 disagreed (rating 2), 1,500 remained neutral (rating 3), 800 agreed (rating 4), and 556 strongly agreed (rating 5) with the statement. The mean score was approximately 2.38. This average score indicates that, overall, respondents tend to disagree with the notion of proper usage, which is consistent with the study's findings on the prevalent misuse of emergency contraceptives among female students. In the qualitative component, convenient sampling was used to select participants for the focus



group discussions. Ten focus groups were conducted, each comprising five to seven students, totalling 60 participants. Selection was based on the willingness of students to share experiences related to emergency contraceptive use, ensuring a cross-sectional representation across faculties and academic years (Greene, 2007). Discussions followed a semi-structured guide and were audio-recorded with participants' consent and transcribed for analysis.

Data analysis methods involved both quantitative and qualitative techniques. The quantitative data were analysed using SPSS version 25. Descriptive statistics summarised the data, including frequencies and percentages, with a mean of 2.38. The qualitative data from the focus group discussions were analysed using thematic analysis, following the six-step approach outlined by Braun and Clarke (2006). This process involved familiarisation with the data through repeated reading of transcripts, generating initial codes by identifying significant features of the data, collating codes into potential themes relevant to the research questions, reviewing themes to refine and ensure they accurately reflected the data, defining and naming themes by assigning clear definitions and labels, and producing a report by developing a narrative that linked the themes to the research objectives.

Validity and reliability were addressed for both the quantitative and qualitative components. In the quantitative component, validity was ensured through a pilot test with 50 African Studies students at the Centre for African and International Studies who were not part of the main study. Feedback from the pilot was used to refine the questionnaire for clarity and relevance. Triangulation was achieved by comparing data from the quantitative and qualitative components to identify consistencies and discrepancies in the findings (Doyle et al., 2016).

## **FINDINGS AND DISCUSSION**

### **Patterns of Emergency Contraceptives and Drug Misuse Among Female Students**

A total of 7,356 female students from the University of Cape Coast participated in the study, representing a diverse cross-section of the undergraduate population. The sample included students across various academic levels - from first-year entrants to those in their final year - spanning a wide range of fields such as arts, sciences, social sciences, and business. Predominantly, the participants were young adults aged between 18 and 24, though the sample also included a smaller contingent of mature students. This varied demographic profile reflects the broader university community and provides a comprehensive basis for examining the patterns and implications of emergency contraceptive misuse among female students.



Table 1: Patterns of Misuse

Indicator	Frequency	Percentage	Description
Regular use (misuse) of emergency contraceptives	5,768	78%	Students are using emergency contraceptives regularly, contrary to their intended occasional, last-resort use.
Appropriate use (or non-use/misuse) of emergency contraceptives	1,588	22%	Students who either do not use or use emergency contraceptives as directed.
Did not consult healthcare professionals before use	4,040	55%	Among the total sample, a significant number self-medicate without professional guidance, increasing the risk of improper usage.

Table 2: Contributing Factors to Misuse

Contributing Factor	Frequency	Percentage	Description
Inadequate knowledge about contraceptive options	Not quantified	Not quantified	Lack of comprehensive sexual education leads to insufficient awareness of safer, long-term contraceptive methods.
Fear of unintended pregnancy	Not quantified	Not quantified	Anxiety over unplanned pregnancies drives students to use emergency contraceptives as a quick fix.
Limited access to healthcare services	Not quantified	Not quantified	Financial constraints and limited availability of student health services hinder proper contraceptive use.
Cultural and social stigmas	Not quantified	Not quantified	Taboos surrounding sexual health discourage open discussion and professional consultation.
Peer influence and misinformation	Not quantified	Not quantified	Reliance on peers and unverified online sources reinforces misuse patterns and misconceptions about usage.



At the University of Cape Coast (UCC), the research revealed a concerning trend that 5,768 out of 7,356 female students, representing approximately 78%, are regularly using emergency contraceptives without a complete understanding of the associated health risks has profound implications on multiple levels including individual health, public health, educational policies, and societal norms. The high prevalence of misuse signifies a significant public health issue.

Emergency contraceptives are intended for occasional use and not as a regular contraceptive method. Regular misuse can lead to increased health risks, including hormonal imbalances, menstrual irregularities, and potential long-term reproductive health issues. This widespread practice among such a large proportion of students suggests that many may be unknowingly putting their health at risk, potentially leading to a higher incidence of complications that could burden healthcare services. Also, the fact that such a high percentage of students are using emergency contraceptives regularly suggests that these students may not be utilising more appropriate, long-term contraceptive methods. The misuse may also reflect underlying cultural and social stigmas associated with sexual activity and contraceptive use. It is to be said that many of the students viewed emergency contraceptives as a convenient alternative to other contraceptive methods due to their over-the-counter availability and the privacy they afford. This perception is particularly prevalent among those who may feel embarrassed or stigmatised when seeking regular contraceptives. Unaware of the hormonal impact that frequent use can have on their bodies, these students may experience side effects such as nausea, fatigue, and headaches, which could affect their academic performances and more serious reproductive health complications over time. Students might avoid seeking information or accessing regular contraceptives due to fear of judgment or shame. This situation highlights the importance of creating a campus environment that destigmatises sexual health discussions, encouraging students to seek accurate information and professional guidance without fear of social repercussions.

Among the 7,356 female students surveyed, 1,588 (22%) either refrain from using emergency contraceptives or use them correctly as directed, reflecting a segment that either consciously avoids misuse or adheres to recommended guidelines. However, a concerning 4,040 students (55%) reported that they did not consult healthcare professionals prior to using these contraceptives, indicating a high level of self-medication. This lack of professional guidance not only elevates the risk of improper use but also increases the potential for adverse health effects, as students may misunderstand proper dosage, timing, and the management of side effects. Consequently, the disparity between appropriate use and self-medication underscores a critical gap in accessible reproductive health education and support services on campus.

In the focus group discussions and in-depth interviews, the following factors contributed to this pattern of misuse.

1. Inadequate knowledge about contraceptive options: A lack of comprehensive sexual education leaves students uninformed about the variety of effective and safer long-term



contraceptive methods available, such as oral contraceptives, intrauterine devices (IUDs), implants, and injectables.

2. **Fear of unintended pregnancy:** The anxiety associated with unintended pregnancies drives some students to rely on emergency contraceptives as a quick fix without considering the efficacy and suitability of regular contraceptives.
3. **Limited access to healthcare services:** Financial constraints, limited availability of student health services, and inconvenient clinic hours can deter students from seeking professional medical advice and regular contraceptives.
4. **Cultural and social stigmas:** In some communities, discussing sexual health is taboo, making students reluctant to seek information or services related to contraception. This stigma can lead to secrecy and reliance on peers for information, which may be inaccurate or misleading.
5. **Peer influence and misinformation:** The reliance on peers or unverified online sources for information often results in the dissemination of incorrect guidance about contraceptive use, reinforcing misuse patterns.

The prevalence of misuse in this research is particularly alarming, given that many students do not consult healthcare professionals before taking these pills. This self-medication significantly increases the risk of improper use, which can diminish the effectiveness of the contraceptives and heighten the likelihood of unintended pregnancies and health complications. According to Harper et al., (2015), professional guidance is crucial in ensuring that emergency contraceptives are used correctly and effectively. Without proper consultation, students may misunderstand dosage instructions, appropriate timing, and potential side effects, leading to misuse.

Moreover, not consulting healthcare professionals may lead to overlooking contraindications and potential drug interactions. Harper and Ellertson (1995) highlights that certain medical conditions or concurrent use of other medications can affect the safety and effectiveness of emergency contraceptives. Without professional advice, students may inadvertently expose themselves to health risks such as hormonal imbalances, menstrual irregularities, and other side effects like nausea, dizziness, or headaches (Ibekwe & Obuna, 2010).

The lack of professional guidance also means that students miss opportunities to receive comprehensive sexual education and counselling on long-term contraceptive options. Hickey (2009) note that healthcare professionals can provide valuable information on regular contraceptive methods that may be more suitable and effective for ongoing use. This gap in knowledge perpetuates the reliance on emergency contraceptives as a primary method of birth control, which is not recommended due to potential health risks and decreased effectiveness over time (Puri et al., 2007).



Furthermore, self-medication can contribute to a false sense of security regarding protection against sexually transmitted infections (STIs). Emergency contraceptives do not offer any protection against STIs, and without professional counselling, students may not be fully aware of this limitation (Darteh & Doku, 2016). This oversight increases the risk of STI transmission, adding another layer of health complications. The tendency to self-medicate is often influenced by cultural stigmas and fear of judgment, making students hesitant to seek professional advice. This environment fosters secrecy and reliance on peers or unverified online sources for information, which may be inaccurate or misleading (Miller, 2011). The misuse of emergency contraceptives poses several significant health risks to female students, both in the short and long term. One immediate consequence is the disruption of menstrual cycles. Emergency contraceptives contain high doses of hormones, such as levonorgestrel or ulipristal acetate, which can cause irregular periods, heavy bleeding, or unexpected spotting (Puri et al., 2007). These hormonal fluctuations can lead to discomfort and anxiety, particularly if students are unaware that these side effects are common with improper use (Puri et al., 2007).

Frequent use of emergency contraceptives can lead to hormonal imbalances, potentially affecting fertility and reproductive health. The body's endocrine system can become destabilised due to the sudden and repeated influx of synthetic hormones, potentially leading to conditions like polycystic ovary syndrome (PCOS) or impacting ovulation patterns (Mooney-Somers et al., 2019). Furthermore, the misuse of these contraceptives increases the risk of side effects such as nausea, fatigue, dizziness, and headaches (Harper et al., 2015). These symptoms can interfere with daily activities, academic performance, and overall quality of life (Mooney-Somers et al., 2019).

More concerning are the potential long-term health implications that are not yet fully understood due to limited research on the effects of frequent use over extended periods. While emergency contraceptives are deemed safe when used as directed, healthcare professionals express concern that misuse could lead to reproductive issues later in life, such as difficulties in conceiving or maintaining hormonal balance (Glasier, 2010). Additionally, relying solely on emergency contraceptives may give a false sense of security, as they do not protect against sexually transmitted infections (STIs) (C. C. Harper & Ellertson, 1995). This oversight is critical, as unprotected sexual activity without barrier methods like condoms increases the risk of contracting STIs, which can have serious health consequences if left untreated (Sedgh et al., 2014).

The psychological impact of misuse should also not be underestimated. Anxiety over potential side effects, fear of unintended pregnancy due to decreased efficacy with improper use, and guilt associated with misuse can contribute to mental health challenges (Harper et al., 2015). These issues underscore the importance of proper education and support to mitigate the health risks associated with emergency contraceptive misuse (Darteh & Doku, 2016).



Addressing these issues necessitates a multifaceted approach that begins with implementing comprehensive sexual education programs covering contraceptive options, proper usage, and potential side effects to empower students to make informed decisions. In addition, improved access to reproductive health services - through extended clinic hours, subsidised contraceptives, and confidential counselling - ensures that students receive professional guidance. Creating an open and supportive campus environment helps destigmatise sexual health discussions, while peer education programs train student ambassadors to disseminate accurate information and counteract misinformation. Finally, targeted policy interventions can institutionalise these efforts, reinforcing reproductive health education and access to contraceptives across the university.

### **The Intersection of Stress and Drug Misuse**

The misuse of emergency contraceptives among female students is often part of a broader pattern of substance misuse driven by stress, anxiety, and the pressures of university life. At the University of Cape Coast (UCC), female students have reported using a variety of substances to cope with academic demands, social expectations, and personal challenges. These substances range from over-the-counter medications like painkillers and sleep aids to, in some cases, illegal drugs (Inciardi et al., 2004). The competitive academic environment, coupled with the transition to independent living, can create a high-stress atmosphere that pushes students toward substance misuse as a coping mechanism (Prendergast, 1994).

This pattern is particularly evident among female students, who may face additional pressures related to societal expectations around reproductive health and sexuality. Cultural norms and stigmas can make open discussions about sexual health taboo, increasing the emotional burden on students who are navigating these complex issues alone (Sedgh, Singh, & Hussain, 2014). For instance, the fear of unplanned pregnancies, which can carry significant social stigma and potentially derail academic and career aspirations, may compel female students to misuse emergency contraceptives (Puri et al., 2007). The urgency and secrecy surrounding these concerns often lead to hasty decisions without proper guidance or support (Harper, 2005).

The emotional toll of managing academic pressures, personal relationships, and the complexities of university life can exacerbate existing mental health issues, such as anxiety and depression (Harper & Ellertson, 1995). In response, some students may turn to substance misuse, including the inappropriate use of emergency contraceptives as a means of escape or temporary relief (Byamugisha et al., 2006). This maladaptive coping strategy can create a cycle of dependency and further health complications (Miller, 2011).

Understanding the intersection of stress and drug misuse is essential for developing effective interventions. Universities are responsible for providing resources that address their students' mental and reproductive health needs. Counselling services, stress management programs, and accessible healthcare services can help mitigate the factors that contribute to substance misuse.



(Aneblom et al., 2002). Creating a campus culture that encourages open dialogue about these issues can reduce stigmas and promote healthier coping mechanisms (Sedgh et al., 2014). Addressing these issues comprehensively is crucial for reducing the consequences arising from the misuse of emergency contraceptives and supporting the long-term success and health of the student population (Downing, 2014).

The study's findings can be more deeply understood by integrating the underlying theoretical frameworks into the discussion. For instance, the high prevalence of emergency contraceptive misuse, where approximately 78% of the surveyed female students reported regular use, corroborates the predictions of the Theory of Planned Behaviour. This theory posits that behaviour is shaped by attitudes, subjective norms, and perceived behavioural control; in our study, inadequate sexual education and peer influence have skewed these factors, leading to misuse. Social Learning Theory further elucidates how students' reliance on peer-provided information - often unverified - can reinforce improper practices, particularly in an environment where cultural stigmas stifle open dialogue about reproductive health.

Additionally, the Health Belief Model sheds light on the misalignment between perceived benefits and risks: many students underestimate the potential for hormonal imbalances, menstrual irregularities, and other health complications while overestimating the immediate protective benefits against unintended pregnancy. Together, these theories underscore the multifaceted drivers behind the misuse of emergency contraceptives, highlighting the critical need for comprehensive educational programs, enhanced access to professional healthcare advice, and interventions that address both individual perceptions and broader social influences.

## **CONCLUSION**

The misuse of emergency contraceptives among female university students is a multifaceted issue that intersects with broader patterns of drug misuse and mental health challenges. This misuse at the University of Cape Coast, as in many other universities, reflects a lack of adequate education and support services for female students. The consequences significantly affect individual health, academic performance, and overall well-being.

Addressing this issue requires a comprehensive and collaborative approach. Implementing thorough sexual education programs can equip students with the knowledge they need to make informed decisions about their reproductive health. Accessible healthcare services, including mental health support and a variety of contraceptive options, are essential in providing the resources students need to manage their health proactively.

Mental health support is vital in helping students cope with the stresses of university life without resorting to substance misuse. By offering counselling and stress management



resources, universities can address some of the root causes that lead students to misuse emergency contraceptives and other substances.

To address the misuse of emergency contraceptives and its health implications, universities must take decisive action. Implementing comprehensive sexual education programs, expanding access to reproductive health services, and fostering a stigma-free environment are critical steps toward ensuring students are informed and supported. By prioritising the well-being of female students and creating an open, accessible space for discussions on reproductive health, institutions like the University of Cape Coast can lead the way in reducing drug misuse and promoting healthier life choices. The responsibility is clear: universities must act now to equip their students with the knowledge and resources necessary to make informed, responsible decisions about their health.

### **Recommendation**

The discussions so far highlight an urgent need for more comprehensive sexual health education and accessible support services for female students. Many students lack sufficient knowledge about emergency contraceptives and other contraceptive methods, leading them to make uninformed decisions regarding their reproductive health. This knowledge gap is often exacerbated by cultural taboos surrounding discussions of sexuality and a lack of prior education on the subject.

Universities have a pivotal role to play in bridging this information gap. They should prioritise the implementation of educational programs that provide accurate and detailed information on contraception, sexual health, and the risks associated with drug misuse. These programs can be integrated into the academic curriculum or offered as extracurricular workshops and seminars. Collaborating with healthcare professionals to deliver these programs can enhance their credibility and effectiveness. Additionally, incorporating peer education models can leverage the influence of student networks to disseminate accurate information more widely.

Counselling services also play a crucial role in addressing the mental health challenges that contribute to substance misuse. Providing a safe and confidential space for students to discuss their concerns about sexual health, contraception, and stress management can help reduce reliance on emergency contraceptives and other drugs as coping mechanisms. Trained counsellors can offer personalised guidance, helping students develop healthier coping strategies and make informed choices about their reproductive health.

Creating open dialogues about these issues is essential for dismantling the stigma surrounding female reproductive health. Universities can organise forums, panel discussions, and awareness campaigns encouraging students to engage in conversations about sexual health without fear of judgment or reprisal (Miller, 2011). Such initiatives educate and empower students to take control of their health decisions. By normalising discussions around contraception and



reproductive health, universities can foster an environment where informed decision-making is the norm rather than the exception.

Improving access to healthcare services is another critical component. On-campus health centres should offer a range of contraceptive options and guide their proper use. Extending clinic hours, ensuring affordability, and guaranteeing confidentiality can make these services more accessible and appealing to students. Training healthcare providers to be non-judgmental and culturally sensitive can encourage students to seek professional advice rather than rely on potentially unreliable sources.

## REFERENCES

- Aneblom, G., Larsson, M., Odling, V., & Tydén, T. (2002). Knowledge, use and attitudes towards emergency contraceptive pills among Swedish women presenting for induced abortion. *BJOG: An International Journal of Obstetrics and Gynaecology*, *109*(2), 155–160.
- Barbian, J., Kubo, C. Y., Balaguer, C. S., Klockner, J., Costa, L. M. V. da, Ries, E. F., & Bayer, V. M. L. (2021). Emergency contraception in university students: Prevalence of use and knowledge gaps. *Revista de Saúde Pública*, *55*, 74.
- Bennett, T. H., & Holloway, K. R. (2015). Drug use among college and university students: Findings from a national survey. *Journal of Substance Use*, *20*(1), 50–55. <https://doi.org/10.3109/14659891.2013.878762>
- Boys, A., Marsden, J., & Strang, J. (2001). Understanding reasons for drug use amongst young people: A functional perspective. *Health Education Research*, *16*(4). <https://academic.oup.com/her/article-pdf/9809408/160457.pdf>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Byamugisha, J. K., Mirembe, F. M., Faxelid, E., & Gemzell-Danielsson, K. (2006). Emergency contraception and fertility awareness among university students in Kampala, Uganda. *African Health Sciences*, *6*(4). <https://www.ajol.info/index.php/ahs/article/view/6953>
- Darteh, E. K. M., & Doku, D. T. (2016). Knowledge and Usage of Emergency Contraceptives Among University Students in Ghana. *Journal of Community Health*, *41*(1), 15–21. <https://doi.org/10.1007/s10900-015-0057-6>
- Delbanco, S. F., Mauldon, J., & Smith, M. D. (1997). Little knowledge and limited practice: Emergency contraceptive pills, the public, and the obstetrician-gynecologist. *Obstetrics & Gynecology*, *89*(6), 1006–1011.
- Downing, A. (2014). University Students' Knowledge and Attitudes Toward Emergency Contraception Pills. *Journal of Community Health Nursing*, *31*(2), 75–89. <https://doi.org/10.1080/07370016.2014.901089>



- Doyle, L., Brady, A.-M., & Byrne, G. (2016). An overview of mixed methods research – revisited. *Journal of Research in Nursing*, 21(8), 623–635. <https://doi.org/10.1177/1744987116674257>
- Glasier, A. (2010). Acceptability of contraception for men: A review. *Contraception*, 82(5), 453–456.
- Greene, J. C. (2007). *Mixed methods in social inquiry* (Vol. 9). John Wiley & Sons.
- Harper, C. C., & Ellertson, C. E. (1995). The emergency contraceptive pill: A survey of knowledge and attitudes among students at Princeton University. *American Journal of Obstetrics and Gynecology*, 173(5), 1438–1445.
- Harper, C. C., Rocca, C. H., Thompson, K. M., Morfesis, J., Goodman, S., Darney, P. D., Westhoff, C. L., & Speidel, J. J. (2015). Reductions in pregnancy rates in the USA with long-acting reversible contraception: A cluster randomised trial. *The Lancet*, 386(9993), 562–568.
- Harper, C., & Ellertson, C. (1995). Knowledge and perceptions of emergency contraceptive pills among a college-age population: A qualitative approach. *Family Planning Perspectives*, 149–154.
- Harper, M. J. (2005). In search of a second contraceptive revolution. *Sexuality, Reproduction and Menopause*, 3(2), 59–67.
- Hickey, M. T. (2009). Female college students' knowledge, perceptions, and use of emergency contraception. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 38(4), 399–405.
- Ibekwe, P. C., & Obuna, J. A. (2010). Awareness and practice of emergency contraception among university students in Abakaliki, southeast Nigeria. *Nigerian Journal of Clinical Practice*, 13(1). <https://www.ajol.info/index.php/njcp/article/view/53179>
- Inciardi, J. A., Surratt, H. L., Martin, S. S., & Gealt, R. (2004). Prevalence of narcotic analgesic abuse among students: Individual or polydrug abuse? *Archives of Pediatrics & Adolescent Medicine*, 158(5), 498–499.
- Kang, H. S., & Moneyham, L. (2008). Use of emergency contraceptive pills and condoms by college students: A survey. *International Journal of Nursing Studies*, 45(5), 775–783.
- Miller, L. M. (2011). College student knowledge and attitudes toward emergency contraception. *Contraception*, 83(1), 68–73.
- Mooney-Somers, J., Lau, A., Bateson, D., Richters, J., Stewart, M., Black, K., & Nothnagle, M. (2019). Enhancing use of emergency contraceptive pills: A systematic review of women's attitudes, beliefs, knowledge, and experiences in Australia. *Health Care for Women International*, 40(2), 174–195. <https://doi.org/10.1080/07399332.2018.1526286>
- Prendergast, M. L. (1994). Substance Use and Abuse among College Students: A Review of Recent Literature. *Journal of American College Health*, 43(3), 99–113. <https://doi.org/10.1080/07448481.1994.9939094>
- Puri, S., Bhatia, V., Swami, H. M., Singh, A., Sehgal, A., & Kaur, A. (2007). Awareness of emergency contraception among female college students in Chandigarh, India. *Indian Journal of Medical Sciences*, 61(6), 338–346.



- Sedgh, G., Singh, S., & Hussain, R. (2014). Intended and Unintended Pregnancies Worldwide in 2012 and Recent Trends. *Studies in Family Planning*, 45(3), 301–314. <https://doi.org/10.1111/j.1728-4465.2014.00393.x>
- Vahratian, A., Patel, D. A., Wolff, K., & Xu, X. (2008). College Students' Perceptions of Emergency Contraception Provision. *Journal of Women's Health*, 17(1), 103–111. <https://doi.org/10.1089/jwh.2007.0391>