Knowledge, Attitudes and Practices of Emergency Contraceptive Pill (ECP) Users from Namuna Medical

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Abstract

Unintended pregnancy occurs due to incorrect or inconsistent use of contraceptive methods. Such pregnancy can financially burden the family, society, and the nation. This study explored the knowledge, attitudes, and practices of ECP users from Namuna Medical Kawasoti Nawalpur. The study was conducted based on a convenience sampling method of 117 respondents who came to Namuna Medical to purchase ECP using a structured questionnaire. Furthermore; Demographic characteristics of ECP users, their knowledge, attitudes, and practices were studied. Data were analyzed using SPSS based on descriptive and mixed methods. About 47 percent of the respondents had good practice in using ECP. The general awareness level of ECP was 42.73 percent. However, knowledge about how to use ECP was low and misinformation among these users was high. Knowledge varied by source of information: informal sources were associated with misinformation, while sources of information from the medical field were associated with good knowledge. However, ECP users generally had a positive view of ECP (56.41 percent) and believed that ECP is safe. Those with adequate knowledge about ECP typically showed favourable attitudes towards ECP. 49.57 percent of users have consulted their friends and used ECP. These users were at risk because they had low awareness of ECP and still lacked knowledge in practice. Strategies to promote the use of ECP should focus on disseminating accurate information through relevant medical information sources to achieve a reliable and better understanding of ECP.

Keywords: *ECP, unintended pregnancy, abortion, family planning, menstruation.*

Introduction

Emergencycontraception(EC) isamethodof contraception that is given after unprotected intercourse to prevent pregnancy. It is also called "post-coital contraception" or "morning after pill". However, the term emergency is most suitable as the method is used by women with a few hours to a few days of unprotected intercourse and not just the next morning (Jayabharati, 2016, p 155). EC is for occasional or emergency use only and not as a regular contraceptive. This

method has a failure rate of 1.2 percent. It can prevent up to over 95 percent of pregnancies when taken within 5 days after intercourse (W.H.O., 2021). Previously, emergency contraceptive pills (ECPs) were considered effective only within 72 hours (International Consortium for Emergency, 2004), but recent studies have confirmed that they are effective for up to 120 hours (Trussell et al., 1999). However, it should be taken as early as possible after unprotected intercourse, within 120 hours (W.H.O., 2021).

Unprotected sex refers to sexual contact that is unexpected due to the failure of other barrier methods such as condom slippage, broken or misuse, sexual assault or rape, or two or more missed oral contraceptive pills in a row. In such cases, EC is used. However, the misuse of such methods has also happened. Teenage or unmarried girls mostly use it. The currently available evidence indicates that EC is safe and effective even when used several times (Shelton, 2002; Abuabara et al., 2004). The World Health Organization guidelines on EC services state that "repeated use of EC poses no health risks and should never be cited as a reason for denying women access to treatment" (WHO, 1998). Repeat use may disclose the need for contraceptive counseling or supplemental information about continuous methods (Abuabara et al., 2004).

A single dose of ECP used in this way provides simple contraception without increased side effects. Side effects from the use of ECPs are similar to those of oral contraceptive pills, such as nausea and vomiting, slight irregular vaginal bleeding, and fatigue. Side effects are not common, they are mild, and will normally resolve without further medications (W.H.O., 2021).

In Nepal, ECPs are available in two forms: (a) levonorgestrel 0.75 mg or progesterone pills, and (b) certain brands of combined oral contraceptives with slightly higher doses. The first of these two methods is unavailable in family planning clinics and government health institutions, but both methods can be obtained from private pharmacies without a medical prescription.

Nepal's population as per the 2021 census was 2.91 million (male 48.87 percent and female 51 percent). This increased from the previous number (Census report, 2021). The TFR for the country in 2021 was 1.85 births per woman, a 1.44 percent decline from 2020. But the current TFR for Nepal 2024 is 1.778 births per woman, a 1.17 percent decline from 2023 (Macro Trends). Nearly half of the pregnancies in Nepal are unintended and about two-thirds of them ended abortion (UNFPA, *state of world population 2022*). "Unintended pregnancy is a reality for millions each year, accounting for nearly half of all pregnancies," reads the UNFPA's report. "Sixty percent of these unintended pregnancies will end in

abortion." Majority of these cases are done in rural areas having inadequate facilities and done in an unhygienic and unscientific way.

Nepal's Ministry of Health and Population, however, said that it is unaware of the data source in the UNFPA report. Officials said that more than 500,000 women received abortion services from across the country between 2004- 2014 (Bhandari, 2015). Most abortion-related maternal deaths are attributable to illegal abortions. Estimates derived from data from the World Health Organization (WHO) predict that at prevailing rates, one in five women in developing countries will be hospitalized for complications of performed abortion at some time in their lives. Abortion was legalized in Nepal in 2002 and implemented on December 25, 2003, a milestone for women's reproductive rights, their empowerment, and their right to bodily autonomy. With legalization, persecution, and jail terms for women who terminated unwanted pregnancies ended and unsafe abortions decreased (17 per 1000) dramatically (W.H.O., 2012).

The report also stated that the total unmet birth control devices need was 20.8 percent accounting for 13.4 percent for unmet need for limiting children and 7.4 percent for unmet for spacing children of women of reproductive age who are not using a modern contraceptive method in Nepal (NDHS, 2022). The use of modern methods of contraception among married women of reproductive age stands at 43 percent, leading to high rates of unintended pregnancy and unsafe abortion. Half of contraceptive users discontinue use within 12 months, according to the UNFPA report (Poudel, 2022).

People at large have experienced the impact of population explosion on all spheres of life in modern society, perceiving also an unmet need for its control and regulation. EC is described as a cost-effective form of "contraceptive first aid" and copper-releasing IUDs such as CuT 380A can be used as emergency contraceptives. This contraceptive is used within 72 hours of unprotected sex (Trussell, 2004). EC, a type of contraceptive intervention developed by research and trials during the last decade to reduce the occurrence of unintended pregnancies and abortion is one direction being taken to address the issue. ECPs are effective for preventing conception due to unplanned/unprotected sex. This helps to reduce unwanted pregnancy and associated abortions, maternal mortality, and morbidity. Unintended pregnancy is the primary cause of miscarriage which can lead to infertility and even maternal death. For every act of unprotected sexual intercourse, the chance of conception is about eight percent. Following the use of emergency contraceptives, the risk is brought down to two percent, a significant two-third reduction in the pregnancy rate

(W.H.O., 2021).

In about half of all unwanted pregnancies, conception occurs due to inadequate guidance to use contraception effectively, including the users' inability to address their feelings, poor attitudes towards contraceptives, and lack of motivation (Dejene, 2010, p.195).

There are no parallel educational programs for the community to give knowledge about ECP. Moreover, no proper instructions are given to users by pharmacists. This product was approved as an OTC product to reduce the rates of unwanted pregnancy and unsafe abortion but the fear of its use and improper use has failed to achieve the objective.

As there are no studies about the issue in the study area, this study was conducted to assess knowledge, attitude, and use of ECP among the population who came to purchase ECP at Namuna Medical Kawasoti Nawalpur. Research into practitioner knowledge, attitudes, and practices regarding ECP can help inform policymakers. Unfortunately, no more research has been done in this area in the country. Therefore, the objective of this study is to assess the knowledge, attitude, and scope of practice of ECP practitioners in Kawasoti, to identify a practical strategy to reduce unwanted pregnancies, and related morbidity and mortality.

The objective of the study is to assess the knowledge, attitude & practice of ECP users who bought ECP in Namuna Medical. The aim was also to identify barriers to the use of ECP and to make the public aware of indication, dose, timing, adverse effects, safety, efficacy, supply, and over-the-counter availability of ECP and counseled positively so that they develop a positive attitude towards ECP and freely practice in their daily life. Meanwhile, also assesses ECP user's knowledge, practice, preference, and acceptance of other available contraceptive methods. At the same time, all the females who are not aware or do not have specific knowledge about various modern methods of contraception will be made aware. Such a survey would reduce unwanted pregnancies and hence induced abortions in Kawasoti.

Methodology

The descriptive and mixed-type survey was carried out from August to September of 2024 at the Namuna Medical Hall Kawasoti Nawalpur, which is located near Narayangurh Bazar Chitwan. These are presented below respectively-

Study design and setting

This study can be called an explanatory study as it has to be done in a descriptive way to describe different aspects of the demographic, occupational, educational, knowledge and practice of ECP users.

Study population and sampling

A convenience study was conducted among 117 respondents who came to buy ECP in Namuna Medical Kawasoti Nawalpur.

Study Instrument

Data was collected using an anonymous pretested structured questionnaire. The questionnaire had both closed and open-ended questions. The respondents were informed and explained about to fill out the questionnaire. The questionnaire covered demographic points like age, marital status, address, education, and, occupation. The respondents were also asked all types of questions which could help us to assess their knowledge, attitude, practice and acceptability of ECP. The questionnaire was initially designed to take into consideration similar surveys that have been carried out in Ethiopia and other countries (Shelat, 2007, p.p. 82-84). Then, modified the original questionnaire to suit our context after pre-testing it among the respondents who came to Namuna Medical Kawasoti, Nawalpur. For ethical issues, all study participants were informed about the purpose of the study, assured of confidentiality and their consent was obtained.

Statistical analysis

The data was entered and analyzed with the statistical package for the SPSS program. For descriptive statistics, results were expressed in terms of proportions or percentages.

Ethical Considerations

The self-administered questionnaires were distributed after obtaining verbal consent. The respondents were assured that the questionnaire was anonymous and confidential.

Results

This study conducted on a Namuna Medical Kawasoti has yielded the expected achievements, which are mentioned below-

Participation rate

More than 150 ECP users were approached and 117 respondents only accepted to participate in the study. All 117 respondents completed the consent paper and questionnaire, giving a total participation rate of 78 percent.

Socio-demographic characteristics

Table 1 presents the socio-demographic characteristics of the study participants. The mean age of the respondents was 23.4 (range of 12 to 56), the median was 16 the median was 12, the variance was 345.8, and the standard deviation was 18.596. 41 (35 percent) respondents were male and 76 (65 percent) respondents were female. Among the total users, 10.25 percent of users were under 20 years, 13.67 percent of 20-29 years, 47.86 percent of 30-39 years, 17.94 percent of 40-49 years and 10.25 percent of 50 years and above. Among them, married was 86 (73.5 percent) and unmarried was 31 (26.5 percent). Among the age groups, the 30-39 age group was the most used.

When studying the educational level of the

users who are going to buy this product, 4.27 percent have studied basic level, 21.36 percent have studied primary level, 38.46 percent have studied secondary level and 35.89 percent have studied higher education. Among them, 35.89 percent were students, 10.25 percent were working in an organization, 22.22 percent were doing agriculture/animal husbandry, and 31.62 percent of the respondents said they were doing their work.

Table 1

Socio-demographic characteristics

Age group (years)	No. (Percent)	Sex		Education level	No. (Percent)	Occupation	No. (Percent)
		M (No.)	F (No.)				
<20	12 (10.25)	5	11	Basic	5 (4.27)	Student	42 (35.89)
20-29	16 (13.67)	15	25	Primary	25 (21.36)	Job (in an organization)	12 (10.25)
30-39	56 (47.86)	8	12	Secondary	45 (38.46)	Agriculture	26 (22.22)
40-49	21 (17.94)	8	15	Higher	42 (35.89)	Self-job	37 (31.62)
50 +	12 (10.25)	5	13	-	-	-	-
Total	117 (100)	41	76	-	117 (100)	-	117 (100)

Respondents' knowledge and practices toward ECP

The knowledge and behaviour of the respondents regarding the use of ECP have been studied and presented in Table 2.

For evaluation of EC knowledge, the respondents were requested to respond to the individual statements using “Yes” “No” or “Do not know”. Knowledge of EC includes awareness of EC, dosage, time frame, indication of EC usage, side effects and its mechanism of action.

In response to the question of how ECP works, 22 (18.8 percent) answered that it stops or delays egg production, 10 (8.54 percent) answered that it causes abortion, 50 (42.37 percent) answered that it prevents pregnancy, and 35 (29.91 percent) people gave the answer that they did not know.

Similarly, in response to the question of how many hours after unprotected contact, 1.7 percent said after 5 hours, 21.36 percent said after 24 hours, 4.27 percent said after 48 hours, 47 percent said after 72 hours, 9.4 percent said after 120 hours and the remaining 16.23 percent people answered that they did not know. What is clear from this is that most of the respondents were informed that it is safe to eat after 72 hours of exposure.

In the same way, on the question of whether the developing fetus is affected or not by ECP intake, 82.05 percent said it does, 6.83 percent said it doesn't, and 11.11 percent said they didn't know. On the question of whether there are any

side effects while consuming ECP, 72.64 percent said yes, 16.23 percent said no, and 11.11 percent said they did not know. Similarly, when asked whether taking ECP can protect against STIs, 18.80 percent said yes, 78.63 percent said no, and 2.56 percent said they did not know.

When asked which brand of ECP they use; I-pill was 21.36 percent, Max 72 was 31.62 percent, E-con 33.33 percent, Unwanted was 8.54 percent, Feminor 4.27 percent, and Choice 1500 were 0.85 percent. A question asked, on average, how many ECPs have you used so far, 74.35 percent of respondents said 1-10, 8.54 said 11-20, 4.27 said 21-30, 2.56 said more than 30 and 10.25 percent said unknown. In the next question, how did you know about ECP; 6.83 percent said from social media, 49.57 percent from friends and relatives, 10.25 percent from health workers, 4.27 percent from training, 23.93 percent from spouse/boyfriend/girlfriend and 12 percent from neighbours.

In another question, 68 (58.11 percent) respondents answered yes and 49 (41.88 percent) respondents answered no, which they had consulted and discussed with the medical person about the method and effects of ECP before purchasing it. Finally, when asked why they took ECP, 109 (93.16 percent) answered that they did not use other contraceptives, 7 (5.98 percent) reported that the condom broke or slipped, and 1 (0.85 percent) said they forgot to take their daily pill.

Table 2

Respondents' knowledge and practices toward ECP

S.N.	Knowledge variables	Response	No. (Percent)
1.	Do you know when the ECP must be taken to be clinically effective?	Prevent or delay ovulation	22 (18.80)
		Induce abortion	10 (8.54)
		Prevent an already-established	50 (42.73)
		pregnancy	35 (29.91)
		Don't know	
2.	Within how many hours after unprotected sex should the ECP be taken?	5	2 (1.70)
		24	25 (21.36)
		48	5 (4.27)
		72	55 (47.0)
		120	11 (9.40)
		Don't know	19 (16.23)
3.	ECP can harm the developing fetus.	Yes	96 (82.05)
		No	8 (6.83)
		Don't know	13 (11.11)

4.	Do you know the side effects of ECP?	Yes	85 (72.64)
		No	19 (16.23)
		Don't know	13 (11.11)
5.	Does the ECP protect from STIs?	Yes	22 (18.80)
		No	92 (78.63)
		Don't know	3 (2.56)
6.	Which brand of ECP do you use the most?	I-pill	25 (21.36)
		Max 72	37 (31.62)
		Econ	39 (33.33)
		Unwanted	10 (8.54)
		Feminor	5 (4.27)
		Choice 1500	1 (0.85)
7.	On average, how many ECPs do you use till now?	1-10	87 (74.35)
		11-20	10 (8.54)
		21-30	5 (4.27)
		30 +	3 (2.56)
		Don't remember	12 (10.25)
8.	Source of information	Social media	8 (6.83)
		Friends/relatives	58 (49.57)
		Medical person	12 (10.25)
		Training	5 (4.27)
		Husband/boyfriend/girlfriend	28 (23.93)
		Neighbour	6 (5.12)
9.	Have you discussed with the medical person about the usage and effects of the ECP while purchasing ECP?	Yes	68 (58.11)
		No	49 (41.88)
10.	Why did you use ECP?	Was not using any contracep-	109 (93.16)
		tion	7 (5.98)
		The condom was torn or slipped	1 (0.85)
		Missed daily taking pills	

Respondents' attitude towards ECP

Table No. 3 given below presents the respondents' attitudes towards ECP-

In this study attitude toward EC was defined as the respondent's opinion about various aspects of EC usage such as whether EC causes abortion, the safety of EC, and its effect on regular contraceptive practice.

According to the perception of the respondents that it is safe or not to consume ECP, there were 66 (56.4 percent) agreed that it is safe, 11 (9.4 percent) could not give a definite answer, and the remaining 40 (34.18 percent) disagreed or said it is not safe. While exploring the concept of ECP, only 15 (12.81 percent) respondents agreed with the question of whether it is easy to use ECP in adolescence, 16 (13.67 percent) could not say, and the remaining 86 (73.5 percent) disagreed. Or, expressed the intention that it should not be used easily in adolescence. On the question of whether or not ECP information should be included in the counselling of contraceptives, many people i.e. 100 (85.46 percent) agreed, 15 (12.82 percent) were neutral, and the remaining very few i.e. 2 (1.7 percent) disagreed. On another question of whether formal training is necessary to enable dispensers to dispense ECPs properly, 110 (94.01 percent) agreed, only 7 (5.98 percent) remained neutral while none disagreed or said it was not necessary. 103 (88.02 percent) people agreed with the question that ECP without prescription promotes unprotected sex, 9 (7.69 percent) were neutral and 5 (4.26 percent) disagreed. 111 (94.86 percent) agreed that I would recommend a friend to use ECP, 4 (3.41 percent) were neutral, and only 2 (1.7 percent) disagreed. Regarding the concept that the provision of ECP will discourage consistent use of condoms leading to greater misuse of ECPs, the majority i.e. 113 (96.57 percent) agreed, 3 (2.56) percent remained neutral while only 1 (0.85 percent) disagreed.

Table 3

Respondents' attitude towards ECP

S.N.	Attitude variables	Strongly agree (N/%)	Agree (N/%)	Neutral (N/%)	Disagree (N/%)	Strongly disagree (N/%)
1.	ECPs are safe to use	51 (43.58)	15 (12.82)	11(9.40)	10 (8.54)	30 (25.64)
2.	Adolescents should be given easy access to ECP	3 (2.56)	12 (10.25)	16 (13.67)	22 (18.80)	64 (54.70)
3.	Information about ECP should be included in contraceptive counselling	47 (40.17)	53 (45.29)	15 (12.82)	1 (0.85)	1 (0.85)

4.	Formal training is needed to enable the dispensers to appropriately dispense ECP	98 (83.76)	12 (10.25)	7 (5.98)	0	0
5.	ECP without prescription will promote unsafe sex	85 (72.64)	18 (15.38)	9 (7.69)	2 (1.70)	3 (2.56)
6.	I would recommend ECP to a friend	68 (58.11)	43 (36.75)	4 (3.41)	2 (1.70)	0
7.	Providing ECP would discourage consistent use of a condom	102 (87.17)	11 (9.40)	3 (2.56)	1 (0.85)	0

Common effects of ECP as specified by respondents

When studied about the general effects of ECP as specified by the respondents, the respondents gave different responses as shown in Table no. 4 are presented.

Among the total respondents, 15 (12.82 percent) people said that there was no effect while other respondents had some effect. Among them, 25 (21.36 percent) people reported vaginal bleeding, 18 (15.38 percent) nausea, 11 (9.40 percent) acid reflux, 9 (7.69 percent) headaches, 8 (6.69 percent) dizziness, 7 (5.98 percent) people with acne, 6 (5.12 percent) people with abnormal vaginal discharge, 5 (4.27 percent) people with abdominal pain, 5 (4.27 percent) people with increased weight, 3 (2.56 percent) people with back pain, 2 (1.70 percent) had burning micturition, 2 (1.70 percent) had signs of infertility or abnormal menstrual cycles, and 1 (0.85 percent) had hypertension.

Table 4

Common effects of ECP as specified by respondents

S.N.	Effects	No. (Percent)	Remarks
1.	Vaginal bleeding disorder	25 (21.36)	
2.	Nothing happened	15 (12.82)	
3.	Nausea/vomiting	18 (15.38)	
4.	Hyperacidity	11 (9.40)	
5.	Headache	9 (7.69)	
6.	Dizziness	8 (6.83)	
7.	Acne	7 (5.98)	
8.	Vaginal discharge	6 (5.12)	

9.	Abdominal pain	5 (4.27)
10.	Weight gain	5 (4.27)
11.	Backache	3 (2.56)
12.	Burning micturition	2 (1.70)
13.	Infertility	2 (1.70)
14.	Hypertension	1 (0.85)

Discussion

In this study conducted on the knowledge, attitude, and practice of ECP users from Namuna Medical in Kawasoti, it was found that 35 percent were male and 65 percent were female. 73.5 percent of them were married and 26.5 percent were unmarried. Among the age groups, the 30-39 age group was found to be the highest user of ECP. When asked based on the prepared questionnaire, 8.54 percent of the respondents answered that ECP causes abortion and 42.37 percent answered that it prevents conception. Most respondents answered that it would be safe to take ECPs only after 72 hours of unprotected sex. When asked whether ECP can protect against STIs, 18.80 percent said yes, while 78.63 percent said no. When asked how many ECPs they have used so far, 74.35 percent have used 1-10, 8.54 percent have used 11-20, 4.27 percent have used 21-30 and 2.56 percent have used more than 30. When asked how they came to know about ECP, 6.83 percent answered from social media, 49.57 percent from friends and relatives, 10.25 percent from health workers, 4.27 percent from training, 23.93 percent from spouse/boyfriend/girlfriend, and 12 percent from neighbours. When asked why they took ECP, 93.16 percent said it was because they did not use other contraceptives. 56.4 percent agree on the question of how safe it is to consume ECP. The majority i.e. 96.57 percent agreed on excessive misuse of ECPs. When asked about the side effects of using ECP; 21.36 percent reported vaginal bleeding and 15.38 percent reported nausea.

Most of the respondents in the present study had good knowledge about ECP which is comparable to studies done in other parts of Ethiopia, Nigeria, and Cameroon (Wegene T., 2005, Michael E. A., 2003 & Eugene J., 2007). Although almost half of the respondents in this trial had heard of ECP, 55 percent of them identified the correct time to use the pills after unprotected sex. Several studies conducted in Uganda, Nigeria, South Africa, Cameroon, and other developing countries also show similar findings (Josaphat, 2007).

In this paper, most ECP users received information about ECP from friends and their partners, and some received information about ECP from social media, a similar study in Cameroon showed that most information was received from general sources such as friends and family. Thus, it can be seen that different countries use different sources of information. Knowledge about the method of use (72 hours after unprotected sex) was 55 percent and this was lower than in a similar study conducted in Delhi (Shelat, 2012, pp. 77-80).

Limitations

There are some limitations to this study. The limitation of the study is that the convenience method used in the study made it difficult to get to the root of the real problem occurring in the community. The data was collected from only one pharmacy, and therefore, the results cannot be generalized to other areas. Furthermore, the results cannot be generalized to all youth in the country. In addition, due to the sensitive nature of the study, there was little reporting on the activities and uses of ECP by the respondents. The topic of the study is emergency contraception, which is also a sensitive, personal, and confidential topic. Therefore, not all respondents could speak openly on the topic, and many did not respond. Therefore, not all who came to purchase ECP could be included in the study.

Recommendations

The results of this study have helped to assess the current level of knowledge, perception and behavior of ECP users. Therefore, it is strongly recommended that strategies should focus on creating a mechanism to provide accurate information to ECP users. For this, information should be provided through formal education by including contraceptive methods in the curriculum. Similarly, nurses, doctors and health workers and communication through audio-visual media that can provide reliable and accurate information should be mobilized to remove misconceptions about ECP and provide accurate information. It seems necessary to conduct further large-scale studies and research on the use of ECP and other contraceptive methods and submit suggestions for the policy level.

Conclusion

From the information presented in the text and tables, the following specific conclusions and general recommendations have been formulated:

It can be concluded from this study; that ECP users' knowledge and ECP use practices are very important public health issues. Unwanted pregnancy and unplanned

birth followed by unsafe abortion is one of the major worldwide health problems, which has many negative consequences on the health and well-being of women. Information about women's knowledge, attitude, and practice of emergency contraceptives plays a major role in the reduction of unwanted pregnancies.

In a study of 117 ECP users, we conclude that awareness of ECP is low and misinformation is high among these respondents. Although respondents generally have a positive view of ECP, most of them believe that ECP is safe to prevent unwanted pregnancies and abortions. We strongly recommend that strategies for managing the use of ECPs should focus on disseminating accurate information through information, education, and communication among medical personnel and other media. It is necessary to identify the various misconceptions that have emerged in the use of ECPs and use them correctly, prevent misuse or unnecessary use of such hormonal drugs, and prevent unwanted pregnancies. Thus, further studies are needed to address the lack of knowledge and understanding of the use of ECPs.

The main sources of information about ECP were friends/sexual partners and relatives. They were less likely than those who received information from the Internet/mass media. Finally, it appears that the knowledge and practice of other contraceptive methods should be greater than the sole use of ECP among sexually active women, which would greatly reduce the risk of unintended pregnancy and induced abortion. This study concluded that the practice of other contraceptive methods should be increased and people should be motivated to reduce the practice of ECP. There seems to be a need to discourage the use of such ECPs and promote the use of other methods formulated for longer durations. It is necessary to make a strategy for this.

Although the awareness of the users of emergency contraceptives was high, the level of knowledge and the way to use them was low. Therefore, what can be said as a suggestion is that the target group needs a health education program to provide accurate information about emergency contraception. Awareness should be raised through mass media to provide reliable and accurate knowledge of ECPs through formal education, communication, and training by health workers. It is emphasized that there is a need to educate the general population, especially the young female population, about the use of ECP. Family planning clinics or health institutions, social media, and newspaper articles can be used as methods of education about the use of ECP.

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