

KNOWLEDGE, ATTITUDES AND PRACTICE TOWARDS THE USE OF EMERGENCY CONTRACEPTIVE PILLS  
AMONG FEMALE STAFF IN EGOR LGA, BENIN CITY, EDO STATE

BY

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FACULTY OF EDUCATION UNIVERSITY OF BENIN, BENIN CITY

JUNE, 2024

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A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF HEALTH, SAFETY AND ENVIRONMENTAL  
EDUCATION, FACULTY OF EDUCATION, UNIVERSITY OF BENIN, BENIN CITY, IN PARTIAL FULFILMENT OF  
THE REQUIREMENTS FOR THE AWARD OF BACHELOR OF SCIENCE B.S.c (Ed) DEGREE IN HEALTH  
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## CERTIFICATION

We, the undersign certified that this project work was carried out by Divine Chinecherem, NWOKOYE with matriculation number EDU1904593 as partial fulfilment of the requirement of the award of Bachelor of Science BSc Ed Health Education University of Benin.

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DATE

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DATE

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## DEDICATION

This project is dedicated to GOD ALMIGHTY. For his unwavering love, grace and mercy towards the researcher and for enabling him to complete his bachelor's degree program.

#### ACKNOWLEDGEMENT

The successful completion of this research project goes to numerous persons whom the researcher owes profound gratitude.

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**ABSTRACT**

**This study seeks to investigate the knowledge, attitude and practice of female staff in Egor local government Secretariat, Benin City, Edo state. Three research questions were raised to guide this study. The descriptive research design was adopted for this study and the simple random sampling technique was used to select 124 (one hundred and twenty-four) male staff in Egor local government secretariat Data was collected from the 124 respondents using a closed ended questionnaire with eighteen (18) items. The data collected was analyzed and interpreted using simple frequencies, percentage, mean and standard deviation.**

**Based on the data collected and analyzed, it was discovered that female staff in Egor local government secretariat have low knowledge of emergency contraceptive pills, positive attitudes towards emergency contraceptive pills and also practice and make use of emergency contraceptive pills but they were not satisfied using it. Also, from the data collected and analyzed, it is observed that factors such as affordability, availability, cultural and religious unacceptable. Age, husband's education, socioeconomic status, and family status female staff's knowledge, attitude and practice of emergency contraceptive pills.**

**It was recommended that Intervention programs aimed at improving knowledge and attitudes towards emergency contraceptive pills among men should be designed to reinforce emergency contraceptive pills usage and practices across the country. It was recommended that there should be educational campaigns, accessible resources, training and sensitization of health care providers on issues related to emergency contraception and encourage them to have conversations with their female clients and provide information and effectively counsel females on their use, benefits, and risks.**

## **CHAPTER ONE**

### **INTRODUCTION**

#### **Background of the Study**

Emergency Contraceptives (ECs) are a critical aspect of reproductive healthcare, offering women a way to prevent unintended pregnancies after unprotected intercourse or contraceptive failure. Understanding women's knowledge, attitudes, and practices concerning ECs is essential for promoting their access and utilization of this form of contraception.

In many societies, there are varying levels of awareness and acceptance of emergency contraception. Women may encounter challenges in accessing and using ECs due to factors such as cultural beliefs, religious norms, lack of accurate information, and stigma surrounding emergency contraception.

Research has shown that misconceptions and limited knowledge about emergency contraception are prevalent among women, leading to hesitancy or reluctance to use ECs when needed. This lack of awareness may result from insufficient sexual education, misinformation, or societal taboos surrounding discussions on contraception and reproductive health.

Furthermore, women's attitudes towards emergency contraception significantly impact their decision-making process. Positive attitudes towards ECs, such as recognizing them as a valuable option for preventing unintended pregnancies, can encourage their use. Conversely, negative attitudes driven by myths or misconceptions may deter women from seeking or utilizing emergency contraception services.

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Women's practices related to the use of Emergency Contraceptives are also influenced by various factors. Accessibility, affordability, convenience, and the quality of healthcare services can affect their utilization of ECs. Additionally, the comfort level in discussing reproductive health matters with healthcare providers and the available support systems can influence women's practices regarding emergency contraception.

Emergency contraceptive pills (ECPs) are a form of emergency contraception that can be used after unprotected sex or contraceptive failure to prevent unintended pregnancy. They are commonly known as the “morning-after pill” and are available at over-the-counter or through prescription depending on the country (Yuzpe & Lancee, [WHO] 1997). EC methods include hormonal and mechanical method. Hormonal EC pills contain higher levels of a hormone found in daily oral hormonal contraceptives (Brunton & Beal, 2006). Two common methods of

hormonal EC include the Yuzpe regimen and plan B. Yuzpe regimen consists of the administration of two doses of combined oral contraceptive pills (each dose containing 100 µg of ethinyl estradiol and 1mg norgestrel) taken 12 hours apart but within 72 hours of the unprotected sex (Yuzpe & Lancee, 1977).

Emergency contraception refers to methods of contraception that can be used to prevent pregnancy after sexual intercourse. These are recommended for use within 5 days but are more effective the sooner they are used after the act of intercourse. Emergency contraceptive pills prevent pregnancy by preventing or delaying ovulation and they do not induce an

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abortion. The copper-bearing IUD prevents fertilization by causing a chemical change in sperm and egg before they meet. Emergency contraception cannot interrupt an established pregnancy or harm a developing embryo. Any woman or girl of reproductive age may need emergency contraception to avoid an unwanted pregnancy. There are no absolute medical contraindications to the use of emergency contraception. There are no age limits for the use of emergency contraception. Eligibility criteria for general use of a copper IUD also apply for use of a copper IUD for emergency purposes. EC pills are 75% - 95% effective if taken within 72 hours of unprotected intercourse (Trussell, 1999). EC is important option which can prevent physical and psychological consequences of unwanted pregnancy (Westley, 2007). It is difficult for many women to obtain EC pill within the recommended time frame. Advance provision could bypass some obstacles to timely use EC pill without delay (Polis, 2007).

Emergency contraception can be used in a number of situations following sexual intercourse. These include; When no contraceptive has been used, sexual assault

when the woman was not protected by an effective contraceptive method, When there is concern of possible contraceptive failure, from improper or incorrect use, such as: condom breakage, slippage, or incorrect use; 3 or more consecutively missed combined oral contraceptive pills or 3 days late during the first week of the cycle; more than 3 hours late from the usual time of intake of the progestogen-only pill (minipill), or more than 27 hours after the previous pill; more than 12 hours late from the usual time of intake of the desogestrel-containing pill (0.75 mg) or more than 36 hours after the previous pill; more than 2 weeks late

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for the norethisterone enanthate (NET-EN) progestogen-only injection; more than 4 weeks late for the depot-medroxyprogesterone acetate (DMPA) progestogen-only injection; more than 7 days late for the combined injectable contraceptive (CIC); dislodgment, breakage, tearing, or early removal of a diaphragm or cervical cap; failed withdrawal (e.g. ejaculation in the vagina or on external genitalia); failure of a spermicide tablet or film to melt before intercourse; miscalculation of the abstinence period, or failure to abstain or use a barrier method on the fertile days of the cycle when using fertility awareness based methods; or expulsion of an intrauterine contraceptive device (IUD) or hormonal contraceptive implant.

An advance supply of ECPs may be given to a woman to ensure that she will have them available when needed and can take as soon as possible after unprotected intercourse.

Unwanted pregnancy 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 pregnancy.

According to the WHO there are 4 methods of emergency contraception, which are; ECPs containing UPA, ECPs containing LNG, combined oral contraceptive pills, copper-bearing intrauterine devices.

WHO recommends any of the following drugs for emergency contraception; ECPs with UPA, taken as a single dose of 30 mg; ECPs with LNG taken as a

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single dose of 1.5 mg, or alternatively, LNG taken in 2 doses of 0.75 mg each, 12 hours apart, COCs which are taken as a split dose, one dose of 100 µg of ethinyl estradiol plus 0.50 mg of LNG, followed by a second dose of 100 µg of ethinyl estradiol plus 0.50 mg of LNG 12 hours later. (Yuzpe method)

Furthermore, the practices of females regarding ECPs can vary based on factors such as age, education, socioeconomic status, and access to healthcare services. Some females may face barriers in obtaining ECPs due to cost, lack of awareness, or limited availability. Since the study is mainly on the use by female staffs, that is the working females among the female population, the study will follow on the factors affecting their decision in making use of ECPs and also the knowledge, attitudes and practices they follow while using these ECPs.

Emergency Contraceptive Pills (ECPs) are a vital component of reproductive health care, providing women with a safe and effective option to prevent unintended pregnancies following unprotected intercourse or contraceptive failure. Understanding the knowledge, attitudes, and practices of female staff

members towards ECPs is crucial for improving access and utilization of this form of contraception.

In many societies, including Nigeria, where this study is to be conducted in Benin City, Edo State, there are varying levels of awareness and acceptance of emergency contraception. Female staff members, due to their professional roles and responsibilities, may face unique challenges and

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barriers in accessing and using ECPs. Factors such as cultural beliefs, religious norms, lack of accurate information, and stigma surrounding emergency contraception can influence their knowledge, attitudes, and practices.

According to a research study done in Nigeria by the National Institute of Health, results has shown that misconceptions and limited knowledge about emergency contraception are common among women, which can lead to hesitancy or reluctance to use ECPs when needed. This lack of awareness may stem from inadequate sexual education, misinformation, or societal taboos surrounding discussions on contraception and reproductive health.

Moreover, the attitudes of female staff members towards emergency contraception play a significant role in their decision-making process. Positive attitudes towards ECPs, such as viewing them as a valuable option for preventing unintended pregnancies, can promote their use. On the other hand, negative attitudes, driven by myths or misconceptions, may deter women from seeking or utilizing emergency contraception services.

The practices related to the use of Emergency Contraceptive Pills among female staff members are also influenced by various factors. Accessibility, affordability, convenience, and the quality of healthcare services can impact their utilization of ECPs. Additionally, the level of comfort in discussing reproductive health matters with healthcare providers and the

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support systems available to female staff members can affect their practices regarding emergency contraception.

Understanding the knowledge, attitudes, and practices of female staff members towards Emergency Contraceptive Pills is essential for developing targeted interventions and educational programs to enhance their access to and utilization of this form of contraception. By conducting this study, valuable insights can be gained to address you the gaps in information, dispel myths, and promote informed decision-making regarding emergency contraception among female staff members in Egor Local Government Area, Benin City, Edo State, Nigeria.

There are no restrictions for the medical eligibility of who can use ECPs. Some women, however, use ECPs repeatedly for any of the reasons stated above, or as their main method of contraception. In such situations, further counselling needs to be given on what other and more regular contraceptive options may be more appropriate and more effective.

Frequent and repeated ECP use may be harmful for women with severe medical conditions Frequent use of emergency contraception can result in increased side-

effects, such as menstrual irregularities, although their repeated use poses no known health risks.

By conducting research on the Knowledge, attitudes, and practices towards the use of emergency contraceptives, the study will address misconceptions, and develop strategies to enhance education, accessibility,

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and utilization of these ECPs especially as they are in the working class order of the female population.

### **Statement of the problem**

Unintended pregnancies contribute to the high burden of unsafe abortion, maternal deaths and morbidities among undergraduates. "The study aims to investigate the level of awareness, perceptions, and utilization of Emergency Contraceptive Pills (ECPs) among female staff members. Lack of knowledge, misperceptions, and exaggerated concerns about the safety of contraceptive methods are major barriers to emergency contraceptive use and practice. The research will explore the gaps in knowledge, attitudes, and behaviors towards ECPs to identify factors that may influence their use among this specific group. By addressing these issues, the study seeks to improve understanding and promote informed decision-making regarding emergency contraception among female staff members. It would highlight the need to address any misconceptions, barriers to access, and limited awareness surrounding emergency contraception. By identifying these issues, the study aims to contribute to the development of targeted interventions and strategies that can

improve health outcomes among these group of females and empower them to make informed decisions about their contraceptive options.

### **Research questions**

1. What is the knowledge of emergency contraceptive pills among female staff in Egor local government area?
2. What is the attitude towards emergency contraceptive pills among female staff in Egor local government area?
3. To what extent do female staff in Egor local government area utilize emergency contraceptive pills?

### **Purpose of the study**

The main purpose of the study is to examine the knowledge, attitudes, and practices of emergency contraceptive pills among female staffs in Egor local government area.

### **Significance of the study**

The study holds significant importance as it can provide valuable insights into the knowledge, attitudes, and practices of female staffs regarding the use of emergency contraceptive pills. By understanding these factors, healthcare providers, policymakers, and educators can develop targeted interventions to address any gaps or misconceptions, improve access to

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the emergency contraception, and promote informed decision-making. This research can contribute to overall improvement of all females reproductive health outcomes, empower their choices, and potentially reduce unintended pregnancies that will affect not only them but their work and career life.

### **Scope and Delimitations of the study**

The scope of the study is the knowledge, attitude, and practice of Emergency Contraceptive Pills. The study is delimited only to the female staffs in Egor local government area.

### **Definitions of Term**

**Emergency contraception:** Emergency contraception is a way to prevent pregnancy after unprotected sex.

**Contraceptive Pills:** These are pills that consist of either the hormones progestin and estrogen or only progestin, and they must be taken once per day in order to prevent pregnancy.

**Unintended Pregnancy:** These are result from contraceptive failure, non-use of contraceptive services, and, less commonly, rape.

**Levenorgestrel:** This is a hormonal medication which is used in a number

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of birth control methods. It is combined with an estrogen to make combination birth control pills.

**Abortion:** This is a procedure to end a pregnancy. It can be done two different ways: Medication abortion, which uses medicines to end the pregnancy. It is sometimes called a "medical abortion" or "abortion with pills." Procedural abortion, a procedure to remove the pregnancy from the uterus.

**Mortality:** This is the number of deaths that occur in a population. It is the state of being symptomatic or unhealthy for a disease or condition. It is usually represented or estimated using prevalence or incidence.

**UPA:** This is known as UliPristal Acetate. A component present in emergency contraceptive pills.



## **CHAPTER TWO**

### **REVIEW OF RELATED LITERATURE**

Literature was reviewed under the following sub-headings:

- Concept of Emergency Contraceptive Pills
- Factors responsible for the use of Emergency Contraceptive Pills
- Knowledge of Emergency Contraceptive Pills among female staff
- Attitude of female staff towards Emergency Contraceptive Pills
- Practice of Emergency Contraceptive Pills among female staff
- Benefits and Limitations of the use of Emergency Contraceptive Pills
- Risks and Limitations associated with the use of Emergency Contraceptive Pills
- Benefits of Emergency Contraceptive Pills
- Summary of Reviewed Literature

#### **Concept of ECPs**

History of emergency contraceptive pills dates back to the 1960's when physicians in the Netherlands administered estrogen extracts to a 13 years old girl who had been raped in mid cycle. Emergency contraceptive can prevent pregnancy when taken shortly after unprotected sex. Currently there are four food and drug administration of America approved products on market worldwide. Three of these products are approved for prevention of pregnancy when taken within 72 hours after unprotected sex. All females

who are at least 17 years old can purchase these three methods even without prescription while the fourth product known as Ella can only be taken up to 5 days after unprotected sex; and it's allowed only by prescription.

Levenorgestrel only pill, progestin only pill, and combined oral contraceptive are the most common emergency contraceptive available here in Nigeria.

Levenorgestrel (LNG) in a single dose of 1.5mg taken within 120 hours of an unprotected sex is the most widely used emergency contraceptive worldwide. It has been demonstrated that LNG acts through an effect on follicular development to delay or inhibit ovulation but has no effect once luteinizing hormone has started to increase (K Gemzell Danielsson, 2010). Unintended pregnancy poses a major challenge to reproductive health of young females especially in developing countries. Some young women who had unintended pregnancies obtain abortion for various reasons with being a current working class being one of these reasons. Many of these abortions are performed in unsafe conditions and others carry their pregnancies to term, incurring the risk of morbidity and mortality higher than those adult women that are older.

Contraception is the prevention of pregnancy. Emergency contraception, also known as emergency birth control, refers to methods of contraception that can be used to prevent pregnancy after sexual intercourse. These methods are most effective when used within 5 days of the act of intercourse, but can still be effective up to 5 days after. Emergency contraceptive pills work by preventing or delaying ovulation, and do not induce an abortion. The copper-bearing intrauterine device (IUD) prevents fertilization by causing a chemical change in sperm and egg before they meet. Emergency contraception is safe and can be

used by any woman or girl of reproductive age to avoid an unwanted pregnancy. There are no absolute medical contraindications to the use of emergency contraception, and there are no age limits for its use. Eligibility criteria for general use of a copper IUD also apply for its use in emergency situations. Emergency contraception can be used in a variety of situations following sexual intercourse, including: unprotected sex, sexual assault, failure of other forms of contraception, breaking or damage to a contraceptive device, sexual intercourse during menstruation. It is important to note that emergency contraception cannot interrupt an established pregnancy or harm a developing embryo. It is a safe and effective way to prevent unintended pregnancies, and can be used by anyone who needs it.

According to World Health Organization (WHO, 2021), Emergency contraception can be used in a number of situations following sexual intercourse. These include when no contraceptive has been used, sexual assault when the woman was not protected by an effective contraceptive method, when there is concern of possible contraceptive failure, from improper or incorrect use, such as condom breakage, slippage, or incorrect use; 3 or more consecutively missed combined oral contraceptive pills or 3 days late during the first week of the cycle; more than 3 hours late from the usual time of intake of the progestogen-only pill (minipill), or more than 27 hours after the previous pill; more than 12 hours late from the usual time of intake of the desogestrel-containing pill (0.75 mg) or more than 36 hours after the previous pill; more than 2 weeks late for the norethisterone enanthate (NET-EN) progestogen-only injection; more than 4 weeks late for the depot-medroxyprogesterone acetate (DMPA) progestogen-only injection; more than 7 days late for the combined injectable contraceptive (CIC); dislodgment,

breakage, tearing, or early removal of a diaphragm or cervical cap; failed withdrawal (e.g. ejaculation in the vagina or on external genitalia); failure of a spermicide tablet or film to melt before intercourse; miscalculation of the abstinence period, or failure to abstain or use a barrier method on the fertile days of the cycle when using fertility awareness based methods; or expulsion of an intrauterine contraceptive device (IUD) or hormonal contraceptive implant.

The emergency contraceptive pill regimens recommended by WHO are ulipristal acetate, levonorgestrel, or combined oral contraceptives (COCs) consisting of ethinyl estradiol plus levonorgestrel.

Emergency contraceptive pills work by delaying ovulation (the release of an egg during the monthly cycle). If fertilization and implantation have already happened, ECPs will not interrupt the pregnancy. About 1 or 2 in every 100 women who use ECPs will become pregnant despite taking the pills within 72 hours after having unprotected sex. The term "morning-after" may be somewhat misleading, as you don't necessarily have to wait until the next morning to take emergency contraception. In fact, the most effective time to take these medications is as soon as possible after unprotected sex. Note that emergency contraception will not be effective if you have unprotected sex after taking the ECPs.

WHO recommendations for provision of emergency contraception

All women and girls at risk of an unintended pregnancy have a right to access emergency contraception and these methods should be routinely included within all national family planning programmes. Moreover, emergency contraception should be integrated into health care services for populations most at risk of exposure to unprotected sex, including post-sexual assault care and Glasier A,

Cameron ST, Blithe D, Scherrer B, Mathe H, Levy D, et al. Contraception. 2011 Oct;84(4):363-7. doi: 10.1016/j.contraception.2011.02.009. Epub 2011 Apr 2. d  
services for women and girls living in emergency and humanitarian settings.

### **Factors Responsible for the use of ECPs**

Over 100 million acts of sexual intercourse take place each day in the world, resulting in around 3 million conceptions of which 50% are unplanned and 25% definitely unwanted. Unintended pregnancy is a global concern with far-reaching implications. An estimated 26% of all pregnancies worldwide are terminated by induced abortions: 41% in developed and 23% in developing regions. Of the estimated 76 million unintended pregnancies that occur annually in developing countries, 34 million result in unplanned births. An estimated 10 million of the rest end in miscarriages, while 32 million are interrupted by induced abortion. This could have been averted if women had had access to maintenance and emergency contraceptives pills.

Emergency contraceptives (EC) are used to avoid unintended pregnancy, hence avoiding its incidence and its effects.

Adolescent girls face a high risk of unintended pregnancies and unsafe abortions with devastating consequences on their health and life. Preventable deaths from improperly performed procedures (unsafe abortion) constitute 13% of the maternal mortality globally and 25% or more in some countries where maternal mortality from other causes is relatively low (e.g., Eastern Europe and South America), making unsafe abortion one of the leading causes of maternal mortality

worldwide. In Ethiopia, according to the survey conducted by the Ethiopian Society of Obstetricians and Gynecologists (ESOG) in nine administrative regions, 25.6% of the 1,075 abortion cases were induced abortions, of which 58% were girls in the age range of 20–29 years. Of the pregnancies which ended in abortions, 60% were unplanned and 50% unwanted.

The Ethiopian Parliament amended the penal code on abortion in 2005. The new law has improved access to safe abortion care by expanding the legal indications. According to the amended law, safe abortion can be performed legally in cases of rape or incest, or if the women have physical or mental disabilities, or if it is needed to preserve the woman's life or physical health, or if she is a minor who is physically or mentally unprepared for childbirth. The reforms were intended to prevent unsafe abortion through the expansion of safe abortion services throughout the healthcare system. The reforms are widely accepted by healthcare providers. Now there are many healthcare providers (doctors, midwives, and nurses) trained to provide safe abortion services when women come to healthcare facilities in the above circumstances.

Emergency contraceptive is a type of modern contraception administered after unprotected sexual intercourse which plays a vital role in preventing unintended pregnancy, unsafe abortion, and unintended childbirth which are the major problems of maternal health [10]. In Ethiopia, the need for ECs was identified in the late 1990s. In 2001, the Family Guidance Association of Ethiopia (FGAE) in collaboration with the Population Council initiated ECs in selected youth center clinics in the country and the study area. In this project, ECs were provided in a repackaged brand so it would appeal to adolescents and youth in several ways,

for example, by cutting the cost of the regular contraceptive pill, though the services were limited in scope and coverage.

In Ethiopia, the most common method of EC involves taking postcoital pills as soon as possible, optimally within 72 hours after unprotected sex. A second dose is taken 12 hours later. The insertion of an intrauterine device (IUD) within 5 days of unprotected sex is another less frequently used method of ECPs. Although IUDs are very effective, and their use is appropriate for many women, pills are easier to administer and are taken by the wider user group. Emergency contraception is available without prescriptions from pharmacies, and it is provided free of charge in government health facilities and costs more in private stores.

Previous studies conducted in Nepal, Ghana, South Africa, and Nigeria showed that the level of EC utilization among female undergraduates was 8.4%, 40%, 21.2%, and 37.9%, respectively.

Women age, educational level, media exposure, residency, and region were significantly associated with emergency contraceptive knowledge (Belachew, Negash, Belay et al, 2023). According to another research conducted by Amalba, Mogre and Appiah (2014), factors that were found to be associated with the use of ECPs were; participants who said ECPs were affordable, available, cultural and religious unacceptable. Age, husband's education, socioeconomic status, and family status were found to be significantly associated with the use of emergency contraceptives (Sahu, Chhabra & Gautam, 2019). Better information about emergency contraceptives, good approach of EC service providers, and positive attitude about ECPs were factors significantly associated with EC use (Yohannes, Hedija, Abel, Desta, 2018).

Finally, factors like awareness about ECs, treatment approach of service providers, and attitude towards ECPs showed significant associations with ECP use according to a study carried out on Students of Arba Minch University. Utilization was higher among participants who had information about ECPs than those who had not. Participants who were well approached by EC service providers were nine times more likely to use ECs than those who were mistreated. Those who believed that taking ECPs after unprotected sex was much better than the regular use of contraceptive methods to prevent unintended pregnancies were two times more likely to use ECs compared to those who did not believe in that.

### **Knowledge of Emergency Contraceptive Pills among Females**

The knowledge of Emergency Contraceptive Pills among women is necessary to avoid unintended pregnancies which contribute to the high burden of unsafe abortion, maternal deaths and morbidities among female undergraduates, young and old females and even working class females. It is primarily a female method, so its use and success rests mainly on how women perceive and practice it. A variety of methods exists for emergency contraception but levonorgestrel-only pills (Postinor-2) and combined oral contraceptives appear to be the most common methods practiced in Nigeria since, they can be obtained over the counter from patent medicine and pharmacy shops. A study by Aksu and Erenel (2019) found that while some females had adequate knowledge about ECPs, others had misconceptions or lacked information. Similarly, a survey conducted by Smith et al. (2018) revealed gaps in understanding regarding the mechanism of

action and effectiveness of ECPs among certain demographics. Additionally, a research by Johnson and Davidson (2020) highlighted the importance of comprehensive education and access to accurate information to improve knowledge and usage of ECPs among females. Studies conducted from five universities in southwestern Nigeria which include Ajayi Crowther university, University of Ibadan, Dominion university, LCU, Kola Daisi university by Orji EO, Adegbenro CA, Olalekan AW, (2005) have shown varying levels of knowledge of contraception among adolescents in Nigeria. The Nigeria Demographic and Health Survey in 2018 revealed that contraception prevalence rates in the country were low while modern contraceptive use was higher among sexually active unmarried women (28%) than among currently married women (12%) including working class females. Individuals in Nigeria have poor awareness, knowledge, and practice of ECPs. Ajayi et al. (2016) revealed that some female undergraduates erroneously use non-emergency contraceptive pills and concoctions as EC in Nigeria. It is important to study the awareness, practice, and knowledge of females to ECPs as these should be the major drivers of its uptake since the available options are tailored to their use, and females bear the brunt of the consequences of unwanted pregnancies. These studies underscore the need for targeted educational interventions to enhance awareness and understanding of emergency contraceptive options among females.

### **Attitude of Females towards the use of Emergency Contraceptive Pills**

The attitude of women towards the use of emergency contraceptive pills varies depending on cultural, social, and individual factors. However, several studies

have indicated generally positive attitudes towards their use, particularly in situations of contraceptive failure or unprotected intercourse. Their attitudes can vary based on cultural, religious, and personal beliefs. Some females may view ECPs positively as a way to prevent unintended pregnancies, while others may have concerns about side effects or moral implications. A study conducted in Nigeria by Akani et al. (2006) found that while awareness and utilization of emergency contraception were low among female undergraduates, there was a positive attitude towards its potential use in preventing unintended pregnancies. Similarly, a study by Olaogun et al. (2012) among female undergraduate students in Lagos reported a generally positive attitude towards emergency contraception, despite moderate levels of knowledge.

Research suggests that many females appreciate the availability of ECPs as a backup option in case of contraceptive failure or unprotected intercourse. They see it as a way to take control of their reproductive health and prevent unwanted pregnancies. However, some may have reservations due to misinformation about how ECPs work or concerns about potential side effect. Attitudes towards ECPs can be influenced by factors such as education, access to healthcare, societal norms, and personal beliefs. Understanding these attitudes can help in promoting accurate information about ECPs and ensuring that females have access to reproductive healthcare options that align with their needs and preference.

According to a research study done by Fawole and Adesina (2009), they indicated that there's a significant knowledge gap regarding emergency contraception among females in Lagos, Nigeria. However, those who were aware generally held positive attitudes towards its use. These studies highlight the importance of

targeted educational interventions to improve awareness and access to emergency contraception among females in Nigeria. A survey revealed that despite low awareness and utilization of emergency contraception among female undergraduates in Nigeria, there was a generally positive attitude towards its potential use in preventing unintended pregnancies (Akani, Eyindah and Babtunde, 2006). According to a research done in Arba Minch University, Ethiopia by Yohannes, Hedija, Abel, and Desta (2015) on female students and staffs, they supported the idea of making available, emergency contraceptives for all females. And about 191 respondents said they are willing to use emergency contraceptive if need arises and they will recommend emergency contraceptive for other females if need arises. The preferred route of delivery of emergency contraceptive cited by students were health workers by 189 (87.6%) followed by pharmacists 27 (12.4%) About 87.1% of the students and female staffs had positive attitude towards emergency contraception. Also, a study by Olaogun, Akiode, Roberts (2012) found that while there was a moderate level of knowledge about emergency contraception among women under in Lagos, Nigeria their attitude towards its use was generally positive and at a very high level.

Efforts to improve awareness, accessibility, and education about emergency contraception can help to positively influence attitudes and increase its utilization among women.

### **Practice of Emergency Contraceptive Pills among Females**

The practice of emergency contraceptive pills (ECPs) among females varies across demographics and regions. According to a study by Glasier et al. (2010), ECPs are

commonly used by women aged 18-30, particularly those who are unmarried or have inconsistent contraceptive use. Another study by Cleland et al. (2013) found that access to ECPs is influenced by factors such as education, socioeconomic status, and awareness of contraceptive methods. Additionally, the Guttmacher Institute (2018) reports that ECP use is more prevalent in urban areas where access to healthcare services is better.

Use of ECPs among women of reproductive age in SSA reported by the various studies included in this review ranged from as low as 0% to as high as 54.1% from Ethiopia and Nigeria respectively (Abiodun, 2016). Two qualitative studies were reported of the non-use and practice of ECPs from DR Congo, and 81.3% use from Ghana. Although the study settings and participants differed, some countries recorded use of ECPs above 30%. When three or more studies were reported on EC use on a country for different years, a trend analysis was done to examine the pattern of EC use. A qualitative study conducted in Ghana reported 32 of 36 (81.3%) participants to use ECPs (Rokicki and Merten, 2018). The lowest level of EC use reported from Ghana from the selected review studies was 4.2% (Addo and Tagoe-Darko, 2009), while the highest was 41% (Opoku and Kwaununu, 2011). After the year 2011, Ghana experienced a decreasing trend on the practice and use of ECPs in the country (Amalba, Mogre, Appiah, and Mumuni, 2014). Three studies carried out in Nigeria recorded over a 30% level of ECPs use (Ikeme, Ezegwui, and Uzodimma, 2005). The highest level of ECP use in Nigeria from the selected studies was 54.1% which was also the highest recorded from the included review articles (Onasoga, Afolayan, Asamabiriowei, Jibril, and Imam, 2016). The study sampled 1328 participants and 718 reported to have used ECPs. Compared to the level of awareness recorded in the same study by Onasoga,

Afolayan, Asamabiriowei, Jibril and Imam (2016), the level of use and practice was relatively very low. Nigeria recorded the lowest level of ECP use of 2.3% in 2003, which increased to 31% in the year 2005. In the year that followed, a study in Nigeria reported a drop to 12.9%. Two studies conducted in 2014 from Nigeria reported the level of ECP practice and use among females of 6.3% and 17%. 72.6% level of EC awareness was reported in the year 2016 which was also conducted in Nigeria. These findings indicate that the level of awareness on EC in Nigeria increased over the years. In 2017, the level of awareness reported from a cross-sectional study conducted was lower (63.1%) compared to that of a study conducted in the previous year (86.5%) (Onasoga, Afolayan, Asamabiriowei, Jibril, and Imam, 2016). This study carried out shows an increase in the practice and use of ECPs but it's still not enough and relatively low in helping to eradicate unintended pregnancies and high mortality rate due to unsafe abortions. However, it's essential to note that cultural and religious beliefs can also impact the acceptance and utilization of ECPs among females (World Health Organization, 2012).

### **Benefits and limitations of the use of ECP**

Advantages of emergency contraception includes; the emergency contraceptive pill is easy to take, can be taken by most people and is quite easy to get hold of because it can be prescribed for free by any doctor and many nurses, It does not have any long-term side effects and is very safe, there are no known effects on babies if they are born after emergency contraception has failed, the emergency IUD can be left in place as a permanent method of contraception for 5 to 10 years, depending on what kind of coil is used.

Disadvantages of emergency contraception also includes; it's not as effective as regular contraception. Taking it doesn't guarantee that you won't get pregnant. It doesn't provide any protection against sexually transmitted infections, including HIV. Taking the pill may cause some irregular bleeding or disrupt the periods, causing them to come earlier or later than expected. This is more likely to happen when it's taken more than once. The IUD needs to be inserted by a specially trained doctor or nurse and so is not easily accessible. It can be painful when it's put in and there's a small chance of developing an infection

### **Risks and Limitations associated with the use of ECP**

Emergency contraception can prevent pregnancy after unprotected sex or if the contraception you have used has failed. E.g, a condom has split or you have missed a pill. There are 2 types of emergency contraception; The emergency contraceptive pill – Levonelle or ellaOne (the "morning after" pill) and The intrauterine device (IUD or coil).

#### Levonelle

Levonelle contains levonorgestrel, a synthetic (man-made) version of the natural hormone progesterone produced by the ovaries. Taking it's thought to stop or delay the release of an egg (ovulation). Levonelle has to be taken within 72 hours (3 days) of sex to prevent pregnancy. It doesn't interfere with your regular method of contraception.

#### Ella one

EllaOne contains ulipristal acetate, which stops progesterone working normally. This also works by stopping or delaying the release of an egg. EllaOne has to be taken within 120 hours (5 days) of sex to prevent pregnancy.

Levonelle and ellaOne can't continue to protect you against pregnancy if you have unprotected sex at any time after taking the emergency pill, you can become pregnant. They aren't intended to be used as a regular form of contraception. But you can use emergency contraception more than once in a menstrual cycle if you need to.

There are no serious or long-term side effects from taking the emergency contraceptive pill. It can cause the following: Headaches, tummy pain, changes in your next period. It can be earlier, later or more painful than usual, feeling or being sick, nausea, vomiting, slight irregular vaginal bleeding, fatigue and in rare cases, ectopic pregnancy

### **Benefits of Emergency Contraceptive Pills**

Emergency contraception (EC) can prevent up to over 95% of pregnancies when taken within 5 days after intercourse. EC can be used in the following situations: unprotected intercourse, concerns about possible contraceptive failure, incorrect use of contraceptives, and sexual assault if without contraception coverage. The emergency contraceptive pill is easy to take, can be taken by most people and is quite easy to get hold of because it can be prescribed for free by any doctor and many nurses. It does not have any long-term side effects and is very safe. There are also no known effects on babies if they are born after emergency

contraception has failed. The emergency IUD can be left in place as a permanent method of contraception for 5 to 10 years, depending on what kind of coil is used.

### **Summary of Reviewed Literature**

Emergency contraception is never 100% effective, even if it is taken very quickly after unprotected sex. The effectiveness percentages are around 98% when taken within 12 hours after intercourse and 85% when taken within 3 days. The effectiveness decreases over time. All women and girls at risk of an unintended pregnancy have a right to access emergency contraception and these methods should be routinely included within all national family planning programmes. Moreover, emergency contraception should be integrated into health care services for populations most at risk of exposure to unprotected sex, including post-sexual assault care and services for women and girls living in emergency and humanitarian settings.

The gaps in the study about the use of Emergency contraception by working female staffs will be studied in order to get related literature, anecdotal records and also the response of these female staffs concerning the use of Emergency Contraceptive Pills. Although the WHO reaffirms its commitment to constantly reviewing emerging evidence through its Continuous Identification of Research Evidence (CIRE) system and also by regularly updating its guidance accordingly.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

This chapter presents the method, strategies and procedures that would be used to carry out this study. The study methods will be explained under the various subheads;

Design of the study

Population of the study

Sample and Sampling Techniques

Research Instrument

Validity of the Instrument

Reliability of the Instrument

Method of Data Collection

Method of Data Analysis

#### **Research Design**

The descriptive survey research design was adopted for this study, the design includes a systematic gathering of information from the respondents or target population for the purpose of understanding and predicting the population (Ehiamentalor & Nwadiani, 2003). Hence, this design was considered appropriate in ascertaining the knowledge, attitude and practice towards the use of

Emergency Contraceptive Pills among female staffs in Egor Local Government Area, Edo state.

### **Population of the Study**

The population of this study is comprising of 207 female staff working in Egor Local Government in Benin City, Edo state.

### **Sample and Sampling Technique**

The Sample size for this study is 124 representing 60% of the total population. The Simple Random Sampling Technique of balloting with replacement was used for this study.

### **Research Instrument**

The questionnaire titled “Knowledge, attitude and practice towards the use of Emergency Contraceptive Pills among female staffs in Egor Local Government” was used to collect the data. It was divided into two sections, A and B. Section A of the questionnaire was aimed at gathering demographic data of the respondents such as age, sex, etc and Section B was designed to gather data to answer the research questions raised for the study.

### **Validity of the Instrument**

To ascertain the validity of the instrument, the questionnaire was subjected to validation which was done by the researcher’s supervisor and other experts in the

Department of Health, Safety and Environmental Education. Their suggestions and recommendations was used to produce the final draft of the instrument.

### **Reliability of the Instrument**

The Test re-test method of reliability was used to determine the reliability of the instrument. The instrument will be administered to twenty (20) respondents of the population who were not part of the sample. It will be re-administered after two weeks on the same respondents. The response from the questionnaire administered would be analyzed using Pearson's Product Moment Correlation Co-efficient and the result obtained will show the reliability of the instrument.

### **Method of Data Collection**

The instrument was administered directly to the respondents personally by the researcher, after which the instrument will be retrieved upon completion so as to ensure 100 percent return rate.

### **Method of Data Analysis**

The data gathered from the study was carefully analyzed using frequency counts, simple percentage, mean and standard deviation to analyze the data meant to answer the research question in the questionnaire.

## CHAPTER FOUR

### DATA PRESENTATION, ANALYSIS, AND INTERPRETATION

This chapters deals with the presentation, analysis and interpretation of findings based on the data collected from respondents in relation to the research questions guiding the study.

**Research Question 1:** What is the level of knowledge of Emergency Contraceptive Pills among female staff?

**Table 1: Level of knowledge of emergency contraceptive pills among female staff.**

S/N	Level of knowledge (Score)	Frequency & Percentage	Total
1.	Low	79(63.7%)	100%
2.	High	45(36.3%)	100%

(0-3; Low Knowledge, 4-7; High Knowledge)

From Table 1 above, it was found out that 36.3% (45) of the total respondents had high knowledge of Emergency Contraceptive Pills, while majority 63.7% (79) had low knowledge of Emergency Contraceptive Pills among female staffs. This shows that female staffs in Egor have low knowledge about Emergency contraceptive pills.

**Research Question 2:** What is the attitude towards Emergency Contraceptive Pills among female staffs?

**Table 2: Descriptive statistics on attitude towards Emergency Contraceptive Pills among female staff**

S/N	ITEMS	SA (%)	A (%)	D (%)	SD (%)	Mean	S.D	DECISION (%)
1	I believe Emergency Contraceptive Pills (ECPs) should be available without a prescription.	50 40.3%	24 19.4%	34 27.4%	16 12.9%	2.87	.501	<b>Accepted</b>
2	I believe Using ECPs promotes responsible sexual behavior.	33 26.6%	36 29.1%	23 18.5%	32 25.8%	2.56	.456	<b>Accepted</b>
3	I feel comfortable discussing the use of ECPs with my healthcare provider.	54 43.5%	49 39.5%	11 8.9%	10 8.1%	3.18	.496	<b>Accepted</b>
4	I believe ECPs are a convenient option for preventing unintended pregnancies.	60 48.4%	38 30.6%	21 16.9%	5 4.1%	3.23	.509	<b>Accepted</b>
5	I feel Emergency Contraceptive Pills (ECPs) usage should be encouraged among sexually active individuals	57 46%	50 40.3%	11 8.9%	6 4.8%	3.27	.453	<b>Accepted</b>
<b>CLUSTER MEAN</b>						<b>3.02</b>		

Table 2 above revealed that the cluster mean is 3.02

The table above represents the descriptive statistics on attitude towards Emergency Contraceptive Pills among female staffs.

From the table, it was found out for that respondents accepted the statement that “I believe Emergency Contraceptive Pills (ECPs) should be available without a prescription” with a mean score of 2.87. it was found out that respondents accepted the statement that “I believe Using ECPs promotes responsible sexual behavior” with a mean score of 2.56, Also, it was discovered that respondents accepted the statement “I feel comfortable discussing the use of ECPs with my healthcare provider” with a mean score of 3.18. It was found out that respondents accepted the statement “I believe ECPs are a convenient option for preventing unintended pregnancies.” with a mean score of 3.23. Furthermore, lastly, it was found out that respondents accepted the statement “I feel Emergency Contraceptive Pills (ECPs) usage should be encouraged among sexually active individuals” with a mean score of 3.27.

**Research Question 3:** To what extent do females staffs makes use of emergency contraceptive pills?

**Table 3: Descriptive statistics on the extent to which female staff use of emergency contraceptive pills**

S/N	ITEMS	ALWAYS (%)	SOMETIMES (%)	NEVER (%)	TOTAL (%)
1	Have you ever used Emergency Contraceptive Pills(ECPs)	54 (43.5%)	25 (20.2%)	45 (36.3%)	124 (100%)
2	We're you satisfied with your experience of using Emergency contraceptive pills (ECPs)?	32 (25.8%)	40 (32.3%)	52 (41.9%)	124 (100%)
3	Did the use of the Emergency Contraceptive Pills help to advert the circumstance for which you took it for?	36 (29%)	40 (32.3%)	48 (38.7%)	124 (100%)
4	Did you feel hesitant about using Emergency Contraceptive Pills?	49 (39.5%)	33 (26.6%)	42 (33.9%)	124 (100%)
5	Do you have access to Emergency Contraceptive pills when needed	53 (42.7%)	30 (24.2%)	49 (33.1%)	124 (100%)
6	Emergency contraceptive pills are my go to contraception	50 (40.3%)	25 (20.2%)	49 (39.5%)	124 (100%)

Table 3 above represents the descriptive statistics on the extent extent to which female staff use of emergency contraceptive pills, from the date presented, it was found out that majority of respondents 54(43.5%) Have sometimes used Emergency Contraceptive Pills (ECPs) while 25(20.2%) have always used Emergency Contraceptive Pills (ECPs) and 45(36.3%) have never used Emergency Contraceptive Pills (ECPs), it was found out that majority of the respondents 52(41.9%) never are satisfied with their experience of using Emergency Contraceptive Pills.

Also, it was discovered that majority of the total respondents 48(38.7%) never use the Emergency Contraceptive pills to help avert the circumstance for which they took it. Furthermore, it was found out that majority of the respondents 49(39.5%) sometimes feel hesitant about using Emergency Contraceptive Pills, it was also found out that majority of the respondents 53(42.7%) sometimes have access to Emergency Contraceptive Pills when needed. Lastly, it was found out that majority of the respondents 50(40.3%) sometimes feel Emergency Contraceptive are their go to contraception, 25(20.2%) always feel Emergency Contraceptive are their go to contraception while 49(39.5%) never feel feel Emergency Contraceptive are their go to contraception.

### **Discussion of Findings**

From the analysis and interpretation of the data collected from female staffs in Egor, it was found out that majority of the respondents had low knowledge of Emergency Contraceptive Pills. This finding corroborates with findings of the Research conducted by Ajayi et al. (2016) who found out that some females erroneously use non-emergency contraceptive pills and concoctions as EC and that female Individuals in Nigeria have poor awareness and knowledge of ECPs in Nigeria.

Furthermore, from the data collected analyzed, it was found out that female staffs in Egor possesses positive attitudes towards Emergency Contraceptive Pills. This finding corroborates with the findings of the study conducted in Nigeria by Akani et al. (2006) found that while awareness and utilization of emergency contraception were low among female undergraduates, there was a positive attitude towards its potential use in preventing unintended pregnancies.

Lastly, on the extent to which female staffs have used emergency contraceptive pills, it was found out that majority of female staffs always use contraceptive pills, it is accessible to them but they were not satisfied using it. This finding corroborates with the findings of the study conducted by Onasoga, Afolayan, Asamabiriowei, Jibril, and Imam, (2016) found out that the practice and use of Emergency Contraceptive Pills over the years among females has been increasing and reached to 86.5% that year but seems not to be satisfied with its use.

## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

This chapter has to do with the summary, conclusion and recommendations based on the findings. **Summary** This study was conducted to measure the Knowledge, Attitudes and Practices of prostate cancer screening among male staff of Egor local government secretariat of Edo state. To achieve the purpose of the study, three (3) research questions were raised and there was a review of literatures related to the study. The descriptive research design was used for this study and the population consisted of 207 female staff of Egor local government secretariat (aged 25 above). A total of one hundred and twenty-four (124) female staff were selected. The instrument used for data collection was a well-structured questionnaire. The questionnaire was validated by the project supervisor and two other lecturers in the Department of Health, Safety and Environmental Education. The split half reliability method was used to establish the reliability of the questionnaire. A total of one hundred and twenty-four (124) questionnaires were administered to the sample respondents and data collected was analyzed using frequency count and percentage.

#### Findings

The findings of the study revealed that:

- Respondents have a low level of knowledge about Emergency Contraceptive Pills.
- Respondents have positive attitude towards Emergency Contraceptive Pills.
- Respondents practice and makes of Emergency Contraceptive Pills but were not satisfied with its use.
- Respondents believe that there are factors (age, socioeconomic status, fear and stigma, religion and lack of awareness) which can influence utilization of Emergency Contraceptive Pills.

**Conclusion** In line with the findings, respondents have low knowledge of Emergency Contraceptive Pills, positive attitude towards Emergency Contraceptive Pills, there's high practice Emergency Contraceptive Pills but they were not satisfied with its use and they believe that there are some factors that influence utilization of Emergency Contraceptive Pills.

**Recommendations** Based on the findings of the study, the researcher made the following recommendations:

1. Launch educational campaigns through various mediums such as social media, schools, community centers, and healthcare facilities to raise awareness about Emergency Contraceptive Pills (ECPs), their availability, and how they work.
2. Provide easily accessible resources such as pamphlets, websites, or hotlines where females can obtain accurate information about ECPs, including their effectiveness, usage instructions, and potential side effects.
3. Offer training programs for healthcare providers to ensure they have up-to-date knowledge about ECPs and can effectively counsel females on their use, benefits, and risks.
4. Implement peer education programs where females can learn about ECPs from trusted peers who have been educated on the topic and can provide accurate information in a supportive environment.
5. Address any stigma or misconceptions surrounding ECPs through public discussions, testimonials from those who have used them, and highlighting their role in preventing unintended pregnancies rather than focusing solely on emergency situations.

### **Suggestion for Further Studies**

1. Impact of a awareness of Emergency Contraceptive Pills in preventing unintended pregnancies among young females.
2. Awareness, knowledge and factors that influences the use of Emergency Contraceptive Pills among married women.
3. Barriers to accessibility of Emergency Contraceptive Pills in urban and rural communities among females.

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APPENDIX

DEPARTMENT OF HEALTH, SAFETY AND ENVIRONMENTAL EDUCATION

FACULTY OF EDUCATION

UNIVERSITY OF BENIN,

BENIN CITY, EDO STATE.

QUESTIONNAIRE

ON

KNOWLEDGE, ATTITUDE AND PRACTICE TOWARDS THE USE OF EMERGENCY  
CONTRACEPTIVE PILLS AMONG FEMALE STAFFS

Dear Respondents,

The Researcher is a student of the above named institution, conducting a research on “knowledge, attitude and practice towards the use of Emergency Contraceptive Pills among female staffs in Egor LGA, Edo State

You are kindly requested to fill the questionnaire. All information gathered shall be used purely for research purposes and shall be treated with utmost confidentiality.

**SECTION A (Demographic Data)**

Age: 18-24 [ ] 25-31 [ ] 32-38 [ ] 39 and above [ ]

Marital Status: Single [ ] Married [ ] Divorced [ ]

Religion: Christian [ ] Muslim [ ] others [ ]

Number of children: 0-3 [ ] 4-6. [ ] 7-10 [ ] None [ ]

**SECTION B**

*Please tick as appropriate (✓)*

NOTE:

SA= Strongly Agree

**A= Agree**

**D= Disagree**

**SD= Strongly Disagree**

**What is the level of knowledge of Emergency Contraceptive Pills among female staffs?**

What is the primary purpose of Emergency Contraceptive Pills (ECPs)? a) To prevent sexually transmitted infections (b) To induce menstruation (c) To prevent pregnancy after unprotected sex (d) To regulate menstrual cycles

Are Emergency Contraceptive Pills (ECPs) available over the counter without a prescription? (a) Yes, always (b) Yes, but only for women over 18 (c) No, they require a prescription (d) Yes, but only in certain countries

Can Emergency Contraceptive Pills (ECPs) protect against sexually transmitted infections (STIs)? (a) Yes (b) No (c) Only if taken within 24 hours (d) Only if taken with antibiotics

Please indicate which statements are true about ECPs: (a) ECPs can prevent pregnancy after unprotected sex. (b) ECPs protect against sexually transmitted infections (STIs). (c) ECPs are 100% effective in preventing pregnancy. (d) ECPs can be used as a regular form of birth control. (e) ECPs are safe to use for all women, regardless of age or health conditions.

How frequently should Emergency Contraceptive Pills (ECPs) be taken after unprotected sex? (a) Within 24 hours (b) Within 48 hours (c) Within 72 hours (d) Anytime within 5 days (e) Not sure

How do Emergency Contraceptive Pills (ECPs) work to prevent pregnancy? (a) By blocking ovulation (b) By thinning the uterine lining (c) By preventing fertilization (d) All of the above

Which of the following is NOT a common side effect of Emergency Contraceptive Pills (ECPs)? (a) Nausea (b) Headache (c) Weight gain (d) Fatigue

**What is the attitude towards Emergency Contraceptive Pills among female staffs?**

S/N	ITEMS	SA	A	D	SD
8	I believe Emergency Contraceptive Pills (ECPs) should be available without a prescription.				
9	I believe Using ECPs promotes responsible sexual behavior.				
10	I feel comfortable discussing the use of ECPs with my healthcare provider.				
11	I believe ECPs are a convenient option for preventing unintended pregnancies.				

12	I feel Emergency Contraceptive Pills (ECPs) usage should be encouraged among sexually active individuals.				
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**To what extent do female staffs makes use of Emergency Contraceptive Pills?**

<b>S/N</b>	<b>ITEMS</b>	<b>SOMETIMES</b>	<b>ALWAYS</b>	<b>NEVER</b>
13	Have you ever used Emergency Contraceptive Pills (ECPs)?			
14	Were you satisfied with your experience of using Emergency Contraceptive Pills (ECPs)?			
15	Did the use of the Emergency Contraceptive Pills help to avert the circumstance for which you took it for?			
16	Did you feel hesitant about using Emergency Contraceptive Pills?			
17	Do you have access to Emergency Contraceptive Pills when needed?			
18	Emergency Contraceptive Pills are my go to contraception.			