

Awareness and Attitude of Married Women toward Emergency Contraception

Amany H. Abd Elrahim, Manal F. Moustafa & Hala A. El Fattah.

Assistant lecturer of obstetrics and Gynecological Nursing- Faculty of Nursing- El Minia University, Egypt.

Professor of obstetrics and Gynecological Nursing - Faculty of Nursing- Assiut University, Egypt.

Lecturer of obstetrics and Gynecological Nursing- Faculty of Nursing-Kafr El Sheikh University, Egypt.

Abstract

Introduction: Emergency contraception (EC) refers to contraceptive methods that a woman can use in her last chance after unprotected sexual intercourse (UPSI) whether consensual, as result of sexual assault or after failure or incorrect use of other methods to prevent unintended pregnancy. **Aim of this study:** Assess the awareness and attitude of married women toward emergency contraception. **Subject and method:** A descriptive research design was utilized in this study. Six hundred women were recruited for the study. Data were collected from El Minia University Hospital for women and children from Obstetrics, Gynecology department in El Minia City using structured interviewing questionnaire. **Result:** the study revealed that near two third (62.9%) of the women had a poor knowledge about emergency contraception and more than half (53.5%) of them had positive attitude toward EC. **Conclusion:** in spite of a greater percentage of women heard about emergency contraception they had a poor knowledge about it and near half of the studied women had a positive attitude regarding it. **Recommendation:** There is a need to raise awareness about emergency contraceptives as an option with other contraception methods and revitalizing of the family education program for disseminating similar information.

Keywords: *Emergency Contraception, Awareness, Attitude, & Women.*

Introduction

Family planning is critical for the health of women and their families and it can accelerate a country's progress toward reducing poverty and achieving development goals. Because of its importance, universal access to reproductive health services including family planning is identified as one of the targets of the United Nations Millennium Development Goals (MDGs) (UNMDGs, 2012). Moreover, other international agreements including the program of action of the 1994 international and development promote individuals' freedom to decide the number and timing of their children as a basic human and reproductive right (United Nations, 2012).

In Egypt: 14% of all pregnancies are unintended (Bradley, et al, 2011). One particularly harmful consequence of unintended pregnancy is unsafe abortion which the World Health Organization (WHO) defines as a procedure for terminating a pregnancy carried out by individuals lacking the necessary skills or in an environment not conforming to minimal medical standards or both (WHO, 2011). Women who decide to terminate their unintended pregnancy may resort to unsafe abortion especially if they face legal barriers to obtaining a safe abortion as the case in most of the Arab region (Dabash, et al., 2008). According to WHO nearly 1 million unsafe abortions were performed in 2008 in countries of northern Africa alone. Complications of these

abortions accounted for 12 percent of maternal deaths in that region (WHO, 2011).

Emergency contraception (EC) refers to contraceptive methods that a woman can use in her last chance after unprotected sexual intercourse (UPSI) whether consensual, as result of sexual assault or after failure or incorrect use of other methods to prevent unintended pregnancy (Trussell et al, 2014). Emergency contraceptions are a type of family planning methods that provide a safe and effective means of post coital treatment and have been estimated to prevent at least 75% of expected pregnancies resulting from unprotected intercourse. Unintended pregnancy is a global problem, which affects women, their families and society at large. Abortion is a frequent consequence and about 50 million pregnancies terminated each year (Kazi, 2000).

Situations of unprotected intercourse where EC can be used as a backup contraceptive method include, failure of barrier methods such as slippage, breakage or misuse of the condom, sexual assaults, rape, failed coitus interrupts, two or more consecutive missed oral contraceptive pills, or simply because intercourse was unexpected and therefore contraception had not been used (Ebuehi et al., 2006). Worldwide unplanned pregnancy is a major medical, social, and public health problem (Kang et al., 2008). There are 80 million unplanned pregnancies in the world every

year, of which 38% of all pregnancies can be deemed an epidemic (Glasier, et al., 2006).

Emergency contraception is the postcoital method of pregnancy prevention. Three methods of EC are used: (1) levonorgestrel-only pills (LNG), or progestin only pills (Plan B) (2) combined estrogen and progestin pills (the Yuzpe regimen) and (3) the copper intrauterine device. There are another forms of emergency contraception have been clinically used as Danazol, Mifepristone, and high dose estrogens (Langston, 2010).

EC pills are currently available in three forms: a progestin only method marketed under the brand name plan B (two tablets of 0.75 mg levonorgestrel taken together, available in Egypt under brand name contraplan II) (Cheng, et al., 2008) and a combined hormonal method, also known as the Yuzpe regimen, which is dispensed in the form of multiple birth control pills. A third form contains an antiprogestin (either Mifepristone or ulipristal acetate; a second-generation progesterone receptor modulator; (Dunn, et al, 2003), but it is not currently available in Egypt.

Significance of the study

The major factor limiting the use of EC may be inadequate information about their effectiveness and availability or unfavorable opinions about their safety due to misinformation. Despite the fact that different modern contraceptives exist in Egypt, the problem of unintended pregnancy still exist which could be due to gap in awareness and negative attitudes towards contraception.

Aim of the study

To assess the awareness and attitude of married women toward emergency contraception

Research Question

Did married women have awareness and positive attitude toward emergency contraception?

Materials & methods

Research design

A descriptive research design was utilized in carrying out this study.

Study Settings

The study was conducted in El Minia University Hospital for women and children, Obstetrics, Gynecology department (Outpatient clinics and inpatient unit). This hospital provides free services to women who are resident in El Minia city and other villages.

Sample size

A convenient sample was included in the study. The study was carried for 6 months from March, through

August, 2013. The sample of the present study included six hundred women.

The target population of the study was chosen according to the following criteria

Inclusion criteria

- Married woman in reproductive age from (15-49) years .
- Woman from urban and rural areas.
- Different level of education
- Pregnant, postpartum or post abortion woman.

Tool of data collection

A structured interview questionnaire was developed, modified, translated and utilized by the researcher to collect the necessary data to assess the awareness and attitude about emergency contraceptions based upon a review of literature and similar studies conducted elsewhere and it was reviewed by experts from obstetrics and Gynecological nursing specialties. The Questionnaire included three parts:

The first part included sociodemographic characteristics and history of the women as age, age at marriage, residence, level of education, occupation and history of unwanted pregnancy.

The second part included questions to assess the women's awareness about emergency contraceptions. It was determined by using multiple-choice questions. The questions were evaluated the level of knowledge about emergency contraceptions. It was included 20 questions. Each correct question corresponded to 1 point, and so there was a total of 20 points for twenty questions. Woman knowledge was graded as: (≥ 14 Good), (8-13 Moderate) and (≤ 7 Poor).

The third part included questions to evaluate women's attitude toward EC. The woman attitudes were measured using 14 items rated on a three point likert scale as agree, neutral and disagree. Using this three-point scale for 14 questions it considers the maximum score for each respondent at 42 and the minimum at 14. A high score (29-42 degree) will indicate a positive attitude while a low score (14-28 degree) will indicate a negative attitude.

Administrative approval

Before conducting the study an official permission was taken from the Dean of Faculty of Nursing, El Minia University and the director of El Minia University Hospital for women and children also an official permission was taken the head of Obstetrics and Gynecology department. An oral informed consent was obtained from included women in the study. It included full explanation of the procedure, and rights for privacy and confidentiality. .

Ethical consideration

Research proposal approved from ethical committee in the faculty of nursing. There is no risk for study subjects during application of the study. An oral

consent was obtained from women and nurses after explaining the nature and purpose of the study. Confidentiality and anonymity were assured.

Pilot study

Pilot study was done on (10% of the duration which equal 3 weeks at this period 60 women were collected) to assess the applicability of the tool, and was excluded from the study sample, According to the results of the pilot, tools modifications were done therefore, the rewording or rephrasing of statements was done. It also helped in the estimation of the time needed to fill the form.

Field work

The researcher collected the sample through three days per week from the beginning of the study. The field work lasted for six months from March through August, 2013. The researcher attended to the hospital at 9:00 a.m, to 2:00 p.m, after introducing herself to the eligible woman, the purpose and nature of the study were explained to every woman who participate in the study, Face to face interview was done through structured questionnaire about the awareness and attitude toward emergency contraception in order to collect the data. The interview to filling the questionnaire and health education took 35-40 minutes. Eight to nine women were recruited each day.

Limitations of the study

The current study had exhausted every effort to fulfill the study; however there were some unavoidable limitations. Some of the women refused to participated in this study because they were busy so, the researcher make more clarification for purpose of the study and give more education about emergency contraception and its importance and this attract women to initiate and participate in the study and this take more effort for the researcher.

Statistical analysis

Data were analyzed using the statistical package for social science (SPSS) (Windows Microsoft). Continuous data were expressed as frequency, percentage; mean and SD. discrete data were expressed as frequency and percentage. Comparison between variables was done using chi-square test. Probability (p-value) less than 0.05 was considered significant and less than 0.001 was considered highly significant.

Results

Table (1): Distribution of the women according to their sociodemographic characteristics.

Socio- demographic characteristics	(N=600)	%
1. Age		
• <20 years	96	16.0
• 20-25 years	138	23.0
• 26-30	157	26.2
• 31-35	95	15.8
• >35	114	19.0
Mean age ± SD	28.00±5.84	
2. Age at marriage		
• 15-<20	300	50.0
• 20-<25	246	41.0
• >25	54	9.0
Mean age ± SD	17.50±2.82	
3. Residence		
• Urban	242	40.3
• Rural	358	59.7
4. Mother's educational level		
• Illiterate	78	13.0
• Read and write	126	21.0
• secondary	228	38.0
• University or higher	168	28.0
5. Mother's occupation		
• House wife	341	56.8
• Employed	259	43.2

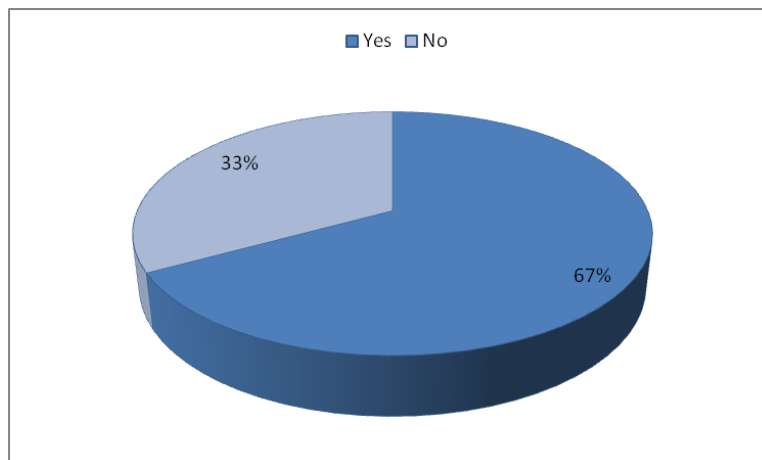


Figure (1) Distribution of the women according to the presence of unwanted pregnancy in the past

Table (2): Distribution of the women according their knowledge about emergency contraception methods.

Knowledge about emergency contraception methods	(N=600)	%
1. Ever heard about emergency contraception (n=600)		
• Yes	456	76.0
• No	144	24.0
2. Source of information (n=456)		
• Media	171	37.5
• Family and friends	189	41.4
• Health personnel (Doctors, Nurses and Pharmacists)	88	19.3
• All of the above	8	1.8
3. Mechanism of action of emergency contraception		
• Prevent ovulation	54	11.8
• Prevent fertilization	36	7.9
• Prevent implantation	42	9.2
• All of the above	42	9.2
• Don't know	282	61.8
4. When emergency contraception generally recommended?		
• After unprotected sexual intercourse	56	12.3
• After missed pills	70	15.4
• After failure of any method like broken condom	54	11.8
• All of above	84	18.4
• Don't know	192	42.1
5. Are Oral Contraceptive pills used as EC?		
• Yes	212	46.5
• No	85	18.6
• Don't know	159	34.9
6. How long after intercourse can ECPs work?		
• 72-120 hours after intercourse	42	9.2
• 48 hours after intercourse	60	13.2
• 24 hours after intercourse	62	13.6
• Before intercourse	76	16.7
• Don't known	216	47.4
7. How many numbers of doses are recommended from ECPs?		
• Single dose	88	19.3
• Double doses	171	37.5
• Triple doses	8	1.8
• Don't know	189	41.4
8. What is the interval between doses of ECPs?		
• 12 hours	135	29.6
• 24 hours	57	12.5
• Don't know	264	57.9
9. Are ECPs methods act as abortifacient?		
• Yes	78	17.1
• No	166	36.4
• Don't know	212	46.5
10. Is copper IUDs used as EC?		
• Yes	76	16.7
• No	116	25.4
• Don't know	264	57.9

Table (3): Distribution of the women according to their level of knowledge about emergency contraception methods

Level of knowledge about emergency contraception methods	No (456)	% (100)
Poor level (≤ 7)	287	62.9
Moderate level (8-13)	105	23.0
Good level (≥ 14)	64	14.1

Table (4): the relationship between sociodemographic characteristics of the women and their knowledge about emergency contraception methods

Sociodemographic characteristics	Total No		Level of knowledge						X ²	P. Value
			≤ 7 poor		8-13 moderate		≥ 14 Good			
	n= 456	%	n= 287	%	n= 105	%	n= 64	%		
1. Age									13.346	0.100
• <20 yrs	60	13.2	37	12.9	16	15.2	7	10.9		
• 20-25 yrs	101	22.1	61	21.3	25	23.8	15	23.4		
• 26-30 yrs	115	25.2	67	23.3	26	24.8	22	34.4		
• 31-35 yrs	83	18.2	58	20.2	11	10.5	14	21.9		
• >35 yrs	97	21.3	64	22.3	27	25.7	6	9.4		
2. Residence									6.613	0.04*
• Urban	206	45.2	117	40.8	53	50.5	36	56.3		
• Rural	250	54.8	170	59.2	52	49.5	28	43.7		
3. level of education									109.653	<0.001**
• Illiterate	54	11.8	50	17.4	3	2.9	1	1.6		
• Read and write	84	18.4	73	25.4	10	9.5	1	1.6		
• Secondary	186	40.8	121	42.2	48	45.7	17	26.6		
• University or higher	132	28.9	43	15.0	44	41.9	45	70.3		
4. Occupation									5.962	0.05*
• House wife	257	56.4	163	56.8	66	62.9	28	43.7		
• Employed	199	43.6	124	43.2	39	37.1	36	56.3		

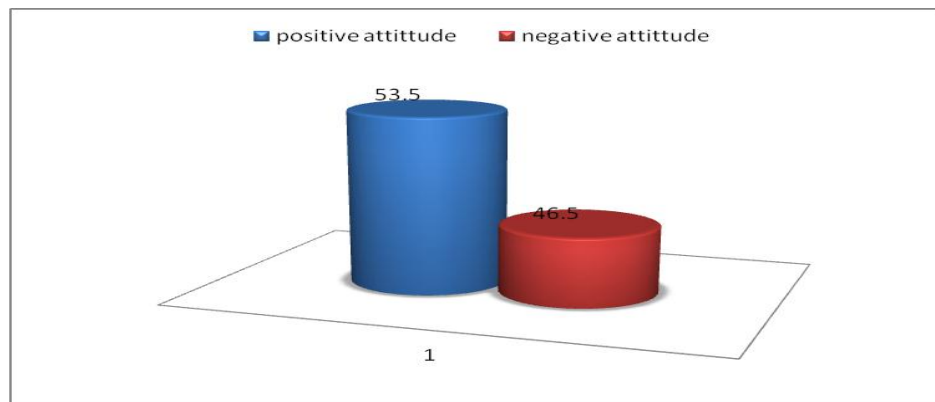
Table (5): Distribution of the women according to attitude towards emergency contraception methods.

Opinions	Attitude (N=456)					
	Agree		Neutral		Disagree	
	No	%	No	%	No	%
1. Find that using emergency contraception is necessary in the event of unprotected sexual intercourse.	330	72.4	81	17.8	45	9.8
2. Feel that emergency contraception is safe to use.	116	25.4	106	23.3	234	51.3
3. Advice another women to use emergency contraception.	294	64.5	100	21.9	62	13.6
4. Emergency contraception will cause more sexually transmitted diseases due to decreased usage of condom.	74	16.2	98	21.5	284	62.3
5. Emergency contraception is effective.	212	46.5	119	26.1	125	27.4
6. If emergency contraceptions readily available it will promote irresponsible sexual behavior.	88	19.3	194	42.5	174	38.2

7. Emergency contraceptions promote promiscuity.	45	9.8	154	33.8	257	56.4
8. Emergency contraception should be easily accessible.	189	41.4	193	42.4	74	16.2
9. Emergency contraception should be inexpensive.	294	64.5	60	13.1	102	22.4
10. Emergency contraception should be available to all women not only the victims of rape.	258	56.6	139	30.5	59	12.9
11. Emergency contraception should be available without prescription.	265	58.1	80	17.5	111	24.3
12. Emergency contraception should be available to women over 18 years of age.	238	52.2	74	16.2	144	31.6
13. Emergency contraception might affect pregnancy in the future.	189	41.4	70	15.4	197	43.2
14. Emergency contraception might be harmful to the body.	201	44.1	47	10.3	208	45.6

Table (6): the relationship between sociodemographic characteristics of the women and their level of attitude about emergency contraception methods.

Sociodemographic characteristics	Total No		Attitude				X ²	P.value
	n=456	%	Positive		Negative			
			n=244	%	n=212	%		
1. Age								
• <20 yrs	60	13.2	25	10.2	35	16.5	4.746	0.314
• 20-25 yrs	101	22.1	53	21.7	48	22.6		
• 26-30 yrs	115	25.2	66	27.0	49	23.1		
• 31-35 yrs	83	18.2	48	19.7	35	16.5		
• >35 yrs	97	21.3	52	21.3	45	21.2		
2. Residence								
• Urban	206	45.2	114	46.7	92	43.4	0.506	0.477
• Rural	250	54.8	130	53.3	120	56.6		
3. Level of educational								
• Illiterate	54	11.8	10	4.1	44	20.8	121.989	<0.001**
• Read and write	84	18.4	16	6.6	68	32.1		
• Secondary	186	40.8	105	43.0	81	38.2		
• University or higher	132	28.9	113	46.3	19	9.0		
4. Occupation								
• House wife	257	56.4	133	54.5	124	58.5	0.731	0.392
• Employed	199	43.6	111	45.5	88	41.5		



Figure(2): the distribution of the women according to their level of attitude toward emergency contraceptive methods

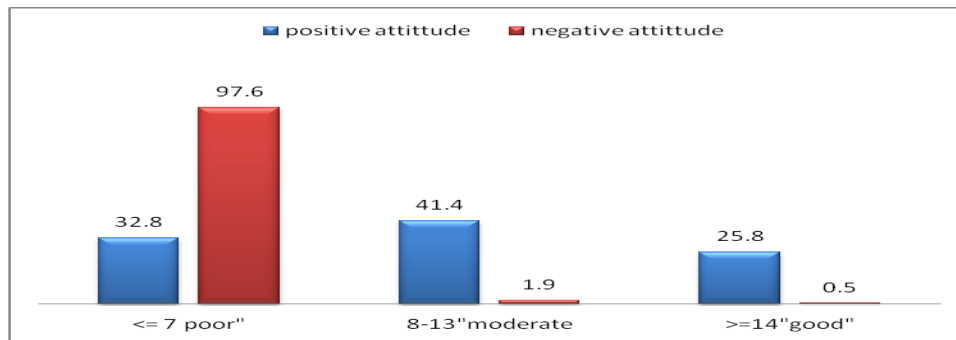


Figure (3) relationship between the knowledge and attitude toward emergency contraceptive methods.

Table (1): Shows the mean age and SD of women it was 28.00 ± 5.84 years. Regarding place of residence, more than half (59.7%) of the women were living in rural areas. Concerning mother's education it is obvious that more than quarter of the studied women (38.0%) had secondary education. Regarding mother's occupation more than half (56.8%) of the women was housewife.

Table (2): Shows 456 (76%) reported that they had heard about emergency contraception. Only those women who had heard regarding EC were further analyzed for asked about their awareness and attitude. Near than two third of women in this study had knowledge from family and friends. The minority of the women knew the mechanism of action of EC. The minority of the women knew when EC is generally recommended, while 212 (46.5%) knew that oral contraceptives can be used as EC. 42 (9.2%) knew that EC could be taken up to 72–120 hours after unprotected sex. More than one third of the women knew the number of doses recommended from ECPs. Less than third of the women knew the interval between doses of ECPs. More than one third of the women emphasized that ECPs act as an abortifacient drug. Only 76 (16.7%) knew that Cu-T is used as EC.

Table (3): Shows that the majority (62.9%) of them had poor knowledge about emergency contraception methods.

Table (4): Shows there were statistically significance different ($p < 0.05$) between the levels of knowledge of the women and their residence and occupation. More than half (56.3%) of the women who lived in the urban areas were employed and had a good knowledge and there were highly statistically significance difference ($p < 0.001$) between the knowledge of the women and their level of education in which more than two third (70.3%) of the university educated women had a good knowledge about it.

Table (5): Shows the women attitude toward emergency contraception methods. The majority of the women agreed to use EC after unprotected sexual

intercourse. More than half of them agreed that emergency contraception is safe to use and near than two third of them replied that they might give advice to their close friends to use ECs when they faced unintended sexual intercourse.

Near half of the women were agreed that ECs is effective, the minority of them agreed that EC will promote irresponsible sexual behavior if it becomes readily available, more than half of them disagreed that emergency contraception will lead to promiscuity, more than third of them agreed that emergency contraception should be easily accessible, More than half agreed that emergency contraception should be inexpensive, available to all women not only the victims of rape, and should be available without prescription (52.2%) of them agreed that emergency contraception should be available to women over 18 years of age, (41.4%) agreed that emergency contraception might affect pregnancy in the future and (44.1%) of them disagreed that emergency contraception might be harmful to the body.

Table (6): Shows that there were no statistically significance different ($p > 0.05$) between the women attitude and age, occupation and residence. There were highly statistically significance different ($p < 0.001$) between the women attitude and their level of education in which (46.3%) and (43.0%) who had a positive attitude toward emergency contraception had university and secondary education respectively.

Figure (1): Emphasize that more than two third (67.0%) of the women had unwanted pregnancy.

Figure (2): Shows the attitude toward emergency contraceptive methods more than half (53.5%) of the women had a positive attitude toward emergency contraception.

Figure (3): Shows that the majority of women (97.6%) who had poor knowledge also had negative attitude toward using emergency contraception.

Discussion

Emergency contraception is relatively safe with no contraindication except pregnancy. It is ineffective if the woman is pregnant. There is no need for a medical history or a physical examination before providing emergency contraceptive pills. They are taken long before organogenesis starts so they should not have teratogenic effect (Veljkovic, et al., 2007).

The present study showed that about half of the women were in early adult. This were come in accordance with (Rahman et al., 2014) they performed the study in Bangladesh about "contraceptive practice among married women"

Near half of the women were employed this result was not in accordance with (Kose et al., 2012) they noticed that the minority of the women were employed. The possible reason may be related to the lower socioeconomic status of people in Upper Egypt so women work to help their husbands and improve their socioeconomic status.

As regard educational level the majority of the women were literate. This was agreed with (Kose et al., 2012) they mentioned that the majority of the women were literate with educational level of primary and above.

More than quarter of the women had university education but this was disagreed with (El-Sabaa et al., 2013) they performed their study in Alexandria, Egypt about "the awareness and use of emergency contraception among women of childbearing age" and found that the percent of women who had university education was more than half. The possible reason may be due to the lower socioeconomic status in Upper Egypt so most people didn't educate their girls to reach the university stage.

As regard residence more than third of the women were from urban areas but this was disagreed with (El-Sabaa, et al., 2013) they noticed that more than half of the women lived in urban areas. The possible reason may be related to the nature of Upper Egypt most of its areas were rural.

The present study showed that more than three quarters of women had heard about emergency contraception this was agreed with (Schwarz et al., 2007) they performed their study in California about the "knowledge and access to emergency contraception" and indicated that the majority of the women had heard about emergency contraception

The present study showed that the main source of information was from family and friends, media followed by the health personnel (doctors, nurses and Pharmacists), this agreed with (Melkam et al., 2015) they done the study in Ethiopia about "knowledge and practice on emergency contraceptives among

females who Came for Abortion" and noticed that their source of information from friends.

The present study showed that near than half of the women mentioned that pills can be used as emergency contraception which was lower than Ethiopian study done by (Tamire, et al., 2007) about "Knowledge, attitude, and practice on emergency contraceptives among female University students"

Near than half of the students knew when emergency contraception is generally recommended that was noticed by (Relwani, et al., 2012) but this was higher than the current study which revealed that the minority of the women knew when emergency contraception is recommended. This may be related to the differences in educational levels between the university students and the women of the current study.

Also minority of the women knew that both contraceptive pills & CU- IUDs can be used as an emergency contraception and this agreed with (Melkam et al., 2015). While more than third of the women knew the recommended doses of ECPs and more than quarter of them knew that it should be taken 12 hours apart which was agreed with (Mohammed et al., 2015). Also the minority of the woman knew that emergency contraception pills can work up to 120 hours and this results agreed with (Chavuma et al., 2010) but it was contradicting with (Relwani et al., 2012) they noticed that more than two third of the students knew that EC could be taken up to 72–120 hours after unprotected sex this may be related to the differences in educational levels between the university students and the women of the current study.

Regarding the mechanism of action it was noticed that more than half of the women didn't known its mechanism of action and near than quarter of the women emphasize that emergency contraception is act as abortifacient drug and this agreed with (El-Sabaa et al., 2013) and agreed with (Relwani et al., 2012) & (Khan et al., 2015) who done a study on Pakistan about "emergency contraception: an overview among users".

Considering the barrier against the use of emergency contraception: results of this study came in line with previous studies which revealed that many women among those ever heard about emergency contraception had the misconception that emergency contraception is an abortifacient (Aksu et al., 2010). Knowing that contraception is accepted but abortion is not accepted in the Egyptian society because of religious beliefs, for example that life begins once fertilization occurs (El Hamri 2010) (Weisberg et al., 2009) it is assumed that many people may have those religious objections toward using EC, mixing between abortion and emergency contraception as

abortifacient. So, this issue should be considered when planning the educational materials about emergency contraception, and should particularly be addressed and made clear.

The minority of the women knew that Cu-T can be used as EC and this is agreed with (Relwani et al., 2012). The majority of the women had lack of knowledge about emergency contraception and this results came in accordance with (Relwani et al., 2012) also these findings came in accordance with the data from other Arabic countries like Kuwait (Marafie et al., 2007) they done a study about ‘‘awareness of hormonal emergency contraception among married women in Kuwait’’ but this results contradict those of the developed country (Langille et al., 2000) they done a study about ‘‘Knowledge and use of emergency postcoital contraception by female students at high school in Nova Scotia.

This may be related to the presence of more advanced materials which used to learn women about modern contraception including emergency contraception also developed countries concerned with continuous programs to counsel and educate women about family planning methods so women in developed countries had more knowledge than in developing countries

The present study revealed that the minority of the women had a good knowledge about emergency contraceptives and this agreed with (Lakkawar et al., 2014) who done a study in India about ‘‘Assessment of knowledge and practice of contraceptives among women in reproductive age’’.

The present study revealed that a highly statistically significance difference founded between the level of knowledge and education ($P < 0.001$) in which near than three quarters of women who had a good knowledge about emergency contraception had also university education. Also there was a statistically significance difference ($P < 0.05$) between the level of knowledge and residence in which more than half of women lived in urban areas had a good knowledge about emergency contraception than women lived in rural areas. This finding agreed with (Myer et al., 2007). This may be related to: a. The women with a higher level of education and who live in urban areas had the greatest levels of emergency contraception awareness because theses may get reproductive health information from different sources other than public health clinics. b. Also educated women may have a greater incentive to obtain information on strategies to delay childbearing, and thus seek out information for themselves about options such as emergency contraception.

As regards occupation there was a statistically significance difference ($P < 0.05$) between the level of knowledge and occupation in which more than half of

employed women had a good knowledge about EC. Also regarding the relationship between the age and the level of knowledge there was no statistically significance difference ($P > 0.05$) and this agreed with (Kose, et al., 2012).

The present study revealed that the majority of the women agreed to use EC after unprotected sexual intercourse this is come in accordance with (Tesfa et al., 2015) who done a study in Ethiopia about ‘‘assessment of knowledge, attitude and practice towards emergency contraceptive methods among female students’’ also agreed with (Worku, 2012) who done a study in Ethiopia about ‘‘Knowledge, attitude and practice of emergency contraceptives among female college students, Southern Ethiopia and found that the majority of them agreed to use EC after unprotected sexual intercourse

More than half of them agreed that emergency contraception is safe to use and near than two third of them replied that they might give advice to their close friends to use ECs when they faced unintended sexual intercourse and this agreed with (Tesfa et al, 2015) Near than two third of women disagreed with the likely prevalence of STDs when the usage ECs increased in society and it agreed with (Worku, 2012).

Near half of the women were agreed that ECs is effective, the minority of them agreed that EC will promote irresponsible sexual behavior if it becomes readily available, more than half of them disagreed that emergency contraception will lead to promiscuity, more than third of them agreed that emergency contraception should be easily accessible, more than half agreed that emergency contraception should be inexpensive, available to all women not only the victims of rape, and should be available without prescription, more than half of them agreed that emergency contraception should be available to women over 18 years of age, more than one third of them agreed that emergency contraception might affect pregnancy in the future and more than one third of them of them disagreed that emergency contraception might be harmful to the body.

The present study revealed that more than half of the women (53.5%) had a positive attitude toward it and this result was agreed with (Tesfa et al., 2015).

The present study revealed that a highly statistically significance different ($p < 0.001$) between the women attitude and level of education in which near half of those who had positive attitude toward emergency contraception has university education.

The present study revealed that a highly statistically significance different ($p < 0.001$) between the women knowledge and attitude toward emergency contraceptive methods more than two third of the women who had good knowledge also had positive

attitude toward emergency contraceptive and this was agreed with (Kongnyuy et al., 2007) stated that those with adequate knowledge generally showed a positive attitudes regards it ($p = 0.000$) also agreed with (Bugssa et al., 2014) who done a study about ‘‘ factors associated with knowledge, attitude and practice towards emergency contraception among female clients’’ and noticed that those who were knowledgeable have almost 3 times more likely positive attitude towards EC than their counterparts.

Conclusion

The present study concluded that in spite of a greater percentage of women heard about emergency contraception they had a poor knowledge about it. Near half of the studied women had a positive attitude regarding emergency contraception methods.

Recommendation

There is a need to raise awareness about emergency contraceptives as an option with other contraception methods and revitalizing of the family education program for disseminating similar information.

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