Student's Journal of Health Research Africa
Vol. 4 No. 9 (2023): September 2023 Issue
https://doi.org/10.51168/sjhrafrica.v4i9.537
Original article

KNOWLEDGE, ATTITUDE AND PRACTICES TOWARDS UTILIZATION OF EMERGENCY CONTRACEPTIVES AMONG FEMALE YOUTH AT NDEJJE HEALTH CENTRE IV, WAKISO DISTRICT. A DESCRIPTIVE CROSS-SECTION STUDY.

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Abstract

Background.

The study aimed at finding out the knowledge, attitude, and practices towards the utilization of emergency contraceptives among female youth.

Methodology.

The study used a cross-sectional study design with a simple random technique as a sampling technique on a sample of 50 respondents. Data was collected using questionnaires and semi-structured questionnaires; data was later analyzed manually systematically by compiling it in the form of percentages bar graphs, tables, and pie charts.

Results.

Findings from knowledge towards utilization of EC's showed that (88%) of the participants had ever heard about emergency contraceptives, (50%) obtained information about emergency contraceptives from health facility, (82%) knew pills as the type of emergency contraceptive, (64%) knew after unprotected sex as the indicator of EC's (84%) knew one dose as the recommended dose, (72%) knew within 72 hours as the recommended intervals and (44%) knew pharmacies as the places where they can obtain EC's.

Attitude towards utilization of EC's was shown that (60%) of the respondents agreed that the effectiveness of emergency contraceptives in preventing unwanted pregnancies was high, (54%) agreed that emergency contraceptives should be availed to female youth, (74%) were willing to use emergency contraceptives if the need arises.

The practices towards utilization of EC showed that (70%) were sexually active (82%) had ever used emergency contraceptives mostly once in a while as noted by (90%), (80%) had used pills as the emergency contraceptive method they had ever used and (39%) had never used emergency contraceptives because of sexual partner's disapproval.

Conclusion.

Female youth possessed fairly suitable knowledge, attitude, and practices toward emergency contraceptives though infrequent percentage number of participants.

Recommandations.

Ndejje Health Centre IV administration should carry out extensive education and communication programs through community outreaches in areas where female youth are easily accessible to address many misconceptions and myths about emergency contraceptives

Keywords: Contraceptives, emergency contraceptives, unwanted pregnancy, female youth,
Submitted: 2023-07-07 Accepted: 2023-08-15

Vol. 4 No. 9 (2023): September 2023 Issue
https://doi.org/10.51168/sjhrafrica.v4i9.537
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1. Background of the study.

Globally, since the mid-1960s, emergency contraception initially was developed to treat rape victims to prevent unintended pregnancies. In the early 1970s, the Yuzpe regimen – a combination hormone formula – replaced the high-dose estrogen emergency contraceptive methods of the 1960s and became the gold standard of treatment for post-coital contraception. Emergency contraception (EC) can prevent up to over 95% of pregnancies when taken within 5 days after intercourse (WHO, 2021).

Sub-Saharan Africa is a region with a strong culture and norms (Kwame et al., 2022). This can be the reason why the use of EC is still generally low (Kwame et al., 2022). The generally low level of EC use among women of reproductive age in SSA can be a reason why unintended pregnancies in Africa as a whole are still high (Kwame et al., 2022). People in SSA have high levels of awareness of EC but relatively lower usage (Kwame et al., 2022).

Although there has been a steady increase in overall contraceptive use from 29% in 1996 to 53% in 2016, the contraceptive prevalence rate for modern methods has remained stagnant from 2006 (44%) to 2016 (43%). Despite these positive attributes, the use of EC methods among youth in Nepal is low at 3% of the country, and data for emergency pills is still limited (Ministry of Health, Nepal; New ERA; & ICF, 2017).

In Uganda, the Ministry of Health approved the use of ECPs in 1998 and the method was introduced three years later as a socially marketed product to increase the public awareness of emergency contraceptives. However, emergency contraception was re-introduced in 2007 after a period of government restriction; EC pills stand at 6% (UBOS & ICF, 2017).

1.1. General objective.

To assess the knowledge, attitude, and practices towards utilization of emergency contraceptives among female youth at Ndejje health center IV, Wakiso district.

1.2. Specific objectives.

- To assess the knowledge towards utilization of emergency contraceptives among female youth at Ndejje health center IV, Wakiso district.
- To assess the attitude towards utilization of emergency contraceptives among female youth at Ndejje health center IV, Wakiso district.
- To assess the practices towards utilization of emergency contraceptives among female youth at Ndejje health center IV, Wakiso district.

2. METHODOLOGY.

2.1. Study design.

The study employed a descriptive cross-section study design involving a quantitative approach which was used to collect data in a short period. This type of research design was preferred because it does not require follow-up; therefore, it was less costly and less time intensive than other designs.

2.2. Study area.

The study was carried out in January 2023 at Ndejje health center IV which is located in Ndejje – Zanta village in Wakiso district in central Uganda, the health center is located 10.4 km from Kampala city. The facility offers many health care services including ANC, ultrasound, child health services, HIV/AIDS management, general patient management, laboratory services, nutrition services, and many others. The study setting is preferred because it is well-known by the researcher and the facility receives many female youths seeking medical services.

2.3. Study population.

The study population involved female youth seeking medical services at Ndejje health center IV, Wakiso district.

2.4. Sample size determination.

The sample size was calculated using the Kish-Leslie formula (1967) which states N = a2bc /x2 (Kish and Lisle, 1967)

Where:

N=desired sample size.

a= standard normal deviation is usually set at 1.96 which corresponds to 95% confidence level.

b = proportion of female youth with particulars under investigation, and where it is unknown, 50% is used.

C = probability that the researcher got a certain amount of female youth without particulars under investigation. 50% is considered to cater for that.

X = degree of errors which is 0.1 Therefore, it: is (1.96)2x0.5x0.5

0.12

= 96.04

Therefore, the sample size would be 96 respondents but the researcher used 50 respondents due to financial constraints.

2.5. Definition of variables.

2.5.1. Dependent variable.

An emergency contraceptive was a dependent variable.

2.5.2. Independent variables.

Knowledge, attitude, and practice toward the utilization of emergency contraceptives were the independent variables.

2.6. Selection criteria.

2.6.1. Inclusion criteria.

This was comprised of female youth seeking medical services at Ndejje health center IV, Wakiso District present during the time of data collection and consent to participate in the study.

2.6.2. Exclusion criteria.

Female youth eligible to participate but failed to consent were excluded from participating.

2.7. Sampling technique.

The sampling technique is the process of selecting a segment of the population to represent the entire population. For this study, systematic sampling was used to select participants since potential participants were easily identified at the health facility and approached individually for selection based on their eligibility and readiness to take part in the study.

2.8. Data collection tool.

The researcher collected data using a semi-structured questionnaire with closed-ended questions written in English language and later translated into the local language (Luganda) for respondents who were not sympathetic to the English language. The questions were designed based on the specific objectives and the data extracted was quantitative. This data collection tool was preferred because respondents, who were shy to explain, answered since the questions were recognized by other individuals.

2.9. Pre-testing of the questionnaire.

To ensure the reliability of the instrument, questionnaires were designed and pre-tested with 15% of the total sample at Kajjansi health center IV who filled in the time relapse of one day and to establish consistency in responses. The results from the study were repeatedly measured under the same group of individuals. The results from the pre-tested were also used to modify the items in the instruments.

2.10. Data collection procedure.

A letter of introduction was obtained from the Kampala School of Health Sciences and taken to Ndejje health center IV to obtain permission from the facility administration to conduct the research. When permission was granted; the researcher trained two assistants with good knowledge of the local language that is (Luganda) were trained on research methodology and study objectives before data collection. The sampling procedure began with explaining the purpose of the study to respondents to obtain their consent. Eligible respondents were interviewed in a separate

place or room to avoid inconvenience; the researcher folded small sheets of paper containing even and odd numbers mixed; those who picked even numbers were given an interview questionnaire. The whole process of data collection followed the same procedure until when the required sample size was achieved.

2.11. Quality control.

Research instruments must process certain qualities to enable the data to be authentic, appropriate, and precise. Therefore, the researcher:

Recruited two research assistants with medical-related course backgrounds and given adequate training. The content of the training included the purpose and objectives of the study, data collection techniques and tools that were used, actual data collection, and ethical issues or considerations

Collected data based on the inclusion criteria and checked by the supervisor for completeness and consistency.

2.12. Data management.

Questionnaires returned were checked for mistakes and completeness. Errors and omissions detected were discussed and corrected before leaving the area of the study.

2.13. Data analysis and presentation.

Data analysis was done manually using tally pens, sheets, and paper. The data analyzed was entered into an excel computer program presented in tables and figures, then interpreted.

2.14. Ethical considerations.

After approval of the research proposal by the research committee of Kampala School of health Sciences; permission to collect and obtain data was sought with the help of an introductory letter from the principal which was presented to the medical director of Ndejje health center IV who granted the researcher permission to obtain data. When permission to collect data was granted, a written consent form was presented and signed for each respondent before collecting data from them. Respondents were free to withdraw from the study at any time they wish and any conditional information obtained from the respondents was kept confidential.

3. STUDY FINDINGS.

3.1. Bio data.

From table 1, the total sample of 50 respondents, most of the respondents (52%) were within the age bracket of 21-33 years whereas the least (20%) were within the age bracket of 18-20 years.

Findings from the study showed that half of the respondents (50%) had attained secondary level of education whereas the least (2%) had never gone to school.

In regards to marital status, majority of the respondents (70%) were in relationship whereas the minority (6%) had separated.

The study revealed that most of the respondents (36%) were Catholics by religion whereas the least (12%) were Muslim by religion.

The study results depicted that more than half of the respondents (60%) were Baganda by tribe whereas the least (4%) were Basoga by tribe.

3.2. KNOWLEDGE TOWARDS UTILIZATION OF EMERGENCY CONTRACEPTIVES AMONG FEMALE YOUTH.

From figure 1, majority of the respondents (88%) had ever heard about emergency contraceptives whereas the least (12%) had never heard about emergency contraceptives.

From table 2, half of the respondents (50%) obtained information about emergency contraceptives from health facility whereas the least (9%) obtained information from others sources like schools, boyfriends and media.

From figure 2, majority of the respondents (82%) knew pills as the type of emergency contraceptive whereas the least (8%) knew IUDs as the type of emergency contraceptive.

From table 3, more than half of the respondents (64%) knew after u protected sex as the indicator of emergency contraceptives whereas the least (1%) knew missed periods as the indicator of emergency contraceptives.)

Table 1: Shows the distribution of respondents according to demographic data (N=50)

Response	Frequency(f)	Percentage (%)
Age		
18-20 years	10	20
21-23 years	26	52
24- 25 years	14	28
Total	**50**	**100**
Total	**50**	**100**
Respondent's education level		
Never went to school	1	2
Primary	4	8
Secondary	25	50
Tertiary/ University	20	40
Total	**50**	**100**
Marital status		
Single	10	20
In relationship	35	70
Separated	5	10
Total	**50**	**100**
Religion		
Muslim	6	12
Catholic	18	36
Born again	11	22
Others	15	30
Total	**50**	**100**
Tribe		
Muganda	30	60
Munyankole	5	10
Musoga	2	4
Others	13	26
Total	**50**	**100**

Table 2: Shows the distribution of respondents who had ever heard about emergency contraceptives according to where they obtained information from **(N=44)**

Response	Frequency (f)	Percentage (%)
Health facility	22	50
Pharmacy	11	25
Friends	7	16
Others	4	9
Total	**44**	**100**

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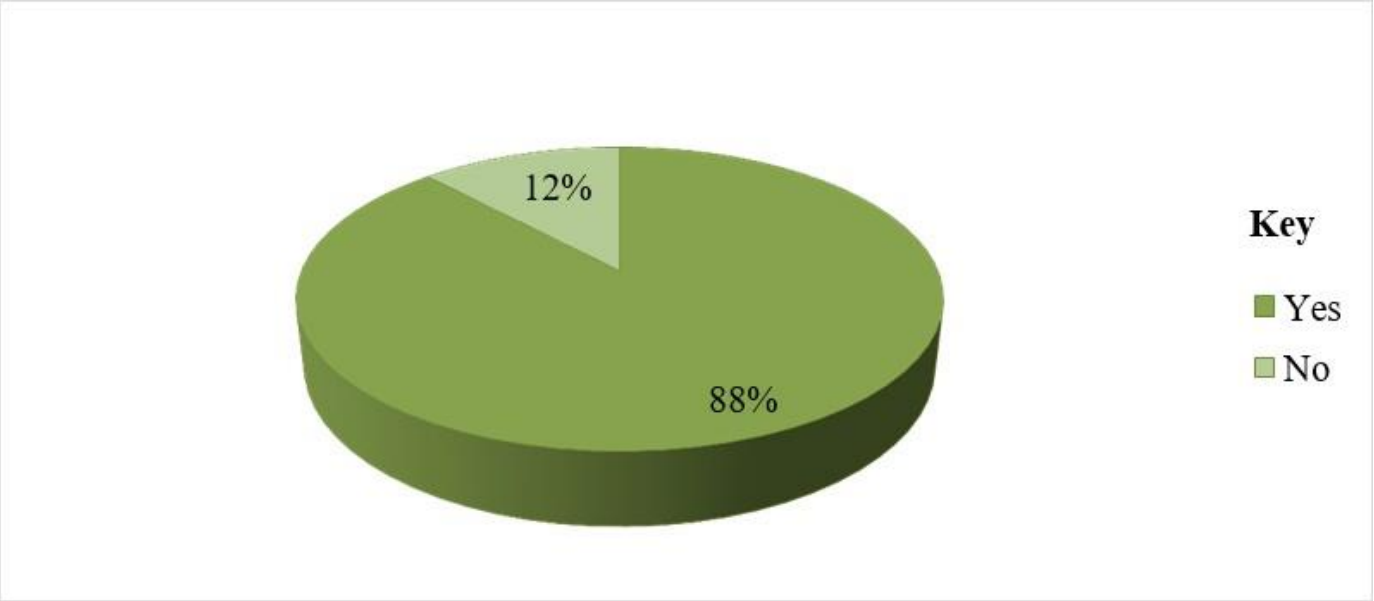

Figure 1: s**hows the distribution of respondents according to whether they had ever heard about emergency contraceptives**(N=50)

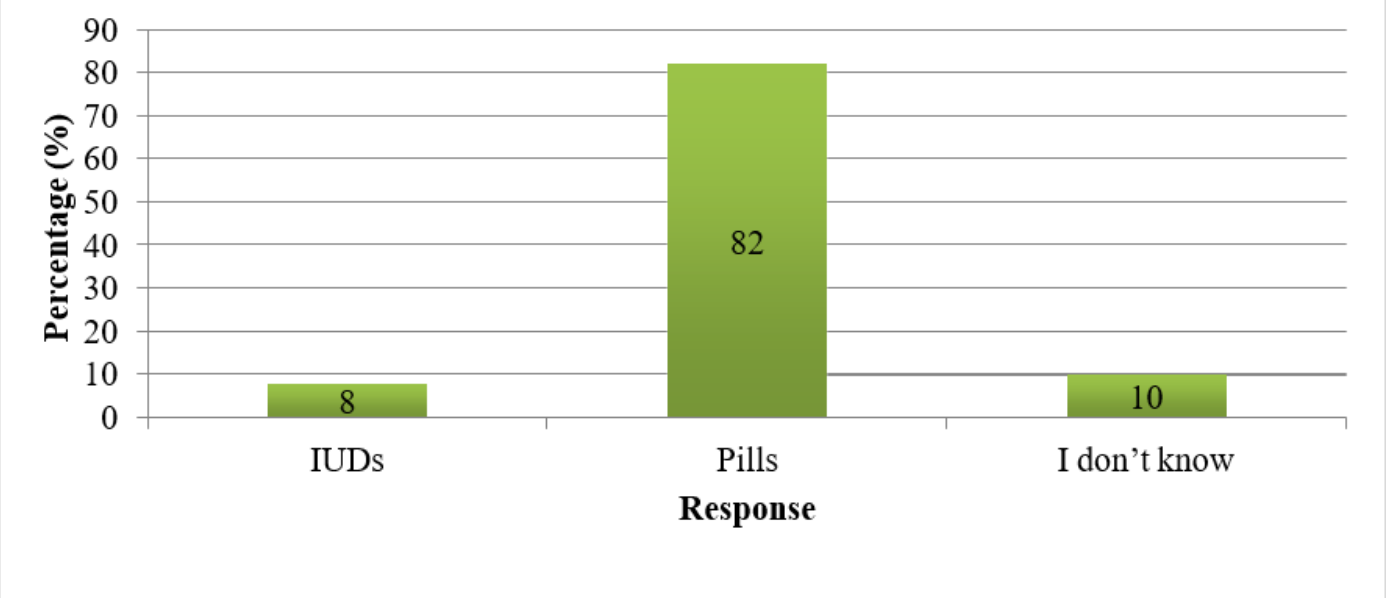

Figure 2: Shows the distribution of respondents according to their knowledge about types of emergency contraceptives

From figure 3, majority of the respondents (84%) knew one dose as the recommended dose for emergency contraceptives whereas the minority (2%) knew three doses as the recommended doses for emergency contraceptives.

From table 4, majority of the respondents (72%) knew within 72 hours as the recommended intervals of emergency contraceptives whereas the minority (6%) knew within 12 hours within 12 hours as the recommended intervals for emergency contraceptives.

From figure 4, almost half of the respondents (44%) knew pharmacies as the places where they can obtain emergency contraceptives whereas the least (4%) they didn't know the places where they can obtain emergency contraceptives.

Table 3: Shows the distribution of respondents according to knowledge about indicators of emergency contraceptives **(N=50)**

Response	Frequency (f)	Percentage (%)
Rapture of condom during sex	11	22
After un protected sex	32	64
Missed periods	1	2
Others	4	8
I don't know	2	4
Total	**50**	**100**

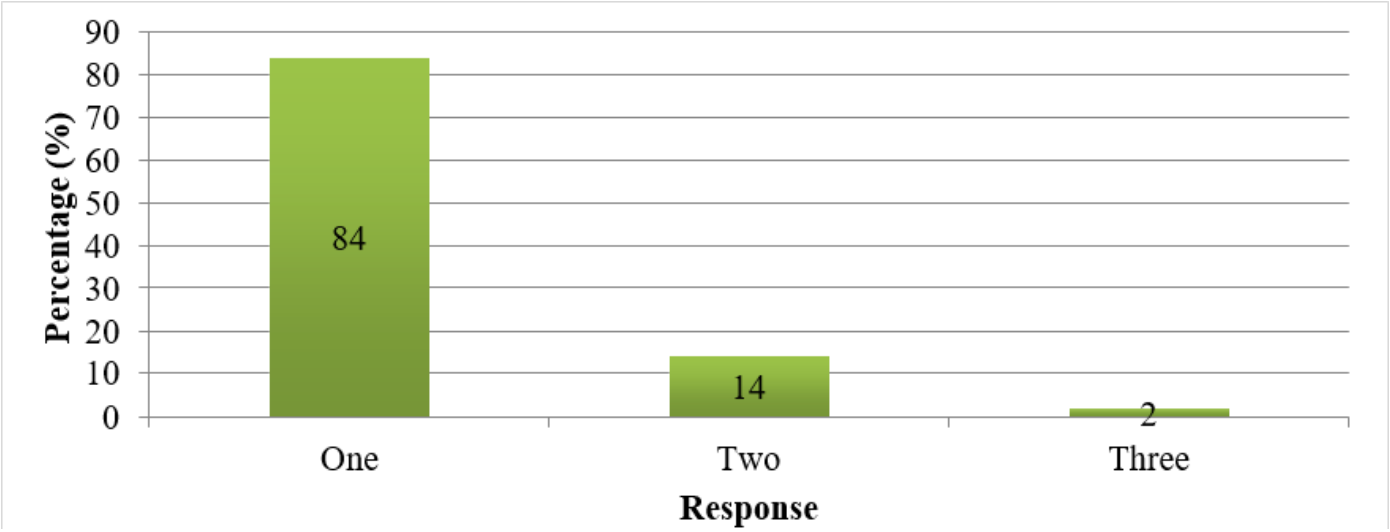

Figure 3: Shows the distribution of respondents according to their knowledge about the recommended number of doses for emergency contraceptives

Table 4: Shows the distribution of respondents according to the recommended intervals of emergency contraceptives **(N=50)**

Response	Frequency (f)	Percentage (%)
Within 72 hours	36	72
Within 12 hours	3	6
Within five days	7	14
Others	4	8
Total	**50**	**100**

3.3. ATTITUDE TOWARDS UTILIZATION OF EMERGENCY CONTRACEPTIVES AMONG FEMALE YOUTH.

From figure 5, more than half of the respondents (60%) reported that the effectiveness of emergency contraceptives in preventing unwanted pregnancies is high whereas the least (4%) they didn't know the effectiveness of emergency contraceptives in preventing unwanted pregnancies.

From figure 6, most of the respondents (54%) agreed that emergency contraceptives should be availed to female youth whereas the least (46%) disagreed that emergency contraceptives should not be availed to female youth.

From table 5, more than half of respondents

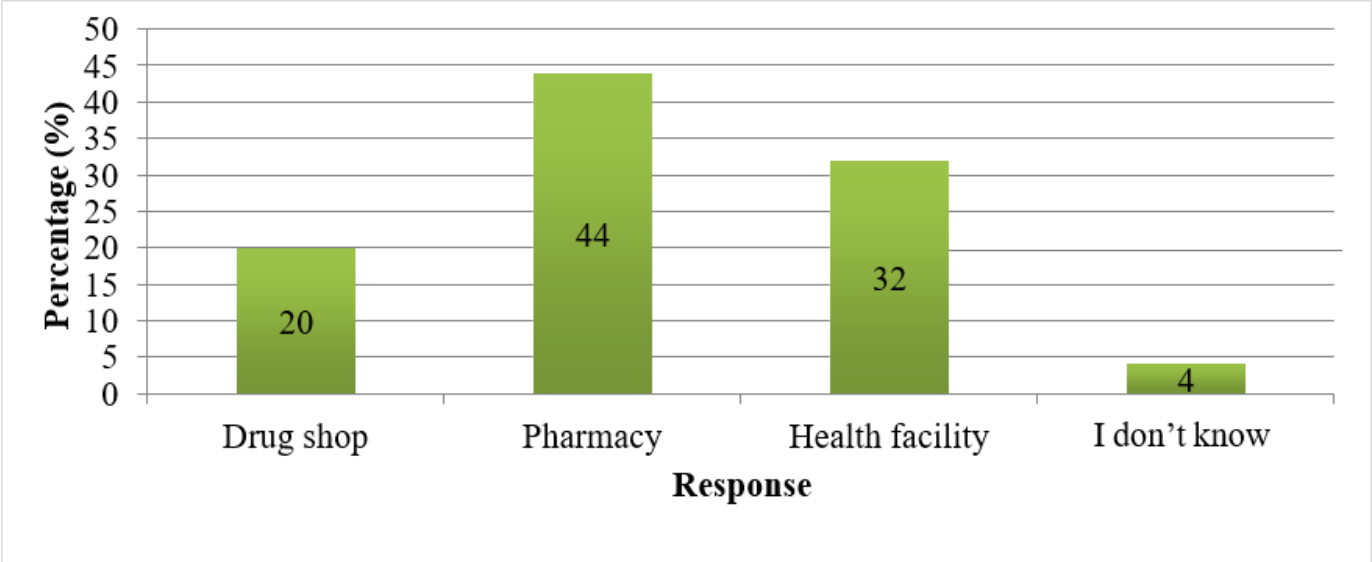

Figure 4: Shows the distribution of respondents according to their knowledge about the place where they can obtain emergency contraceptives

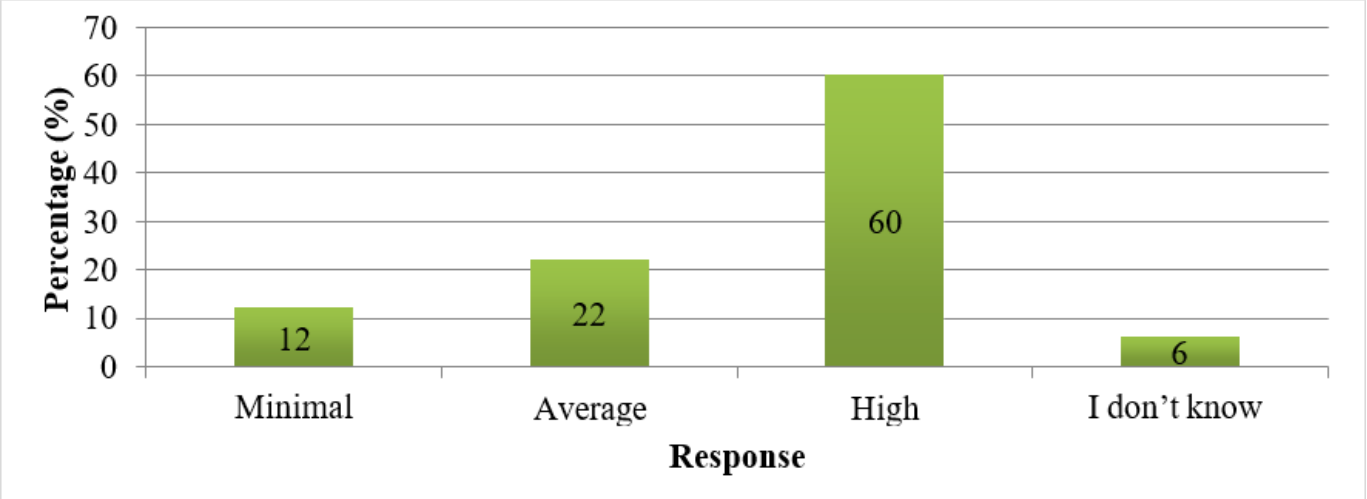

Figure 5: **Shows the distribution of respondents according to how they rate the effectiveness of emergency contraceptives in preventing unwanted pregnancies**(N=50)

Table 5: Shows the distribution of respondents according to the reasons as to why they disagreed that emergency contraceptives should be availed to female youth **(N=23)**

Response	**Frequency (f)**	**Percentage (%)**
Increases the risks of STDs	6	26
Indicates sinful	3	13
Increases the risks of infertility	13	57
Others	1	4
Total	**23**	**100**

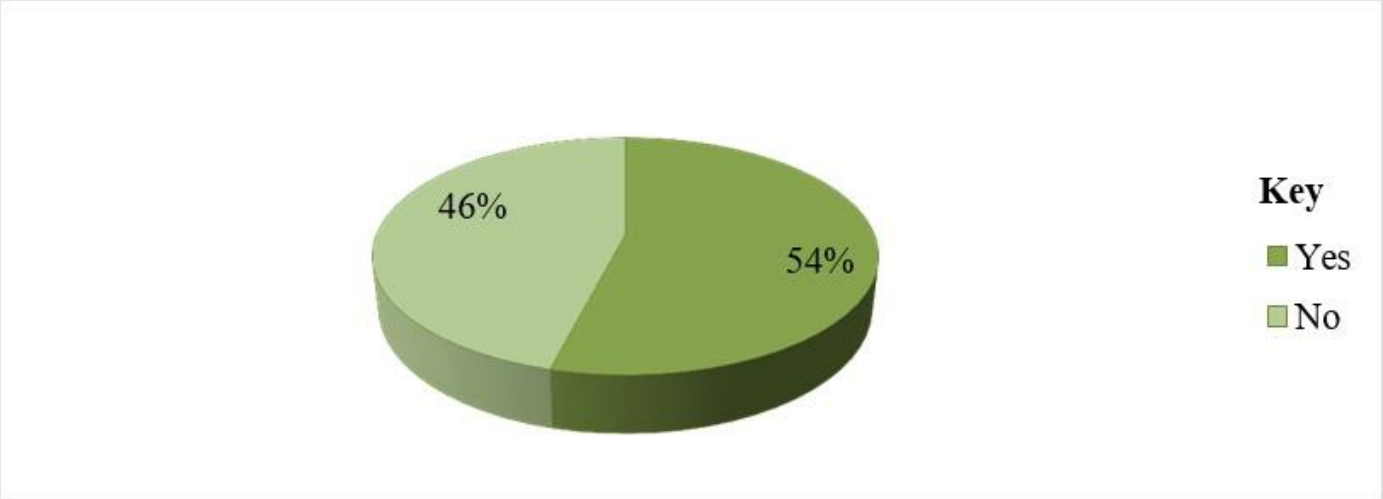

Figure 6: Shows the distribution of respondents according to whether emergency contraceptives should be availed to female youth

(57%) reported that emergency contraceptives increase the risks of infertility whereas the least (4%) reported other reason such as reducing abstinences practices.

From table 6, more than half of the respondents (74%) were willing to use emergency contraceptives if the need arise whereas the least (26%) were not willing to use emergency contraceptives should availed to female youth.

3.4. PRACTICES TOWARDS UTILIZATION OF EMERGENCY CONTRACEPTIVES AMONG FEMALE YOUTH.

From figure 7, majority of the respondents (70%) they were sexually active whereas the minority (30%) they were not sexually active.

From table 7, more than half of respondents (82%) had ever used emergency contraceptives whereas the least (18%) had never used emergency contraceptives.

From table 8, almost all respondents (90%) noted that once in a while they use emergency contraceptives whereas the least (10%) reported that they always use emergency contraceptives.

From figure 8, majority of the respondents (80%) reported pills as emergency contraceptive method they had ever used whereas the minority (8%) they didn't recall the type of emergency contraceptive they had ever used.

From Table 9, most of the respondents (39%) had never used emergency contraceptives because of their sexual partner's disapproval whereas the least (11%) had never used emergency contraceptives because they didn't know the methods.

4. Discussion.

4.1. Knowledge towards utilization of emergency contraceptives among female youth.

From a total of 50 respondents, the majority of the respondents (88%) had ever heard about emergency contraceptives. This notifies that a considerable number of the study participants were aware of the study's perspective. The recent findings were in agreement with results from the study that was done by Endalew & Kassahun (2021), where findings showed that 93.3% reported that they had ever heard about emergency contraception.

Additionally, half of the respondents (50%) obtained information about emergency contraceptives from health facilities. This could be attributed to the fact that within health facilities, health workers provide detailed information about sexual and reproductive health; the probability of being the most outstanding source was foreseeable. The study results were contrary to findings obtained from India by Prem et al (2020). Where

Table 6: Shows the distribution of respondents according to whether they would use emergency contraceptives if the need arise **(N=50)**

Response	Frequency (f)	Percentage (%)
Yes	27	74
No	13	26
Total	**50**	**100**

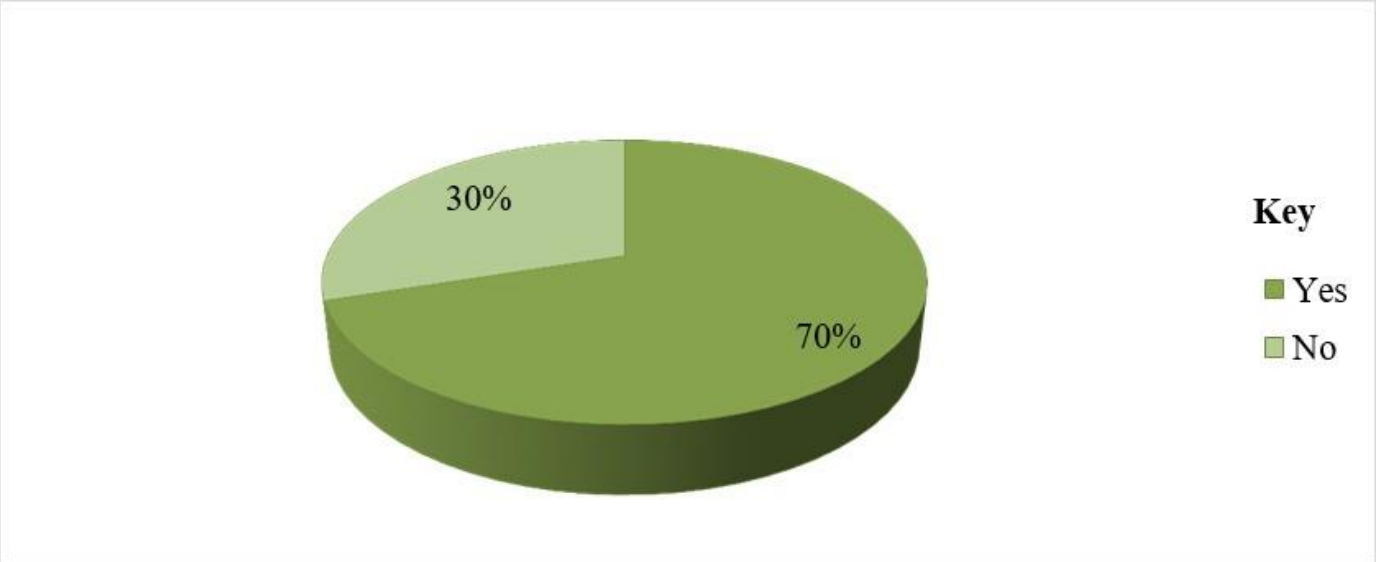

Figure 7: **Shows the distribution of respondents according to whether they were sexually active**(N=50)

Table 7: Shows the distribution of respondents according to whether they had ever used emergency contraceptives **(N=50)**

Response	Frequency (f)	Percentage (%)
Yes	41	82
No	9	18
Total	**50**	**100**

Table 8: Shows the distribution of respondents who had ever used emergency contraceptives according to how often do they use the methods **(N=41)**

Response	Frequency (f)	Percentage (%)
Always	4	10
Once in a while	37	90
Total	**41**	**100**

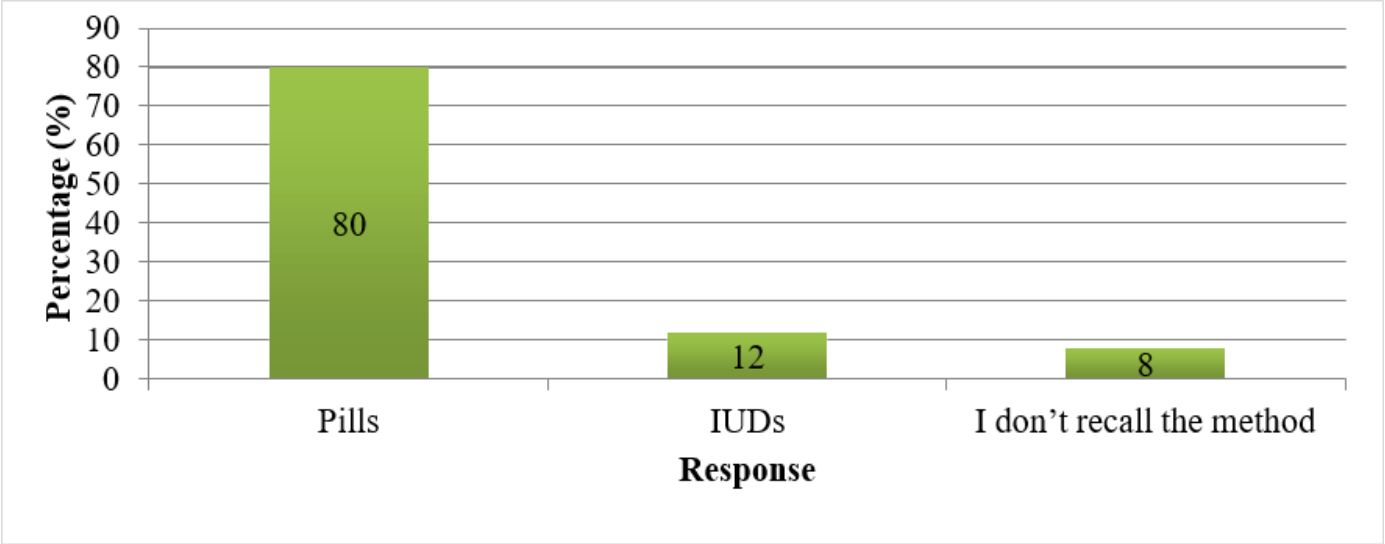

Figure 8: Shows the distribution of respondents according to the method of emergency contraceptive they had ever used

Table 9: Shows the distribution of respondents according to the reasons as to why they had never used emergency contraceptives **(N=18)**

Response	**Frequency (f)**	**Percentage (%)**
Lack of knowledge	2	11
Sexual partner's disapproval	7	39
Fear of being at risk of getting fibroids	4	22
Others	5	28
Total	**18**	**100**

the main source of information about EC among participants was the Internet 49.7%.

Correspondingly, the majority of the respondents (82%) knew pills as the type of emergency contraceptive. This could be a result of the fact that participants had never comprehended pills or used pills before as the study was yet to discover. This is consistent with Shamsu et al., (2021), where (68.4%) of the participants knew pills s methods of ECs.

Findings revealed that more than half of the respondents (64%) knew after unprotected sex as the indicator of emergency contraceptives. This signifies a direct relationship between women's sources of information and general awareness about the study context. This is consistent with Yeboah et al (2022), where findings showed that (92.7%) knew that EC should be taken after engaging in sexual intercourse.

The study revealed that the majority of the respondents (84%) knew one dose as the recommended dose for emergency contraceptives. This implies that the majority of the participants were aware of the recommended dose for EC. The current findings were in line with Tadesse et al. (2020), where (53.9%) knew the recommended doses for EC.

The majority of the respondents (72%) knew within 72 hours the recommended intervals of emergency contraceptives. This could be attributed to the fact that a significant number of female youth had never been informed about the recommended intervals of emergency contraceptives from different sources. Findings were in agreement with Edo et al (2022), where (56.6%) correctly answered the right time to take ECP (within 72 hours of having unprotected sex).

Almost half of the respondents (44%) knew

pharmacies as the places where they can obtain emergency contraceptives. This could be attributed to the easy user-friendliness of the pharmacies compared to other places. The study results were in line with Itungo (2016), where 66.8% of the respondents knew pharmacies as the place where they can obtain ECs.

4.2. Attitude towards utilization of emergency contraceptives among female youth.

The study further revealed that more than half of the respondents (60%) agreed that the effectiveness of emergency contraceptives in preventing unwanted pregnancies is high. This implies that a significant number of the participants had ever used emergency contraceptives and they were effective. Study findings were consistent with Kathleen et al (2015), where findings showed that the vast majority (87.3%) perceived EC to be effective.

Moreover, most of the respondents (54%) agreed that emergency contraceptives should be availed to female youth. This could be a result of the fact that study participants were sexually active and the possibility of being at risk of getting unwanted pregnancies was expected to be high and that's why they were in favor of distributing ECs to fellow youth. The study results were consistent with Yeboah et al (2020), where the majority of respondents (79.67%) agreed that "EC should be easily made accessible to all females.

However, among the participants who disagreed, (57%) reported that emergency contraceptives increase the risks of infertility and this implies that participants were afraid of related side effects that may result from misuse of the contraceptives. This is in disagreement with Tadesse et al (2020), where findings showed that 230 (28%) of the respondents agreed that EC will increase the risk of STIs including HIV/AIDS

The study also revealed that more than half of the respondents (74%) were willing to use emergency contraceptives if the need arise. Such a high response rate signifies that participants were afraid of getting unwanted pregnancies. This is in agreement with Prem et.al (2020), where most of the participants 60.1% agreed that they will advise EC to others.

4.3. Practices towards utilization of emergency contraceptives among female youth.

The study revealed that the majority of the respondents (70%) were sexually active. This is evidenced by the fact that most of the participants were within the age bracket of 21-23 years and therefore, the possibility of being sexually active was foreseen. The study results were consistent with Legesse et al (2021), where findings showed that 86% of sexually active participants.

In regards to the uptake of emergency contraceptives, more than half of respondents (82%) had ever used emergency contraceptives. This signifies respectable uptake of the methods. This is in line with findings from a study that was done in Ghana by Yeboah et al (2022), where most of the respondents (79.67%) indicated that they had never used emergency contraceptives.

Results discovered from the study showed that almost all respondents (90%) noted that once in a while they use emergency contraceptives. This is a clear indication that denotes out that a substantial number of participants used ECs with suitable knowledge regarding when and how to use the contraceptives. This is in line with Minilik et a l (2021), where (60%) of the respondents irregularly used.

About study findings, the majority of the respondents (80%) reported pills as emergency contraceptive methods they had ever used. This could be attributed to the simplicity and accessibility of this method. This is similar to a study that was done by Tadesse et.al (2020), where oral emergency contraceptive pills were the most common method used by 70.3% of respondents.

However, among the notable few participants who had never used ECs, most of the respondents (39%) reported their sexual partner's disapproval. This could be probably attributed to the fact that their partners had poor perceptions about emergency contraceptives. This differs from findings obtained from a study that was done by Bisrat

et al (2015), where among sexually active respondents who did not use EC they noted a lack of knowledge about EC (58.1 %).

5. Conclusion.

The study established that the knowledge of emergency contraceptives was worthy and reasonable since the majority of the respondents (88%) had never heard about emergency contraceptives, (50%) obtained information about emergency contraceptives from the health facility, (82%) knew pills as the type of emergency contraceptive, (64%) knew after unprotected sex as the indicator of EC's (84%) knew one dose as the recommended dose, (72%) knew within 72 hours as the recommended intervals, (44%) knew pharmacies as the places where they can obtain emergency contraceptives,

The study further discovered that participants had agreeable attitudes since (60%) agreed that the effectiveness of emergency contraceptives in preventing unwanted pregnancies was high, (54%) agreed that emergency contraceptives should be availed to female youth and (74%) were willing to use emergency contraceptives if the need arises.

The study portrayed that an average number of respondents had fairly suitable practices because (82%) had ever used emergency contraceptives mostly once in a while as noted by (90%) and (80%) had used pills as emergency contraceptive methods they had ever used.

Generally, the researcher concluded that; female youth possessed fairly suitable knowledge, attitude, and practices toward emergency contraceptives

though an infrequent percentage number of participants if they adjust on myths associated with EC's outstanding rates of utilization would be achieved.

6. Recommendations.

The government through the Ministry of health should avail and provide comprehensive leaflets containing all the necessary information in different media platforms regarding emergency contraceptives to increase when, how, and decisions on which type of EC method to use hence reducing unwanted pregnancies and maternal-related complications among female youth.

Ndejje Health Centre IV administration should carry out extensive education and communication programs through community outreaches more so in areas where female youth are easily accessible like in schools to address many misconceptions and myths about emergency contraceptives to reduce un wanted pregnancies and maternal-related complications among youth female.

The researcher recommended further study within the same context in different parts of the country to come up with overall strategic policies which will enhance the uptake of ECs.

7. Acknowledgement.

I would like to thank the almighty God for giving me strength and power for protecting me throughout this course.

I wish to extend my sincere thanks to my supervisor Mr. Kasujja Hassan for his guidance and support towards this research project.

Not only that I would wish to applaud Mr. Muwonge Ronald for the support and encouragement throughout this course, may God bless you.

Special thanks go to my family thanks for the mutual and psychological support accorded to me during the whole course and may the Almighty God Bless you abundantly.

I also extend my sincere thanks to my classmates especially Ssempijja Brandon for the support, and encouragement in several aspects he played.

8. List of Abbreviations.

CPR : Contraceptive Prevalence Rate
EC : Emergency Contraceptives
FP : Family Planning
ICF : International Classification of Functioning
IUD : Intra Uterine Device
MOH : Ministry of Health
SSA : Sub Saharan Africa

UAHEB : Uganda Allied Health Examinations Board

UBOS : Uganda Bureau of Statistics

UDHS : Uganda Demographic and Health Survey

UNFPA : United Nations Population Funds

UNICEF : United Nations International Children's Emergency Fund

WHO : World Health Organization

9. Publisher details:

Publisher: Student's Journal of Health Research (SJHR)
(ISSN 2709-9997) Online
Category: Non-Governmental & Non-profit Organization
Email: studentsjournal2020@gmail.com
WhatsApp: +256775434261
Location: Wisdom Centre, P.O.BOX. 148, Uganda, East Africa.

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