



# Assessment of the Knowledge, Attitudes and Practices of Emergency Contraception among Women of Reproductive Age Visiting Kampala International University Teaching Hospital

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## ABSTRACT

The study aims to assess the knowledge, attitudes, and practices of emergency contraception among women of reproductive age visiting Kampala International University Teaching Hospital. The research was conducted using a quantitative cross-sectional study approach, with participants aged 15-49 from Ishaka, Bushenyi District. Data collection involved an interviewer-administered questionnaire. The data collected was statistically analyzed using Microsoft Excel and Word version 2019, and SPSS v.16. The results showed that women with poor knowledge may be less likely to use emergency contraception (EC) compared to knowledgeable ones. The awareness of EC among female students was 65.9%. 46.2% had fair knowledge and 21.8% had adequate knowledge. However, those with poor knowledge contributed 31%, indicating the need for more health education about EC. In conclusion, the study highlights the importance of increasing awareness and providing adequate health education to women of reproductive age visiting Kampala International University Teaching Hospital. The majority of students (87.3%) stated that it was safe to use ECs, and only 12.7% thought of using EC as unsafe. Also, majority (66.5%) of respondents thought EC would increase spread of HIV and STI, only 33.5% disagreed. Again (85.1%) will use EC the side effects notwithstanding. The utilization of EC among sexually active students was relatively low (8.9%). The study also found that the majority of students would use EC if need arose, and the preferred method was OCPs. The study recommended more effort in educating students about emergency contraception and intrauterine devices (IUD)

**Keywords:** Contraception, Reproductive age, Hospital, Awareness, Knowledge

## INTRODUCTION

Every year, over 250 million pregnancies occur worldwide, with approximately one million occurring in teenagers [1]. One-third of these pregnancies are unplanned, and 20% are terminated through induced abortion [2]. According to current global estimates, overall abortion rates in developing and wealthy countries are about identical, with unsafe abortions prevailing in developing countries [3]. In low-income nations, there are 60 million unplanned pregnancies, with two-thirds of them caused by a lack of contraception use. One-fifth of these undesired pregnancies are terminated, and 11% are dangerous, resulting in death or complications such as severe infections and bleeding. All of these risks could be reduced by using emergency contraception [4]. Emergency contraception (EC) is a category of birth control methods that, when administered within certain time restrictions after unprotected intercourse, can prevent an unexpected pregnancy [5]. Emergency contraception is widely underutilized worldwide and has been dubbed "one of the best-kept secrets in reproductive health" [6]. In many low-income countries, women may turn to unsafe abortions due to a lack of information about and availability of Emergency Contraception, which contributes considerably to maternal morbidity and mortality [7]. Emergency contraception has the potential to lower the number of undesired births because it is the only immediate alternative available to someone who has had unprotected intercourse and is not ready for a pregnancy [8]. In Uganda, there were an estimated 1.2 million unplanned pregnancies in 2008, accounting for more than half of the country's 2.2 million pregnancies. The risk of conception rises as the age difference between sexual debut and first marriage grows. In Uganda, nearly two-thirds (64%) of women aged 25-49 reported having their first sexual encounter before the age of 18 [9]. Women enrolling in universities are typically two years older than the median age of sexual debut in Uganda, indicating that they are sexually active [9]. By 2006, Uganda had a contraceptive prevalence rate of 23% and a 35% unmet need for family planning. The maternal mortality ratio was likewise high,

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at 505/100000 live births, with induced abortions accounting for around 21% of these deaths. This suggests that two method opportunities were missed: traditional family planning and emergency contraception. Young people (10-24 years) are more vulnerable to unsafe abortions, and Uganda has a primarily young population [11]. Young people are especially vulnerable since they are transitioning from infancy to adulthood. This is a time of psychological, social, and sexual transitions. Young people are also in a period of experimentation and discovery, which exposes them to hazards such as unexpected pregnancies [12].

The Ministry of Health officially offered emergency contraception in Uganda in November 1998 with the goal of enhancing reproductive health [11]. In Uganda, many kinds of emergency contraception are currently accessible. Low-dose combined oral contraceptive pills (COCs) such as Lofemenal, Microgynon, and pilplan, progestin-only pills (POPs) such as Ovrette, and the copper T380A intrauterine contraceptive device are examples. However, adoption has been low [9]. Many sexually active women in Africa participate in unsafe sexual encounters, have several partners, or are involved in intergenerational sexual connections [13]. Emergency contraception use is largely determined by women's knowledge about the method and availability [13]. Information about EC may be provided by health workers or by mass media but with limited access to mass media for the majority of Ugandans, health facilities are likely to be important sources of information about EC [14]. In order to increase the public health benefits of widespread hormonal EC availability, potential users must be well informed about the use of EC. Specifically, women in their child-bearing age must know that EC does exist, know the time limits within which EC may be effective, and know where EC can be obtained from quickly. Without this knowledge, women will miss the opportunity [15]. Knowledge and practice on emergency contraception are particularly important as a result of the high rates of unwanted and teenage pregnancies and soaring STI's and HIV/AIDS rates. Different studies, however, have shown that the knowledge and practices in relation to emergency contraception are limited amongst women of child-bearing age [16,17]. In order to increase the public health benefits of EC, it is imperative that potential users be well informed about the availability and benefits of EC [18]. In this context, women of childbearing age specifically the adolescents who may account for high rates of teenage and unintended pregnancies must know that EC does exist, know the time limits within which EC may be effective, and know where EC can be obtained from quickly at the time of the need. Without this knowledge, women will miss the opportunity to access EC [19]. Unintended pregnancy poses a major challenge to reproductive health of young adults in developing countries. Some young women who had unintended pregnancies obtain abortion. Many of which are performed in unsafe condition and others carry their pregnancies to term, incurring the risk of morbidity and mortality higher than those for adult women. This poses a range of major public health problems – including an increased risk of complications associated with illegal abortions in the country – and may be associated with dropout and non-completion of education amongst students due to unintended pregnancies [20,21]. Emergency contraception (EC) is a safe, simple, effective, and convenient method of protection that women can use to reduce the risk of pregnancy when they have unprotected sexual intercourse, particularly when they are not on any regular family planning method, or when the regular method has failed, when a condom broke or slipped, or if the woman has had unexpected or forced sex, such as in cases of rape [22]. The study's goal is to examine the knowledge, attitudes, and practices of emergency contraception among women of reproductive age visiting Kampala International University Teaching Hospital. The study aims to assess the knowledge, attitudes, and practices of emergency contraception among women of reproductive age visiting Kampala International University Teaching Hospital.

## **METHODOLOGY**

### **Study Design**

A quantitative cross-sectional study approach will be conducted to determine knowledge, attitudes, and practices of emergency contraception among women of reproductive age visiting Kampala International University Teaching Hospital.

### **Study Site**

The study will be conducted at Kampala International University in Ishaka, Bushenyi District. Ishaka is located in Igara County, in Bushenyi District, approximately 62 kilometers west of Mbarara, the largest city in the sub-region. This is about 6 kilometers west of Bushenyi, the location of the district headquarters. The coordinates of Ishaka are 0°32'42.0"S, 30°08'18.0"E (Latitude: -0.545006; Longitude: 30.138343). Together with the neighboring town of Bushenyi, it forms the Bushenyi-Ishaka Metropolitan Area. It is the largest metropolis in the district. In 2014, the national population census put the population of Bushenyi, including Ishaka, at 41,063.

### **Study Population**

The study will be conducted among women aged 15-49 visiting Kampala International University Teaching Hospital.

### **Inclusion Criteria**

It will include all women aged 15-45 at Kampala International University Teaching Hospital who will be available at the time of collecting data and willing to participate in the study.

#### **Exclusion Criteria**

Women outside the age range of 15-45 years and those who decline to participate in the study will be excluded.

#### **Sample Size Determination**

The sample size will be determined using Kish Leslie's formula

$$n = \frac{(Za/2)^2 p(1-p)}{e^2}$$

Where:

n is the desired minimum sample size,

Z is the value at 0.05 which is 1.96,

e is the margin of error proposed to be 0.1,

p is the proportion of women of reproductive age visiting Kampala International University Teaching Hospital.

Until this study was conducted, there were no published data about p. So, a 50% proportion was used to get the maximum sample size by taking into account a 90% confidence interval Z = 1.96, marginal error e of 10%. In line with the above consideration, the minimum calculated sample size was 96 respondents. The researcher was able to interview 150 respondents in this study.

#### **Sampling Procedure**

Consecutive sampling techniques will be used to choose respondents to participate in the study, from whom data will be collected.

#### **Dependent Variables**

Emergency contraception among women of reproductive age visiting Kampala International University Teaching Hospital.

#### **Independent Variable**

Knowledge, attitudes, and practices of emergency contraception among women of reproductive age visiting Kampala International University Teaching Hospital.

#### **Data Collection Method and Tool**

Data will be collected using an interviewer-administered questionnaire. The researcher will meet with the targeted respondents who will take part in the study, after obtaining permission for data collection from respondents. Each participant will be required to give informed consent before enrolling in the study. The researcher will assist the respondents in filling the questionnaires by explaining to the respondents for clarifications. The properly filled questionnaires will then be collected, and then data will be taken for analysis. The researcher will use a structured questionnaire, and participants will be asked similar questions, and from options, they will pick the best alternative. A pen and paper will be used to record the necessary information.

#### **Data Entry and Cleaning**

The data in the questionnaire will be checked for completeness, cleaned, and sorted to eliminate obvious inaccuracies and omissions. The data will then be coded and entered into a computer.

#### **Data Analysis**

The qualitative data collected will be statistically analyzed and documented using Microsoft Excel and Word version 2019, which will then be analyzed using SPSS v.16. The analyzed data will then be presented in the form of tables and graphs, which will be a basis for discussion and conclusion among others.

#### **Measurement of Variables**

The variable "Emergency contraception" is the dependent variable and will be measured in terms of the proportion of women of reproductive age visiting Kampala International University Teaching Hospital who have had emergency contraception. The independent variables are the knowledge, attitudes, and practices among women of reproductive age visiting Kampala International University Teaching Hospital and will be measured in percentage. Specific statistical tests will be done to determine the relationship between the variables.

#### **Quality Control**

To ensure quality control, the researcher will conduct a pretest using 10 questionnaires, and data will be collected before the actual study to help in the reconstruction of the questionnaire where necessary.

#### **Ethical Considerations**

Participants will be given information regarding the research to seek consent. Each participant's choice to participate or not will be respected, and data collected from participants will be kept confidential. The participants' names will not be included while filling out the questionnaire to maintain privacy. It will be clearly communicated that the information obtained from the participants would be kept under lock and key to only be used for research purposes.

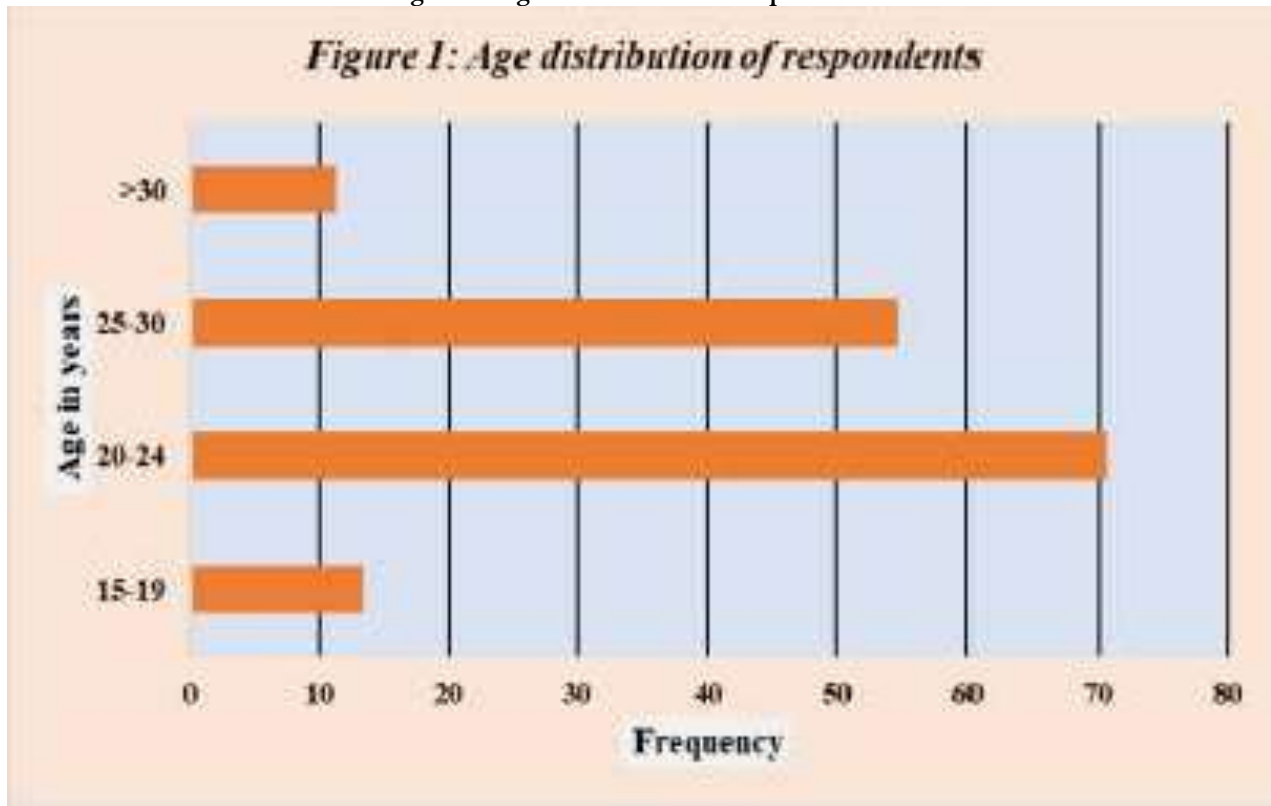
**RESULTS**

**Table 1: Age distribution of respondents**

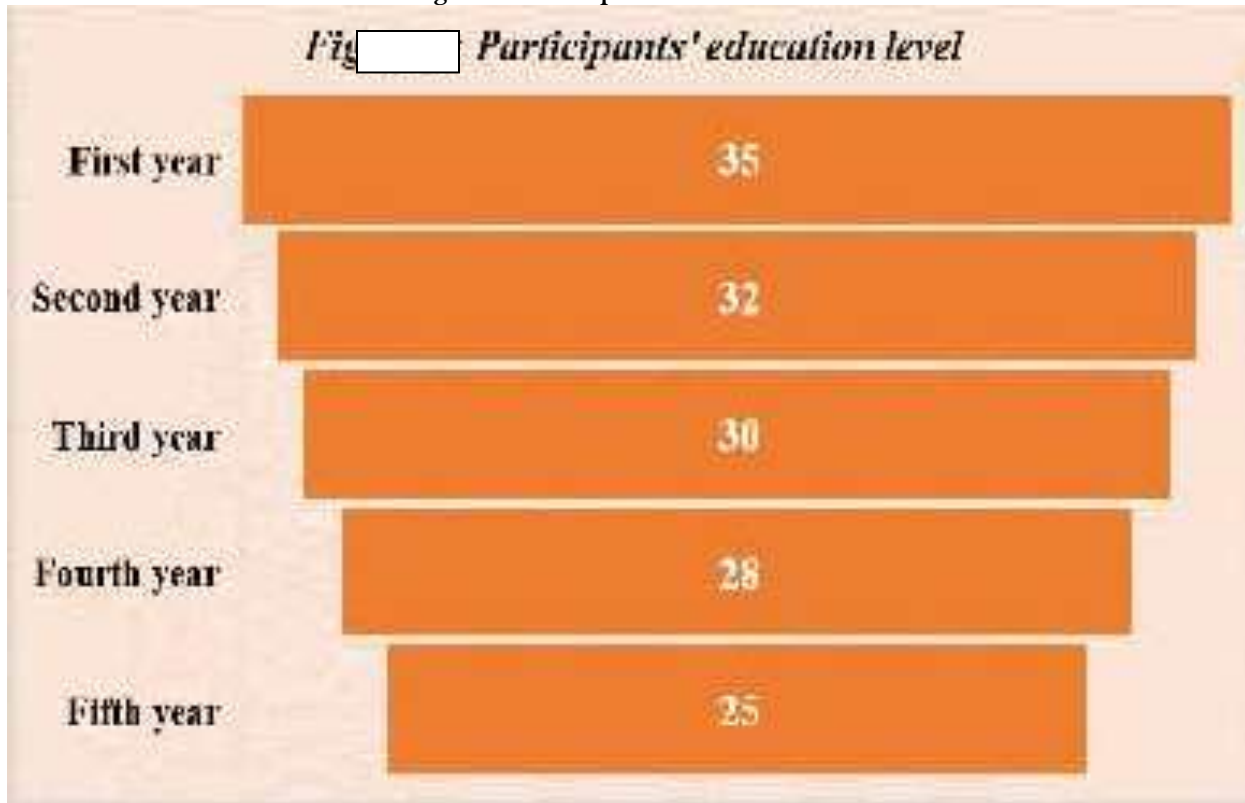
Age distribution of respondents		
	Frequency	Percent
<b>Age in years</b>		
15-19	13	8.9
20-24	71	47.1
25-30	55	36.5
>30	11	7.5
<b>Religion</b>		
Christians	91	60.7
Muslims	56	37.1
Others	3	2.2

Of all the respondents, 8.9% were between 15-19 years of age, 47.1% between 20 and 24 years, 36.5% were between 25 and 30 years, while 7.5% were above 30 years of age. Regarding religion, most of the respondents (60.7%) were Christians, 37.1% were Muslims, and 2.2% had other affiliations.

**Figure 1: Age Distribution of respondents**



**Figure 2: Participants' education level**



To assess the level of actual knowledge, a series of five knowledge questions (on method identification; mechanism of action; generally recommended time; maximum acceptable time; and availability of emergency contraception) were posed to those students who had heard of emergency contraception. To generate the summarized level of knowledge, the response on each question was first scored and tallied, and then the total of each respondent was scored ranging from 0–5 (0% – 100%). A cumulative/total score was calculated, and then the respondents were classified as having poor, fair, or good knowledge with respect to their level of knowledge about emergency contraception. Hence, respondents who scored 0% – 20% were considered as having ‘poor knowledge’; those who scored 40% – 60% as ‘fair knowledge’; and those who scored more than 60% as having ‘good knowledge’.

Of the 150 female students who participated in the study, 99 (65.9%) knew about ECs and these were assessed further for knowledge, attitude, and practice of EC. When asked if they knew about EC, 65.9% knew about EC and 34.1% did not know about EC. Only the students who knew about EC were further assessed for knowledge, attitude, and practice of EC. Among those 99 respondents, the majority (39.6%) got their information from health education/lecture. When asked on the use of oral contraceptive pills as ECs, the majority (89.7%) agreed while the rest disagreed. On the use of IUDs as an EC, the majority (55.9%) disagreed. Twenty-one (13.8%) of the respondents agreed that both copper IUDs and OCPs can be used for EC.

**Table 2: Knowledge about emergency contraception**

	Frequency	Percent
<b>Knowledge level</b>		
Good	22	21.8
Fair	46	46.2
Poor	32	32.0
<b>Awareness about EC</b>		
Yes	99	65.9
No	51	34.1
<b>Source of information</b>		
Health education/lecture	39	39.6
TV/radio/newspaper	16	16.5
Internet	17	17.3
Others	8	8.2
<b>Which methods are used in emergency EC</b>		
IUDs	44	44.1
OCPs	89	89.7
Both	14	13.8

The majority (88.6%) of the respondents stated that they would use EC, and only 11.4% stated that they would not use EC. Also, when asked if they would recommend EC to a friend, 91.5% of respondents who had admitted that they would use EC would also recommend it to a friend. Based on this, there is a direct proportion between use and recommendation to a friend. Of the 99 respondents, the majority (87.3%) stated that it was safe to use EC, and only 12.7% thought of using EC as unsafe. Also, when asked if the use of ECs would increase the prevalence of HIV/AIDS and other STIs, the majority (66.5%) thought that it would, and only 33.5% disagreed. When asked if they would refuse to use ECs because of fear of side effects, most of the respondents (85.1%) disagreed.

**Table 3: Attitude towards emergency contraception**

Attitude statements	YES		NO	
	N	%	N	%
Would use EC if necessary	88	88.6	11	11.4
Would recommend EC to friend	91	91.5	8	8.5
EC is unsafe	13	12.7	86	87.3
EC will increase STD/HIV prevalence	66	66.5	33	33.5
Refuse to use EC due to of side effects	15	14.9	84	85.1
EC is a form of abortion	17	17.3	82	82.7

Almost all (87.6%) admitted that they would use ECs incase need arise and only 12.4% stated that they would not use ECs, with most stating their reason for not using ECs as fear of side effects. Majority 65(94%) preferred to use pills as the mode of EC and only 4(6%) stated that they would use IUD. Also, 89.4% felt that ECs are beneficial and would recommend them to a friend while 10.6% would not recommend them to a friend. Basing on this, it can be seen that there is a direct relation between those that would use ECs and those that consider EC beneficial to recommend it to a friend. A small number (17.3%) of students thought EC was a form of abortion.

**Table 4: Practice of emergency contraception**

	Frequency	Percentage
<b>Use of EC</b>		
Ever used	9	8.9
Never used	90	91.1
<b>Method of EC they would recommend</b>		
Pills	99	100
IUDs	0	0
<b>Would use emergency contraception if need arise</b>		
Yes	87	87.6
No	12	12.4
<b>Would recommend a friend to use emergency contraception</b>		
Yes	89	89.4
No	10	10.6

## DISCUSSION

Women with poor knowledge might be less likely to use EC compared to the knowledgeable ones. The confusion on how to take ECPs may be caused by students purchasing ECPs hurriedly and feeling too embarrassed to ask questions [23]. These students may even reject counseling or send others to buy it for them. Health professionals should be aware of these and emphasize the correct timing when ECs are prescribed, dispensed, or administered in order to enhance their effectiveness [23]. The awareness of EC among female students in this study was 65.9%. This level of awareness was in line with the levels found among university students in Cameroon (63%) (Eugene et al., 2007), and Kathmandu (66%) but higher than the findings from Ghana Cameroon and Kenya [24]. This difference might be attributed to the differences in provision of sexual and reproductive health education at schools and higher learning institutions as well as better practice of open and free discussion on sex and sexuality among female students in these countries. The general knowledge of respondents was fair, with the majority (46.2%) having fair knowledge about EC and 21.8% having adequate knowledge. Although this was below average, it was higher than a study among students in University of Buea, Cameroon, and Adama University, Ethiopia, respectively [24]. However, those with poor knowledge had fallen closely behind, contributing 31%. This calls for more health education about EC to increase awareness about EC. On comparing the knowledge level with the year of study, it was found that respondents in their first year had poor knowledge as compared to those in higher years. There was an increase in knowledge about EC with increasing year of study as suggested by the high level of poor knowledge among first years as compared to fifth years where the majority had fair knowledge and none had a poor knowledge level. Studies have reported that knowledge gained from friends and family was often misleading and inadequate while those associated with medical sources like health education had better knowledge [24]. The majority of the students in this study obtained their information on EC from formal settings with the internet and friends following closely behind. The majority stated that their source of information was from health education/lecture. Worthy of note is that such informal sources of information on health issues may be misleading and the internet serves as a reservoir for all kinds of information [23]. Thus, informal sources need to be verified if informed decisions are to be made. The majority (88.6%) of the students in our study had positive attitudes towards ECs. This favorable disposition might be due to knowledge about those who have had unwanted pregnancies with the possible consequences of abortions or even death. The majority of the students (87.3%) stated that it was safe to use ECs and only 12.7% thought of using EC as unsafe. Also, when asked if the use of ECs would increase the prevalence of HIV/AIDS and other STIs, the majority (66.5%) thought that it would and only 33.5% disagreed. When asked if they would refuse to use ECs because of fear of side effects, most of the respondents (85.1%) disagreed. However, a small number (17.3%) of students thought EC was a form of abortion. In another study, more than half of the Ethiopian students thought ECP was a form of abortion. Confusing EC with induced abortion may negatively affect the acceptability of the method. This is particularly so in countries like Nigeria and Uganda where abortion is illegal.

The utilization of EC among the sexually active students was relatively low (8.9%). The lack of knowledge of its use and side effects, concerns associated with cultural and societal beliefs, and misconceptions about its utilization could be the reasons for the low usages. However, it could also be an indication that most of these students are using their contraceptive method well and thus the rate of unintended pregnancies is low and this is good in a way that they don't have to go through the stress of worrying if an EC method has worked or not.

### CONCLUSION

The study suggested that the students had fair knowledge about emergency contraceptives and also had a positive attitude toward EC use; however, it also disclosed that a significant number of students had poor knowledge about EC, and this calls for more education about EC. There was an increase in knowledge about EC with increasing year of study as suggested by the high level of poor knowledge among first years as compared to fifth years where the majority had fair knowledge and none had a poor knowledge level. It was also found that the practice of EC is low, which might be an indicator of proper use of other contraceptive methods. The study also found that the majority of students would use EC if need arose, and the preferred method was OCPs. Even if the knowledge level was fair, the majority did not know about the availability of EC and if it could easily be acquired over the counter.

### RECOMMENDATIONS

More effort should be put into educating students about emergency contraception, as there is a significant number of female students with poor knowledge, with most of them in their first year of study. Special education centers providing information and emergency contraception services should be established within the university premises so that students who need these services can easily access them at their convenience. Students should be educated about the use of intrauterine devices (IUDs) as emergency contraception because this method is more effective and has a longer timeframe of up to 5 days compared to that of oral contraceptive pills (OCPs). Additionally, students should also be educated about other available contraceptive methods because if used properly, there would be no need for them to go through the stress of worrying if emergency contraception has worked or not.

### REFERENCES

1. World Health Organization: WHO. *Adolescent Pregnancy*. 10 Apr. 2024, [www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy](http://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy).
2. World Health Organization: WHO. *Abortion.*, 2021, [www.who.int/news-room/fact-sheets/detail/abortion](http://www.who.int/news-room/fact-sheets/detail/abortion).
3. Stover, J., Winfrey, W. The effects of family planning and other factors on fertility, abortion, miscarriage, and stillbirths in the Spectrum model. *BMC Public Health*, 2017, 17 (Suppl 4), 775. <https://doi.org/10.1186/s12889-017-4740-7>
4. Namukisa, M., Kamacooko, O., Lunkuse, J. F., Ruzagira, E., Price, M. A., & Mayanja, Y. Incidence of unintended pregnancy and associated factors among adolescent girls and young women at risk of HIV infection in Kampala, Uganda. *Front Reprod Health.*, 2023, 5:1089104. doi: 10.3389/frph.2023.1089104.
5. Byamugisha, J. K., Mirembe, F. M., Faxelid, E., Gemzell-Danielsson, K. Emergency contraception and fertility awareness among university students in Kampala, Uganda. *Afr Health Sci.*, 6(4):194-200. doi: 10.5555/afhs.2006.6.4.194
6. Mittal, S. Emergency contraception - potential for women's health. *Indian J Med Res.*, 2014, 140 (1):S45-52. PMID: 25673542; PMCID: PMC4345752.
7. Kwame, K.A., Bain, L.E., Manu, E. *et al.* Use and awareness of emergency contraceptives among women of reproductive age in sub-Saharan Africa: a scoping review. *Contracept Reprod Med.*, 2022, 7, 1 <https://doi.org/10.1186/s40834-022-00167-y>
8. Mohammed, S., Abdulai, AM. & Iddrisu, O. A. Pre-service knowledge, perception, and use of emergency contraception among future healthcare providers in northern Ghana. *Contracept Reprod Med.*, 2019, 4, 1. <https://doi.org/10.1186/s40834-018-0082-9>
9. Nsubuga, H., Sekandi, J. N., Sempeera, H., & Makumbi, F. E. Contraceptive use, knowledge, attitude, perceptions and sexual behavior among female University students in Uganda: a cross-sectional survey. *BMC Womens Health.* 2016, 27, 16:6. doi: 10.1186/s12905-016-0286-6.
10. Murungi, T., Benyumiza, D., Apio, J., Nekesa, C., Nalubuuka, A., Misuk, I., Kumakech, E. Factors Associated with Utilization of Sexual and Reproductive Health Services among the Youth in Lira City West, Northern Uganda: A Cross-Sectional Study. *Biomed Res Int.*, 2023, 18; 9649792. doi: 10.1155/2023/9649792.
11. Kar, S. K., Choudhury, A., Singh, A. P. Understanding normal development of adolescent sexuality: A bumpy ride. *J Hum Reprod Sci.* 2015, 8(2):70-4. doi: 10.4103/0974-1208.158594.
12. Ssewanyana, D., Abubakar, A., Mabrouk, A., Kagonya, V. A., Nasambu, C., Dzombo, J. T., Angwenyi, V., Kabue, M., Scerif, G., Newton, C. R. The Occurrence of Sexual Risk Behaviors and Its Association with Psychological Well-Being Among Kenyan Adolescents. *Front Reprod Health.* 2021, 3:659665. doi: 10.3389/frph.2021.659665.
13. Okiring, J., Getahun, M., Gutin, S. A., Lebu, S., Lee, J., Maeri, I., Eyul, P., Bukusi, E. A., Cohen, C. R., Neilands, T. B., Ssali, S., Charlebois, E. D., Camlin, C. S. Sexual partnership concurrency and age disparities



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- associated with sexually transmitted infection and risk behavior in rural communities in Kenya and Uganda. *Int J Infect Dis.*, 2022, 120:158-167. doi: 10.1016/j.ijid.2022.04.038.
14. Yeboah, I., Okyere, J., Dey, N.E.Y. *et al.* Multiple sexual partnership among adolescent boys and young men in Ghana: analysis of the 2003–2014 Ghana Demographic and Health Survey. *Trop Med Health.*, 2022, 50 88 <https://doi.org/10.1186/s41182-022-00484-7>
  15. Hoque, M. E., & Ghuman, S. Knowledge, practices, and attitudes of emergency contraception among female university students in KwaZulu-Natal, South Africa. *PLoS One.* 2012; 7(9):e46346. doi: 10.1371/journal.pone.0046346.
  16. Rokicki, S., & Merten, S. The context of emergency contraception use among young unmarried women in Accra, Ghana: a qualitative study. *Reprod Health*, 2018, 15, 212. <https://doi.org/10.1186/s12978-018-0656-7>
  17. Sahu, M., Chhabra, P., & Gautam, V. Knowledge and Parity: Perspectives of Usage of Emergency Contraceptive Pills among Women of a Rural Area of Delhi. *Niger Med J.*, 2019, 60(3):117-121. doi: 10.4103/nmj.NMJ\_121\_17.
  18. Leon-Larios, F., Ruiz-Ferron, C., Jalon-Neira, R. M., & Praena-Fernández, J. M. Nursing Students' Knowledge, Awareness, and Experiences of Emergency Contraception Pills' Use. *Journal of Clinical Medicine.* 2022; 11(2):418. <https://doi.org/10.3390/jcm11020418>
  19. Merga, J., Wirtu, D., Bekuma, T. T., & Regasa, M. T. Unintended pregnancy and the factors among currently pregnant married youths in Western Oromia, Ethiopia: A mixed method. *PLoS One.* 2021,16(11):e0259262. doi: 10.1371/journal.pone.0259262.
  20. Asrat, D., Copas, A. & Olubukola, A. Exploring the association between unintended pregnancies and unmet contraceptive needs among Ugandan women of reproductive age: an analysis of the 2016 Uganda demographic and health survey. *BMC Pregnancy Childbirth*, 2024, 24, 117. <https://doi.org/10.1186/s12884-023-06222-z>
  21. Merga, J., Wirtu, D., Bekuma, T. T., & Regasa, M. T. Unintended pregnancy and the factors among currently pregnant married youths in Western Oromia, Ethiopia: A mixed method. *PLoS One.* 2021, 16(11):e0259262. doi: 10.1371/journal.pone.0259262.
  22. Both, R., & Samuel, F. Keeping silent about emergency contraceptives in Addis Ababa: a qualitative study among young people, service providers, and key stakeholders. *BMC Women's Health*, 2014, 14, 134. <https://doi.org/10.1186/s12905-014-0134-5>
  23. Kwame, K. A., Bain, L.E., Manu, E. *et al.* Use and awareness of emergency contraceptives among women of reproductive age in sub-Saharan Africa: a scoping review. *Contracept Reprod Med.*, 2022, 7, 1. <https://doi.org/10.1186/s40834-022-00167-y>

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