



## Awareness and Use of Emergency Contraception Among Women Attending Kidwany MCH Center, Assiut City

Medhat Araby Khalil Saleh<sup>1</sup>, Marian Agaiby Asham,<sup>2</sup> Tagreed Abdul-Aziz M. Ismail<sup>1</sup>

<sup>1</sup>Public Health and Community Medicine Department, Faculty of Medicine, Assiut University, Assiut, Egypt.

<sup>2</sup>Physician at the Directorate of Health Affairs in Assiut

### ABSTRACT

**Background:** Emergency contraception (EC) offers women a last chance to prevent pregnancy after unprotected intercourse, so it reduces prevalence of unwanted pregnancies, unsafe abortions, and their consequences on women's reproductive health. **Objective:** to assess awareness and use of EC and identify factors affecting them. **Method:** A cross-sectional study was conducted in Kidwany MCH Centre, Assiut City from May to October 2018 on 400 married women of reproductive age. Data was collected through personal interview using semi structured questionnaire that included sociodemographic and family characteristics data, gynaecological and obstetrics history, EC awareness and use. **Results:** Mean participants' age was  $32.72 \pm 7.01$  years. The majority (81.75%) were urban residents, 49% had secondary education/technical institute, and 73.0% were housewives. Only 27.75% had ever heard about EC. Moreover, only 38.7% of them had good knowledge about it. Medical personnel were the main source of knowledge. Only 6% had ever used EC, most of them used ECPs once at the proper time. Awareness and previous use of EC were significantly better with higher education, working women, non-consanguineous couple, more than two years duration since her last delivery, no desire to get more children, and history of unwanted or unplanned pregnancy. **Conclusion:** Most married women in reproductive age are unaware of EC. Among aware women, the knowledge of EC is limited, and the utilization is very low. Health education programs should be initiated and maintained for raising awareness and utilization of EC.

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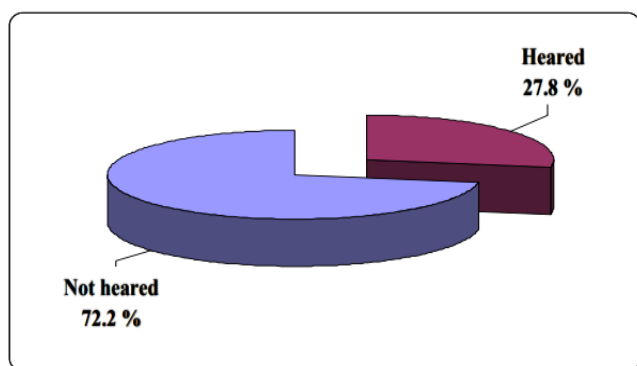
#### Key Words:

Emergency contraception, married women, awareness, knowledge, use.

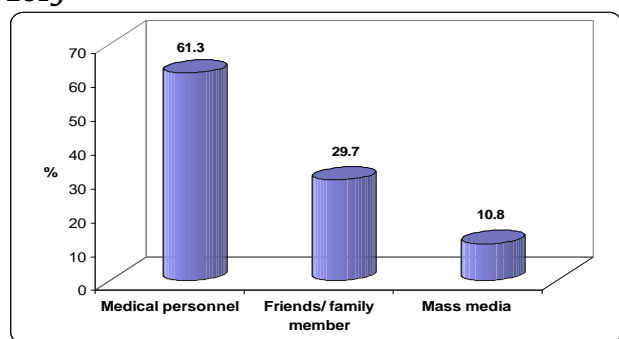
### INTRODUCTION

Each year, about 210 million women around the world become pregnant, 36% of them are unplanned and/or unwanted pregnancy.<sup>1</sup> Globally, over two thirds of adolescent pregnancies are unintended, and those mothers are at risk for greater maternal morbidity and mortality.<sup>2</sup> In developing countries about 818 million of sexually active women want to avoid pregnancy. About 17% of them are not using any method, while 9% are using less effective traditional methods.<sup>3</sup>

Unintended pregnancies are a major cause of unsafe abortions.<sup>4</sup> The World Health Organization (WHO) estimated that in developing countries, one woman dies every eight minutes due to unsafe abortions.<sup>5</sup> In Upper Egypt, 59% of currently married women are using a family planning method. It represents a slight drop from the level in Urban Governorates and Lower



**Figure (1): Awareness about EC among women attending Kidwany MCH Center, Assiut City 2018-2019**

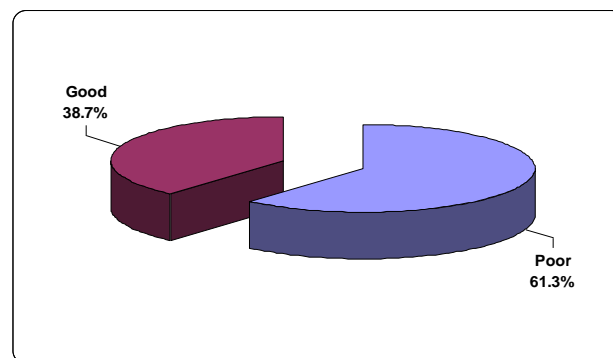


**Figure (2): Sources of knowledge about emergency contraception among women attending Kidwany MCH Center, Assiut City 2018-2019**

Egypt (71%) in 2021. While the percentage of using traditional methods is less than 2% in the two surveys 2014 and 2021.<sup>6</sup>

Expanding the available family planning options to women is a critical part of increasing contraceptive coverage, decreasing unintended pregnancies and reducing maternal morbidity and mortality around the globe.<sup>4</sup> Emergency contraception (EC) is a family planning option. It is a type of modern contraceptive methods which is indicated after unprotected sexual intercourse as early as possible then followed by a continuous regular family planning method and can be used to prevent pregnancy in the first 5 days after it.<sup>7,8</sup> EC offers women a last chance to prevent pregnancy after unprotected intercourse,<sup>9</sup> so it can also reduce the prevalence of unwanted pregnancies and unsafe abortions.<sup>10</sup>

EC is largely underutilized worldwide and has been referred to as one of the best kept secrets in reproductive health. Globally, use of EC is relatively low; 9.4% in the United States, 5.2% in Iran and 4% in South Africa.<sup>11</sup> There are 2 types of emergency

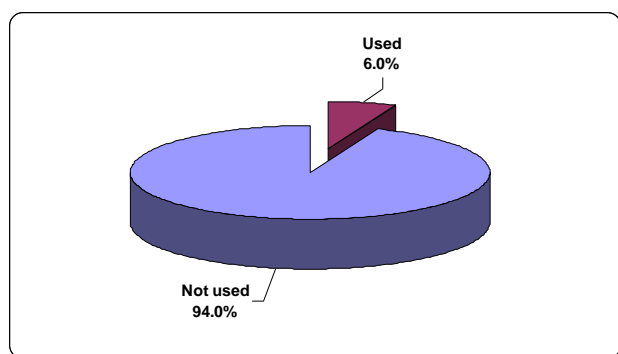


**Figure (3): Level of knowledge about emergency contraceptives among women attending Kidwany MCH Center, Assiut City 2018-2019**

contraception; emergency contraceptive pills (ECPs) the most used and, Copper-bearing T380A intra uterine device (IUD).<sup>12</sup> EC is very effective with low failure rate<sup>7</sup>. It can prevent up to 95% of unwanted pregnancies if used within 5 days of intercourse.<sup>13</sup> No serious complications have been causally linked to EC. The main side effects caused by hormonal emergency contraceptives are nausea and vomiting, abdominal pain, breast tenderness, headache, dizziness, and fatigue which seem to be more frequent with pills.<sup>14</sup> Although modern contraceptives are available in the Arab region and Middle Eastern countries, EC availability and advice are still sparse and not commonly used.<sup>2, 15</sup> In spite of EC has been available and registered in Egypt from a long time ago,<sup>15</sup> awareness and use of the EC methods varied considerably within regions. In Africa, awareness of EC ranged from 2% (Chad) to 40% (Kenya). In Asia, it ranged from 3% (Timor-Leste) to 29% (the Maldives), and usage rates ranged from 0.1% (Cambodia, Nepal and Timor-Leste) to 0.9% (Pakistan).<sup>16</sup> In Alexandria study showed that 24.5 % of the participants had ever heard about EC, while 20.5% had ever used it.<sup>15</sup> The aim of the study was to assess awareness about EC, determine the percentage of ever use of EC and identify factors that affect awareness and use of EC among the study participants.

## METHOD

An observational, analytic cross-sectional study. The study was conducted at the Kidwany Maternal and Child Health (MCH) Centre at Assiut governorate. The MCH center was chosen as the EC option is available and the physicians are aware of its use. The study



**Figure (4): Ever use of emergency contraception among women attending Kidwany MCH Center, Assiut City 2018-2019**

**Table (1): Sociodemographic characteristics of women attending Kidwany MCH Center, Assiut City 2018 -2019 (n=400)**

	N	%
<b>Age: (years)</b>		
< 30	145	36.25
30-35	115	28.75
> 35	140	35.0
Mean $\pm$ SD (Range)	32.7 $\pm$ 7.0 (18.0-49.0)	
<b>Educational level:</b>		
Basic education or less	80	20.0
Secondary/ technical institute	196	49.0
University or higher	124	31.0
<b>Residence:</b>		
Rural	73	18.25
Urban	327	81.75
<b>Working status:</b>		
Working:	108	27.0
Housewife:	292	73.0
<b>Occupation (n= 108)</b>		
Clerical works	42	38.9
Professional and administrative	56	51.9
Sales and services	10	9.2
<b>Number of living children:</b>		
One	67	16.75
Two	105	26.25
Three or more	228	57.0
Consanguinity	82	20.5

center is serving rural and urban clients and opened from 8 am to 8 pm.

Study population included currently married women of reproductive age (15- 49 years) and had at least one child. Primigravida and infertile women were excluded.

The sample size was calculated using open-source Epi-info version 3.01 based on the following criteria: expected frequency of EC awareness is 24.5%,<sup>15</sup> at 95% confidence interval and design effect of one, the

**Table (2): Knowledge about emergency contraceptives among only women who ever heard about EC attending Kidwany MCH Center, Assiut City 2018-2019 (n=111)**

	N	%
<b>Types of EC:</b>		
EC pills	94	84.7
T380A IUD	8	7.2
Incorrect answer	16	14.4
<b>Best time for use EC:</b>		
Right answer	47	42.3
Wrong answer	64	57.7
<b>Opinion about effectiveness of EC:</b>		
Effective	55	49.5
Not Effective	11	9.9
Do not know	45	40.5
<b>knowledge about side effects for EC:</b>		
Yes	28	25.2
No	14	12.6
Do not know	69	62.2
<b>Possible side effects of EC:</b>		
Right answer	28	25.2
Wrong answer	83	74.8
<b>Source of obtaining EC:</b>		
MCH center	55	49.5
Pharmacy	55	49.5
Primary health care unit	17	15.3
Governmental hospital	6	5.4
Private clinic	3	2.7

calculated sample size was 277. For EC use, the expected frequency is 5 %,11 the calculated sample size was 125 participants at 99% CI. In this study, 400 eligible women were included.

Convenience sampling was used as all eligible women who attended the center, seeking healthcare for herself or for her children were invited to participate in the study. After explaining the aim of the study, women who are welcomed to participate were given a number and after that 8-10 women were interviewed. This was done twice weekly (in vaccination days) for 6 months (May to October 2018).

The data collection tool was revised to ascertain its validity by three experts in public health and community medicine department who reviewed the instrument for clarity, relevance, comprehensiveness, understanding, and applicability. Data collection was done in a private room through personal interview done by one of the researchers using semi structured questionnaire that included sociodemographic and family characteristics data, gynecological and obstetrics history, EC awareness and use. A pilot study was carried out on 40 women attended the centre prior to data collection and not included in the research.

**Table (3): Need of emergency contraceptives before knowing it among women who ever heard about EC attending Kidwany MCH Center, Assiut City 2018-2019 No (n=111)**

	N	%
<b>Need of EC before ever hearing about it</b>		
Yes	30	27.0
No	81	73.0
<b>Reason for need: (n= 30)</b>		
Missed/ delayed hormonal methods	23	76.7
Condom rupture, slips, or misused	4	13.3
Miscalculation of save period or BF conditions	2	6.7
Unplanned sexual relation	1	3.3

**Table (4): Ever users of emergency contraception among women attending Kidwany MCH Center, Assiut City 2018-2019 (n=24)**

	N	%
<b>Previous use of EC</b>		
<b>Type of used emergency contraceptives:</b>		
EC pills	21	87.5
Copper IUD T380A	4	16.7
<b>Frequency of emergency contraceptive use:</b>		
Once	20	83.3
Twice	4	16.7
<b>Source of obtaining:</b>		
Pharmacy	9	37.5
MCH center	8	33.3
Primary health care unit	5	20.9
Private clinic	2	8.3
<b>Proper Time of use</b>	19	79.2
<b>Effectiveness of EC:</b>		
Effective	23	95.8
Not effective	1	4.2
<b>Side effects of EC:</b>		
Nausea or vomiting	11	45.8
Menorrhagia	5	20.8
Breast tenderness or pain	4	16.7
None	4	16.7
<b>Use of another current regular method after the use of EC</b>	23	95.8
<b>Type of the method used after the use of EC (n= 23):</b>		
IUD	12	52.2
Pills	6	26.1
Injectables	3	13.1
Implanon NXT/ Nexplanon	1	4.3
Tubal ligation	1	4.3

**Outcome variables and scoring:** Knowledge score was calculated and ranged from 0-8, based on the cumulative score of seven questions. Each right answer was given a score of one while wrong answer was given zero except a question about the known

types of EC, where a score of one was given to each mentioned type (2 types are available). The participants who scored more than 50% (5-8) were considered to have good knowledge, while those who scored less than 5 were considered to have poor knowledge.<sup>17</sup>

**Data analysis:** All data management processes; data entry, cleaning, revision, and recoding (if required) was done using SPSS version 20 for Windows (SPSS Inc., Chicago, IL, USA). Descriptive statistics: mean  $\pm$  SD and range for quantitative variables, frequency, and percent for qualitative variables. Chi-square/ Fisher's exact test was used to test significance between categorical variables. Student t-test/ANOVA test were used to compare means between two or more groups of continuous variables, respectively.  $P < 0.05$  was set as the significance level for all tests.

## RESULTS

Table 1 shows that the mean participants' age was 32.72. About half of participants (49%) had secondary education / technical institute. Most of them (81.75 %) were urban residents. About three quarters of the studied women (73.0%) were housewives. While more than half of the working participants (51.9%) were Professional and administrative work. The table shows that 57.0% of participants had three or more children. No consanguinity was reported among most of the participants (79.5%). Figure 1 shows that only 27.75% of study participants had ever heard about emergency contraceptives.

Table 2 shows that 84.7% of women mentioned pills as one of EC options but only 42.3% mentioned the best time for use correctly. Nearly half of the studied women considered EC effective. About one fourth of them (25.2%) mentioned that EC has side effects. Regarding sources of obtaining EC, MCH center and pharmacy were the most known sources. Figure 2 shows that medical personnel were the main source of information (61.3%).

Table 3 shows that more than one fourth (27.0%) of respondents needed EC before they heard about it. A missed or delayed hormonal method was the main reason of need. Figure 3 revealed that 61.3% of the studied participants had poor knowledge about EC. Figure 4 shows that only 24 (6%) of the participants had ever used EC. Table 4 shows that EC pills were the

**Table (5): Factors affecting awareness about emergency contraception among women attending Kidwany MCH Center, Assiut City 2018- 2019**

	Knowledge about EC				P-value
	Yes (n= 111)		No (n= 289)		
	N	%	N	%	
<b>Age: (years)</b>					
< 30	36	24.8%	109	75.2%	0.600
30-35	33	28.7%	82	71.3%	
> 35	42	30.0%	98	70.0%	
<b>Educational level:</b>					
Less than university	52	18.8%	224	81.2%	<0.001
University or higher	59	47.6%	65	52.4%	
<b>Husband educational level:</b>					
Less than university	51	18.6%	223	81.4%	<0.001
University or higher	60	47.6%	66	52.4%	
<b>Residence:</b>					
Rural	14	19.2%	59	80.8%	0.070
Urban	97	29.7%	230	70.3%	
<b>Working:</b>					
Yes	50	46.3%	58	53.7%	<0.001
No	61	20.9%	231	79.1%	
<b>Consanguinity:</b>					
Yes	17	20.7	65	79.3	0.111
No	94	29.6	224	70.4	
<b>Family history of hereditary diseases:</b>					
Yes	6	33.3	12	66.7	0.595
No	105	27.5	277	72.5	
<b>Mode of last delivery:</b>					
Cesarean	77	32.0%	164	68.0%	0.021
Normal	34	21.4%	125	78.6%	
<b>Exclusive breastfeeding:</b>					
Yes	57	23.0%	191	77.0%	0.007
No	54	35.5%	98	64.5%	
<b>The desire to have more children:</b>					
Yes	22	17.9	101	82.1	0.003
No	89	32.1	188	67.9	
<b>History of unwanted or unplanned pregnancy:</b>					
Yes	32	57.1	24	42.9	<0.001
No	79	23.0	265	77.0	

method used by the majority (87.5%) of women. 37.5% of participants got it from the pharmacy and 79.2% used EC at the proper time. Only 4.2 % mentioned it was not effective (got pregnant after the use of EC). The table revealed that 45.8% of participants suffered from nausea /vomiting after use of EC. Most women (95.8%) used additional method

after the use of EC which was mainly the IUD T380A (52.2%).

Table 5 shows that awareness by EC increased significantly among university or higher. Also, awareness about EC increased significantly among women who last delivered by cesarean section and

**Table (6): Factors affecting score of knowledge about emergency contraception among women attending Kidwany MCH Center, Assiut City 2018- 2019**

Personal data	Knowledge score (n= 111)		P-value
	Mean ± SD	Range	
<b>Age: (years)</b>			
< 30	4.00 ± 1.47	2.0-8.0	0.300
30-35	4.61 ± 1.56	2.0-7.0	
> 35	4.29 ± 1.76	2.0-8.0	
<b>Educational level:</b>			
Less than university	4.19 ± 1.72	2.0-8.0	0.559
University or higher	4.37 ± 1.53	2.0-8.0	
<b>Husband educational level:</b>			
Less than university	4.22 ± 1.76	2.0-8.0	0.664
University or higher	4.35 ± 1.49	2.0-8.0	
<b>Residence:</b>			
Rural	3.29 ± 1.27	2.0-6.0	0.012
Urban	4.43 ± 1.61	2.0-8.0	
<b>Working:</b>			
Yes	4.68 ± 1.61	2.0-8.0	0.020
No	3.97 ± 1.56	2.0-7.0	
<b>Consanguinity:</b>			
Yes	3.53 ± 1.23	2.0-7.0	<0.001
No	4.43 ± 1.64	2.0-8.0	
<b>Number of normal deliveries:</b>			
One	3.75 ± 1.53	2.0-7.0	0.025
Two or three	4.77 ± 1.58	3.0-8.0	
Four or more	3.50 ± 1.40	2.0-6.0	
<b>Duration from the last delivery:</b>			
≤ 2 years	3.95 ± 1.37	2.0-7.0	0.020
> 2 years	4.66 ± 1.79	2.0-8.0	
<b>Medical problem during any delivery:</b>			
Yes	4.17 ± 2.32	2.0-7.0	0.003
No	4.34 ± 1.61	2.0-8.0	
<b>Number of living children:</b>			
One	4.06 ± 1.44	3.0-7.0	0.024
Two	4.62 ± 1.60	2.0-8.0	
Three or more	4.16 ± 1.67	2.0-8.0	
<b>Current use of contraceptive method:</b>			
Yes	4.32 ± 1.63	2.0-8.0	0.004
No	4.00 ± 1.48	2.0-7.0	
<b>Need of emergency contraceptives: *</b>			
Yes	<b>5.80 ± 1.40</b>	<b>3.0-8.0</b>	<b>&lt;0.001</b>
No	<b>3.73 ± 1.30</b>	<b>2.0-7.0</b>	

\* Client faced unprotected sexual intercourse which may be followed by unwanted pregnancy

those who are not exclusively breastfeed their babies. Awareness was also significantly higher among those who don't have any desire for more children and those

who had history of unwanted or unplanned pregnancy.

Table 6 shows that knowledge score was significantly higher among urban residents, working women and

**Table (7): Factors affecting use of emergency contraception among women attending Kidwany MCH Center, Assiut City, 2018-2019**

Characteristic:	Previous use of emergency contraceptives				P-value
	Yes (n= 24)		No (n= 376)		
	N	%	N	%	
<b>Age: (years)</b>					
< 30	4	2.8	141	97.2	0.104
30-35	8	7.0	107	93.0	
> 35	12	8.6	128	91.4	
<b>Educational level:</b>					
Less than university	13	4.7	263	95.3	0.105
University or higher	11	8.9	113	91.1	
<b>Husband educational level:</b>					
Less than university	12	4.4	262	95.6	0.004
University or higher	12	9.5	114	90.5	
<b>Residence:</b>					
Rural	2	2.7	71	97.3	0.277
Urban	22	6.7	305	93.3	
<b>Working:</b>					
Yes	15	13.9	93	86.1	<0.001
No	9	3.1	283	96.9	
<b>Consanguinity:</b>					
Yes	0	0.0	82	100.0	0.007
No	24	7.5	294	92.5	
<b>Duration from the last delivery:</b>					
≤ 2 years	7	3.2	210	96.8	0.011
> 2 years	17	9.3	166	90.7	
<b>The desire to have more children:</b>					
Yes	3	2.4	120	97.6	0.046
No	21	7.6	256	92.4	
<b>History of unwanted/ unplanned pregnancy:</b>					
Yes	9	16.1	47	83.9	0.003
No	15	4.4	329	95.6	

those with non-consanguineous marriage. Knowledge score was significantly higher among women who had two or three normal deliveries, women whose last delivery was since more than 2 years, with no medical problems during deliveries and those who had two living children. Also, knowledge score was significantly higher among women who are currently using contraceptive methods and those who needed EC before they heard about it.

Table 7 shows that previous use of EC was significantly associated with higher educational level of the husband, working women, those who passed more than two years since their last delivery, with no desire to have more children and those with previous history of unwanted/unplanned pregnancy. None of women with consanguineous marriage previously used EC.

## DISCUSSION

Unintended pregnancy is an important worldwide public health problem. It affects not only women, but their families and society as well. Although many unintended pregnancies end in induced abortion some of these pregnancies could be prevented by EC.<sup>18</sup> EC is not recommended as a regular family planning method, it is the most useful as a group of birth control modalities, when used after an unprotected intercourse or contraceptive failure which reduces the unwanted pregnancy.<sup>19, 20</sup> In the present study, only 27.75% of women had ever heard about EC which is slightly higher than the report of El-Sabaa et al.<sup>15</sup> in Alexandria (24.5 %) while lower than the reports of Abera et al.<sup>20</sup> in Ethiopia (one half). This difference in

ever hearing about EC may indicate improving knowledge about EC in developing countries as time passed with increased role of social media and communication on spreading information.

Regarding knowledge level, about forty percent from those who ever heard had good knowledge about EC whereas only six percent previously used it. This is higher than the results reported by Raikar et al.<sup>21</sup> where about one third was aware by EC but only three percent used it and also the results reported in Ethiopia<sup>20</sup>, Nigeria<sup>22</sup> and Pakistan.<sup>23</sup> Moreover, Karim et al.<sup>2</sup> reported that less than one percent of women used EC in Saudi Arabia. More than eighty percent of the participants had correct knowledge that oral contraceptive pills can be used as EC. This is higher than that reported in India by Davis et al. although their participants were female university students.<sup>24</sup> About eighty percent of participants who heard about EC, reported the proper time of EC use. This is conformed to the finding of Tilahun et al. in Ethiopia.<sup>25</sup> More than three quarters mentioned that the reason for EC need was missed or delayed hormonal methods. Whereas in Iran, rupture condom was the first cause of using EC,<sup>26</sup> while rape was the most common indication in Nigeria.<sup>22</sup> These different causes of need and/or use of EC are affected by the different cultures among communities and also may differ according to the problems women face with the different methods used for contraception (either pill, condom, ...etc.).

Awareness about EC was significantly higher among educated, working women, married to highly educated husband. Working and educated women have higher tendency to plan their pregnancies. Also, communication with friends and peers and shared experiences about contraceptive methods at work may participate in increasing awareness. Gebru<sup>27</sup> reported better knowledge about EC among educated women in Ethiopia. Moreover, knowledge score increased among working and urban residents. These factors indicate higher social level of those participants that may affect their knowledge level. This finding is confirmed to Kgosiemang and Blitz.<sup>17</sup> EC awareness was higher among women who did not exclusively breastfeed their babies. This may be due to their fear from getting pregnant if missed or delayed the hormonal contraceptive method they are using to delay pregnancy while the exclusively breastfeeding women think that they are secured by relying on exclusive breastfeeding as a method of contraception.

Also, awareness was higher among women who delivered their last child by cesarean section. This can be interpreted by more care of those women not to get pregnant rapidly without good spacing after CS. Moreover, higher awareness about EC was reported among women who do not have any desire for more children and among those with history of unplanned or unwanted pregnancy. This may be because of they had the experience, even the risk of abortion, so they were keener not to get pregnant by all ways and tried to increase their awareness about all types of contraception including EC to prevent pregnancy. This is in concordance with the finding of Najafi-Sharjabad et al.<sup>26</sup>

In addition, knowledge score was higher among women who had two or three normal deliveries and having two living children. This may be due to low /no desire to have any more children and the decision of family planning due to completing their families. The mother of only one child had less fear of becoming pregnant again even if unplanned.

Any married woman of reproductive age (15-49 years) may need EC to avoid an unwanted pregnancy and its side effects. It can be used in some situations following intercourse in spite of using a family planning method such as: when there is a contraceptive failure or incorrect use, (such as, improper use of oral contraceptive pills mostly forgotten pills, or breakage or slippage of condoms).

Also, knowledge and use of EC were higher among who had last delivery since more than 2 years. Those females who planned for good spacing and look for care of their families so don't want to increase their families. Educated, urban, working mother mostly in higher socioeconomic class are more aware that proper spacing is necessary for healthy outcome, also it will allow mother to give lots of attention to them. Women interested in spacing will have more energy and be less stressed out and have more time to bond with the babies. Future babies will be healthier because their mother's body had enough time to replace nutrient stores before getting pregnant again also these children who are adequately spaced are better prepared to begin kindergarten and perform better in school. Families can have less financial stress. Knowledge and use of EC increased among non-consanguineous couples. This may be because those women know the disadvantages of relatives' marriage and avoid it. They were educated enough to increase



their knowledge to keep their families good and healthy. Also, they may be not under cultural pressure of the mothers in law and the extended families especially dominant in Upper Egypt. Knowledge increased among women who hadn't problems during any delivery. This may be because the highly educated women are keen to care for pregnancy, practice antenatal care and ask for medical advice that continued during and after delivery and so, and they will take the family planning advice completely and had knowledge about all family planning options.

Also, knowledge about EC increased among women who are currently using contraceptive method. This may be because these women were asking for medical advice routinely, so they had more knowledge about all types of contraception including EC. This finding is conformed to Abad et al.<sup>28</sup> in Malaysia. In addition, knowledge score about EC was significantly higher among women who needed EC before they heard about it. This is most probably because those women had experienced any problem concerned with missed or delayed contraceptive method and they fear of pregnancy, so they looked for any emergency action to do to prevent unplanned/unwanted pregnancy. Also women who use the local contraceptive methods like condom with its problems like tear or slippage are more likely to be looking for an urgent method to use until they knew about the EC.

## CONCLUSION

Most married women in reproductive age are unaware of EC. Among aware women, the knowledge of EC is limited, and the utilization is very low. Health education programs should be initiated and maintained for raising awareness and utilization of EC.

## Ethical Approval

The authors obtained all required approvals from the Institutional Review Board (or other appropriate ethics committee) of Assiut University. Additional official approvals have been obtained from MOPH, Assiut Health Directorate. Oral informed consent was obtained from study participants after explaining the objectives of the study. Privacy and confidentiality of data was assured. Correction of the wrong knowledge and misconceptions about EC was done to women in health education sessions after data collection was completed.

**Recommendations:** The current finding suggest the following recommendations; (1) Health education campaigns should be initiated and maintained for raising awareness about all family planning methods including EC, (2) Inform all the clients about EC and explain to them how and when to use it. Also, the place she can get it from, and its side effects, (3) Reassurance for all women (who forgot or were delayed in use of their contraceptive method) and inform them about EC.

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