

## A CROSS-SECTIONAL STUDY ON KNOWLEDGE, ATTITUDE, AND PRACTICES TOWARD THE USE OF EMERGENCY CONTRACEPTIVE PILLS AMONG FEMALE YOUTHS AGED 15-24 YEARS IN ADJUMANI HOSPITAL ADJUMANI, DISTRICT.

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### ABSTRACT.

#### Background:

The purpose of the study is to determine the knowledge, attitude, and practices towards Emergency contraceptive pills (ECPs) among female youth aged 15 - 24 years in Adjumani Hospital, Adjumani district.

#### Methodology:

The study focused on descriptive cross-sectional design in nature and the study employed the simple random method to select 50 female youth. The study data collection tool was a questionnaire; analyzed manually and presented in figures and tables.

#### Results:

Most of the respondents (52%) were within the age bracket of 23-25 years whereas the least (48%) were within the age bracket of 18-21 years. (66%) of the respondents who had ever heard about emergency contraceptive pills, (54%) obtained their first knowledge from a health facility, (64%) knew after unprotected sexual intercourse as a condition when a female youth can use emergency contraceptive pills, (56%) agreed that emergency contraceptive pills are effective in preventing unwanted pregnancies, (52%) disagreed that emergency contraceptive pills ECPs promote promiscuity, (36%) were willing to use emergency contraceptive pills if the need arises, (56%) noted that they had ever used emergency contraceptive pills, irregularly use ECP's, (30%) reported that they last had health education on emergency contraceptives and (36.3%) reported that they use other methods.

#### Conclusion:

The study discovered that participants possessed moderate knowledge with fair attitudes and practices were not very delightful due to limited exposure to intensive health education on ECPs hence making participants opt for other methods.

#### Recommendation:

Health workers at Adjumani Hospital should address the views, apprehensions, doubts, and perceptions of potential users to make their choice of occasional use of ECPs to prevent unwanted pregnancy. This will help bring down the load of induced abortion and maternal complications.

*Keywords: Knowledge, Attitude, Practices, Emergency Contraceptive Pills, Adjumani Hospital, Adjumani District*

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### BACKGROUND OF THE STUDY.

Emergency contraceptive pills (ECPs) are contraceptives that are taken following unprotected sexual intercourse preferably within three days to prevent pregnancy. Today women and girls in over 140 countries can buy emergency contraception pills (ECPs); and in more than 60 countries can do so without a prescription (Reproductive Health Supplies Coalition, 2022).

A scoping review in sub-Saharan Africa revealed that awareness rates ranged from 10.1 to 93.5% (both reported

from Ethiopia). The level of use was relatively low (ranging from 0% in DR Congo and Ethiopia to 54.1% in Nigeria). The most used types of EC were Postinor 2 (levonorgestrel), EC pills such as Norlevo (levonorgestrel only) and Nodette (levonorgestrel and estradiol) (Kelvin et. al, 2022).

Nigeria was among the first countries in the world with a socially marketed emergency contraception (EC) product, and EC is widely available in drug shops and pharmacies in urban centers. Social marketing organizations and the commercial sector distribute many brands of EC. Policies have improved considerably and are generally supportive of EC access (ICEC-Nigeria-021317.Pdf, 2018.). The current

use state is 54.1% (National Population Commission Nigeria & ICF, 2019).

In Uganda, utilization of modern contraceptives has steadily increased from 8% to 35% over the last decades. EC pills stand at 6%. The most widely available emergency contraceptive brands in Uganda are Lydia Postpil, NorLevo, Postinor 2, I-pill, Revoke 1.5, Max-72, Back-up, and P2 (UBOS & ICF, 2017).

The purpose of the study is to assess the knowledge, attitude, and practices towards emergency contraceptive pills among female youths aged 15 - 24 years in Adjumani Hospital, Adjumani district.

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## METHODOLOGY.

### Study design and Rationale.

A cross-sectional descriptive study design using quantitative methods was used. This design was used because it helped to collect data at one point in time.

### Study area.

Adjumani Hospital was constructed in 2000 with a loan from the African Development Bank. The facility sits on a land site that measures 7, 807 square meters (1.929 acres). It has a bed capacity of 100 and averages about 200 outpatients' daily visits. With several departments such as Eye, ART, Dental, Laboratory, pharmacy, antenatal, inpatient and outpatient department, Accident and Emergency; Wards that include; medical, surgical, gynecological and obstetrics, pediatrics, maternity, major and minor theatres plus Nutrition department. Patients come far away from South Sudan and neighboring districts such as Amuru Moyo and Adjumani. The study was carried out from July to August 2023.

### Study population.

The study population comprised youth on subsequent visits at a Family Planning clinic at Adjumani Hospital aged between 15 and 24 years. The younger FP clients were chosen because there is evidence that the younger ones are mostly sexually active which increases their risks of getting unwanted pregnancies.

### Sample size determination.

The estimation of sample size was determined statistically using Kelsey Leishie's (1986) statistical method below:

$$n = t^2 p (1-p)$$

$$\frac{M^2}{(0.05)^2}$$

Where n = to desired sample size. t = several standard moral deviations usually set at 1.96 which corresponds to

a 95% level of confidence.

P= population of the target population estimated to have a particular characteristic. Without a known estimate, p = 0.5 was used since it gives the most conservative sample size.

M=degree of accuracy level which is 0.05

(1-P) is the proportion of the population without a characteristic

$$n = (1.96)^2 \times 0.5 (1 - 0.5)$$

$$\frac{M^2}{(0.05)^2}$$

n=110 but due to financial problems, 50 participants were selected.

### Sampling technique.

Simple random sampling was used to select the sample from the source population. The technique was preferred because each member of the target population had equal rights to be included.

### Sampling procedure.

Systematically by every second clients on the queue among those who met the criteria, were chosen. This procedure gave all eligible participants a chance of being picked.

### Study variables.

#### Independent variables.

Knowledge, attitude, and practices towards the use of knowledge distribution, attitude, and practices of emergency contraceptive pills were the independent variables.

#### Dependent variable.

The dependent variable was emergency contraceptive pills.

#### Data collection tool.

Data was collected using a semi-structured questionnaire written in English language translated into the local language (Madi) and administered to each respondent in privacy using the possible language understood by the respondent. Questionnaires were considered the most convenient way of collecting data from respondents because it was easy to administer and obtain data within a short time from a large number of respondents.

#### Data collection procedure.

When permission was granted to conduct the study; guidance was given by the health worker to the family planning unit on duty to access respondents to ease data collection using questionnaires. All those who fulfilled the inclusion criteria were interviewed for about 30-35 minutes in a quiet and private place. The procedure was repeated

each day until the sample size of 50 respondents was obtained

**Data management.**

Data was managed to maintain the maximum level of confidentiality of information collected from each participant.

**Quality control.**

Unauthorized personnel were not allowed to access the data except research assistants who were first trained and supervised on data management skills to avoid any errors. The first draft of the questionnaire was pre-tested among 10 respondents in Openzizi Health Center III. The results from the pre-test were used to modify the items in the instruments. Two research assistants were trained to ease the data collection process.

**Data analysis and presentation.**

Data generated manually processed and analyzed using

Microsoft Word 2010, Microsoft Excel, and calculators and presented in descriptive forms of pie charts, tables percentages, and graphs

**Ethical considerations.**

After approval of the proposal by the supervisor, permission to collect and obtain data was sought with the help of an introductory letter from the Kampala School of Health Sciences administration to Adjumani Hospital. Once permission was granted; each study participant was adequately informed about the objective of the study and anticipated benefits. Consent was obtained from study participants for protecting autonomy and ensuring confidentiality. This was aimed at ensuring that issues related to prohibitions against fabricating, falsifying, or misrepresenting research data are observed throughout the study which promotes the truth and avoids errors.

**STUDY FINDINGS.**

**Demographic data.**

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

Variables	Frequency (f)	Percentage (%)
<b>Age of respondents</b>		
18-21 years	24	48
23-25 years	26	52
<b>Total</b>	<b>50</b>	<b>100</b>
<b>Education level</b>		
Never went to school	7	14
Primary	10	20
Secondary	29	58
Tertiary institution / University	4	8
<b>Total</b>	<b>50</b>	<b>100</b>
<b>Marital status</b>		
Married/ relationship	35	70
Single	09	18
Widowed	01	2
Separated	5	10
<b>Total</b>	<b>50</b>	<b>100</b>
<b>Occupation</b>		
Farmer	30	60
Student	13	26
Businesswoman	6	12
Un employed	1	2
<b>Total</b>	<b>50</b>	<b>100</b>

Table 1 shows that most of the respondents (52%) were within the age bracket of 23-25 years whereas the least (48%) were within the age bracket of 18-21 years.

The study further revealed that more than half of the respondents (58%) had attained a secondary education whereas the least (8%) had attained a tertiary/ university

level of education.

The study results in regards to marital status, the majority of the respondents (70%) were married whereas the least (2%) were widowed.

Based on the occupation of respondents, the study revealed that the majority of the respondents (60%) were farmers

whereas the minority (2%) were unemployed.

**Knowledge of the use of emergency contraceptive pills among female youth.**

**Figure 1: Shows the distribution of respondents according to whether they had ever heard about emergency contraceptive pills. (N=50)**

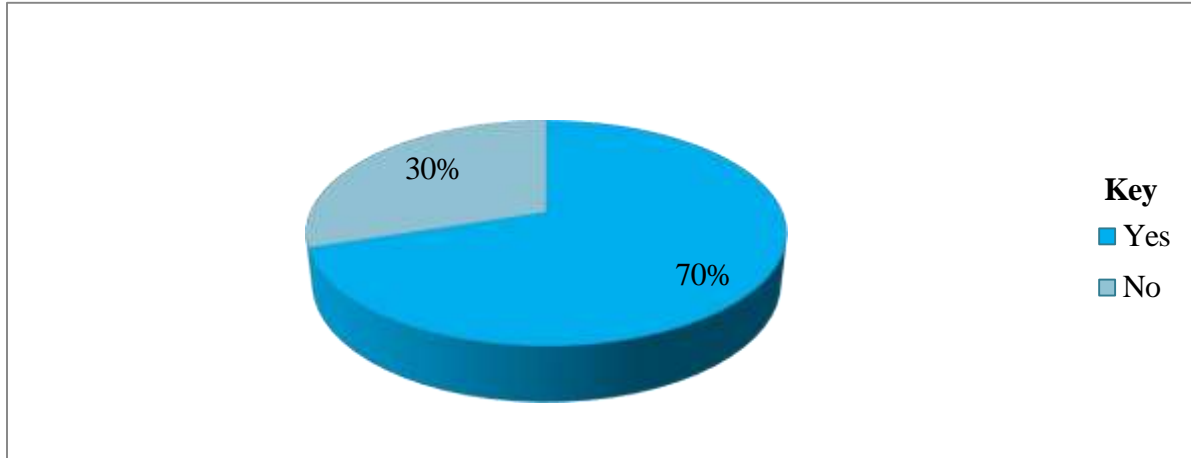


Figure 1 shows the majority of the respondents (70%) had ever heard about emergency contraceptive pills whereas the minority (30%) had never heard about emergency contraceptive pills.

**Table 2: Shows the distribution of respondents according to where they obtained their first knowledge about emergency contraceptive pills. (N=35)**

Response	Frequency (f)	Percentage (%)
Media	2	6
Friends	8	23
Health facility	19	54
Others	6	17
Total	35	100

From Table 2, most of the respondents (54%) obtained their first knowledge about emergency contraceptive pills from health facilities whereas the least (6%) obtained their first knowledge about emergency contraceptive pills from media.

**Table 3: Shows the distribution of respondents according to their knowledge about when can female youth use emergency contraceptive pills. (N=50)**

Response	Frequency (f)	Percentage (%)
After unprotected sexual intercourse	34	68
After the rapture of condom	05	10
After rape	08	16
I don't know	03	6
Total	50	100

Table 3 shows that the majority of the respondents (68%) knew that unprotected sexual intercourse was a condition when a female youth can use emergency contraceptive pills whereas the minority (6%) didn't know.

**Table 4: Shows the distribution of respondents according to their knowledge about intervals for emergency contraceptive pills. (N=50)**

Response	Frequency (f)	Percentage (%)
Within 24 hours	12	24
Within 72 hours	25	50
Within 5 days	11	22
I don't know	02	4
<b>Total</b>	<b>50</b>	<b>100</b>

From Table 4, half of the respondents (50%) knew within 72 hours the interval for emergency contraceptive pills whereas the least (4%) didn't know the intervals.

**Figure 2: Shows the distribution of respondents according to their knowledge about the recommended number of doses for emergency contraceptive pills. (N=50)**

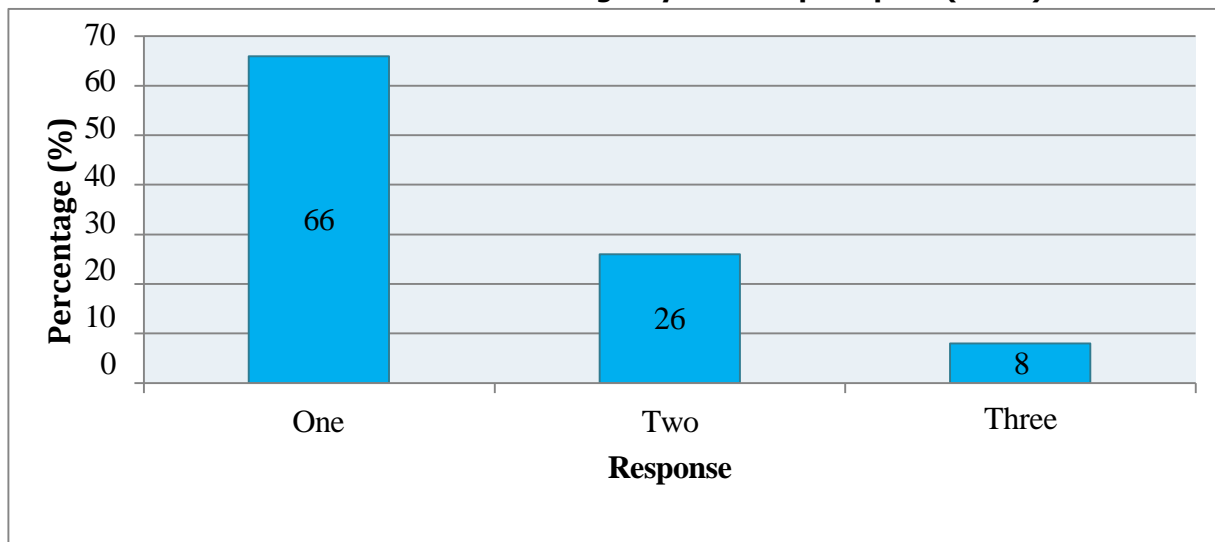
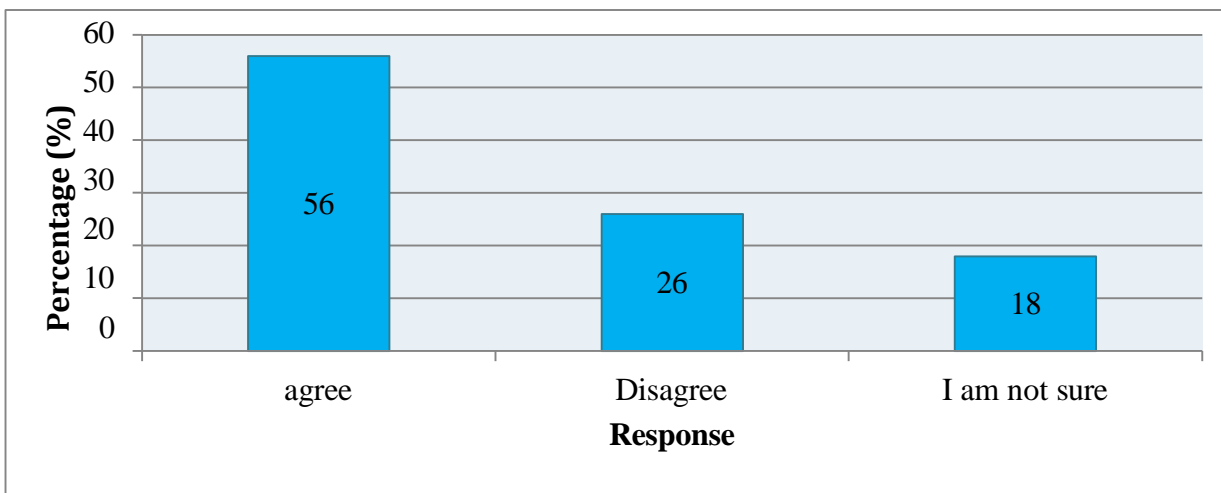


Figure 2 shows that more than half of the respondents (66%) knew one recommended dose of emergency contraceptive pills whereas the least (8%) knew three recommended doses of emergency contraceptive pills.

**Attitude towards the use of emergency contraceptive pills among female youth.**

**Figure 3: Shows the distribution of respondents according to their views about whether emergency contraceptive pills are effective in preventing unwanted pregnancies. (N=50)**



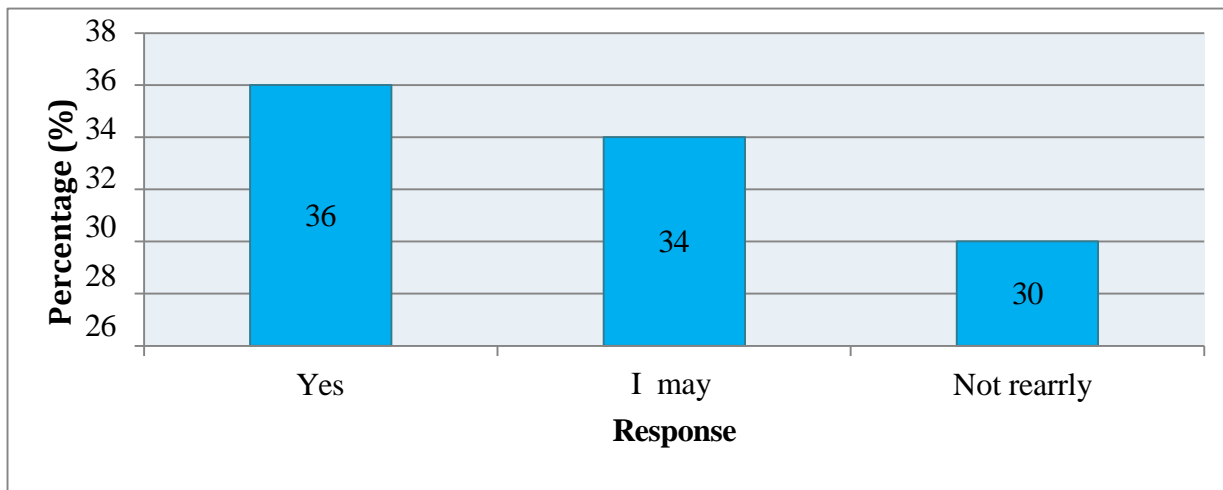
From Figure 3, more than of the respondents (56%) agreed preventing unwanted pregnancies whereas the least (18%) that emergency contraceptive pills are effective in were not sure.

**Table 5: Shows the distribution of respondents according to whether emergency contraceptive pills promote promiscuity. (N=50)**

Response	Frequency (f)	Percentage (%)
I don't know	14	28
Agree	10	20
Disagree	26	52
Total	50	100

Page | 6 Table 5 shows that most of the respondents (52%) promiscuity whereas the least (20%) agreed. disagreed that emergency contraceptive pills promote

**Figure 4: Shows the distribution of respondents according to whether they had hopes of using emergency contraceptive pills if the need arose. (N=50)**



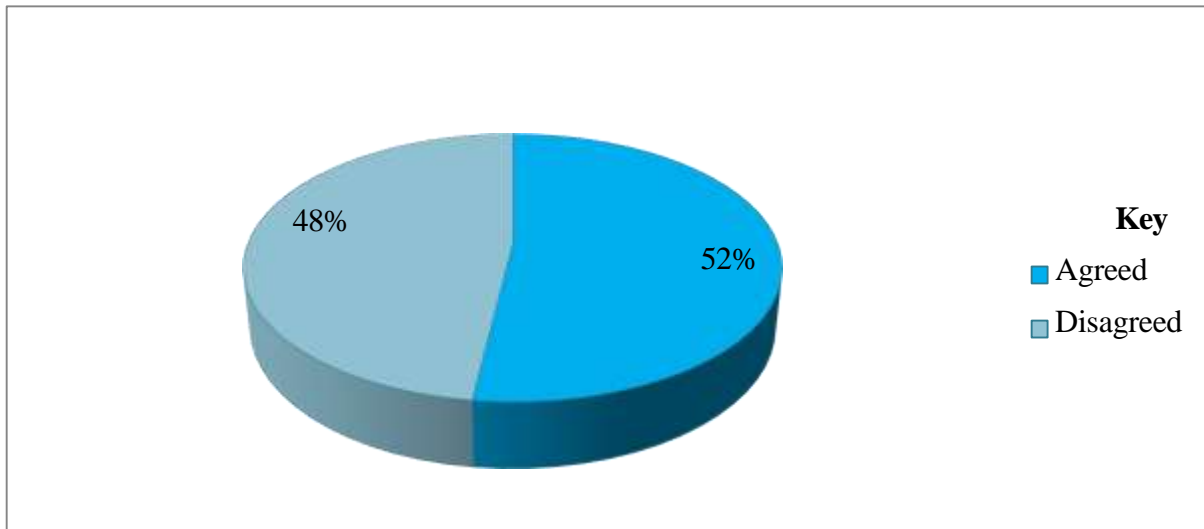
From Figure 4, most of the respondents (36%) were willing whereas the least (30%) were not willing to use emergency contraceptive pills if the need arose contraceptive pills if the need arose.

**Table 6: Shows the distribution of respondents according to the reasons they were not willing to use emergency contraceptive pills. (N=15)**

Response	Frequency (f)	Percentage (%)
Fear of side effects	04	27
Boyfriend's disapproval	01	7
Fear of infertility after use	08	53
I don't like them	02	13
Total	15	100

Table 6 shows that most of the respondents (53%) reported perception of emergency contraceptive pills whereas the fear of infertility after use as the reason why they had a poor least (7%) reported their boyfriend's disapproval.

**Figure 5: Shows the distribution of respondents according to whether they can endorse emergency contraceptive pills to fellow female youth. (N=50)**



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Figure 5 shows, that most of the respondents (52%) were willing to endorse emergency contraceptive pills to fellow youth whereas the least (48%) were not willing.

**Figure 6: Shows the distribution of respondents according to whether emergency contraceptives are affordable. (N=50)**

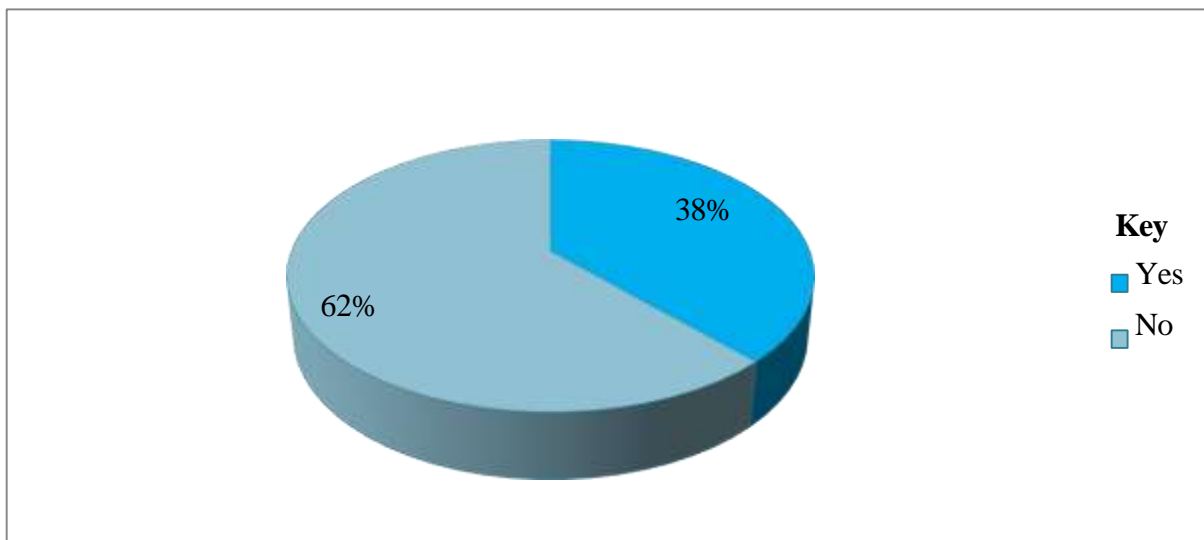
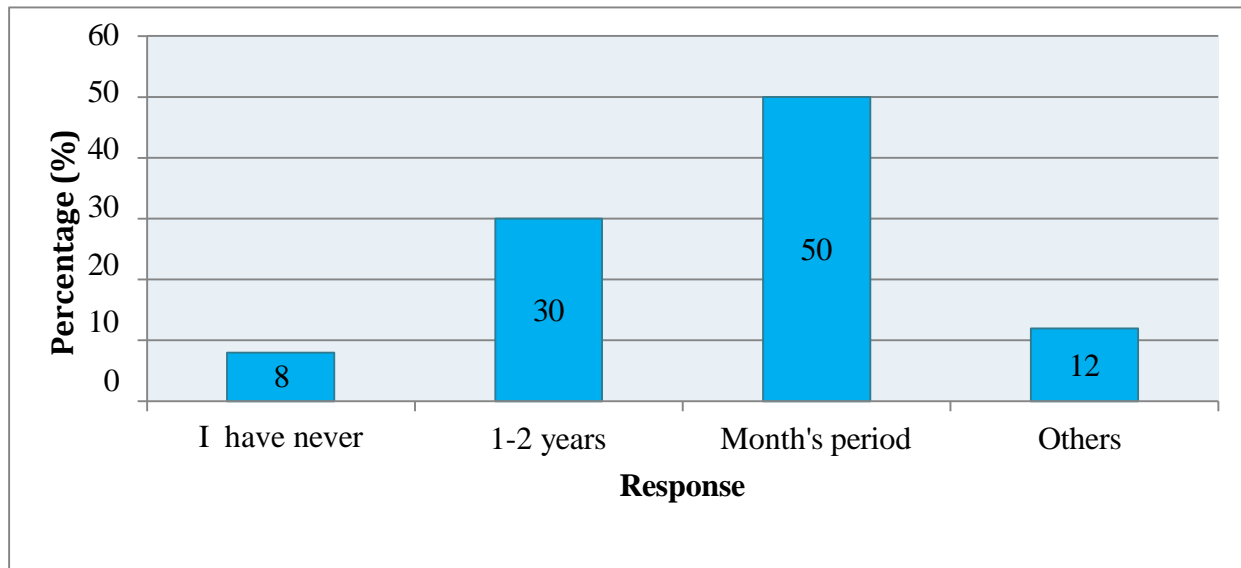


Figure 6 shows the majority of the respondents (62%) noted that emergency contraceptive pills were not affordable whereas the minority (38%) noted that they were affordable.

**Practices towards the use of emergency contraceptive pills among female youth.**

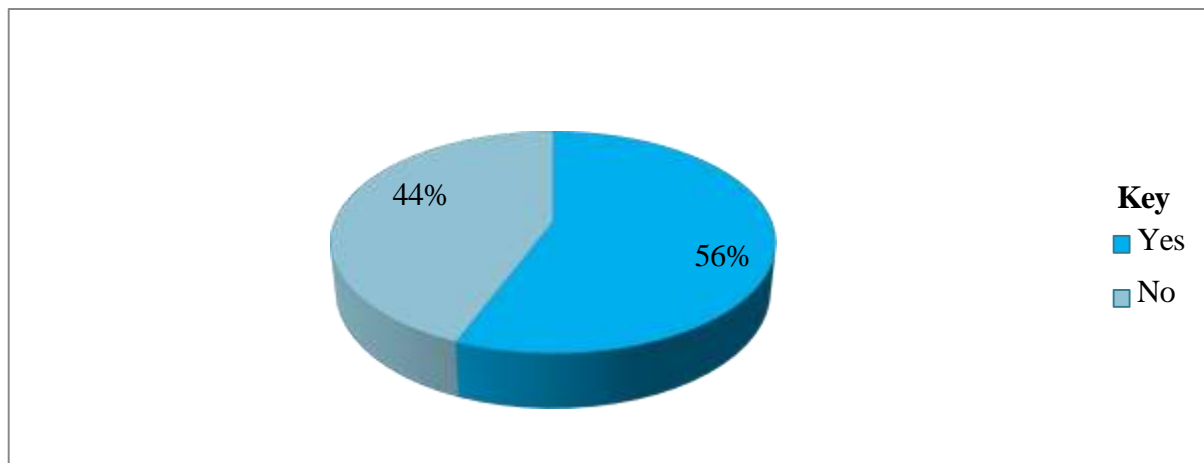
**Figure 7: Shows the distribution of respondents according to when they last had sexual intercourse. (N=50)**



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From Figure 7, half of the respondents (50%) reported that they last had sexual intercourse for several months whereas the least (8%) had ever had sexual intercourse.

**Figure 8: Shows the distribution of respondents according to whether they had ever used emergency contraceptive pills. N=50)**



From Figure 8, most of the respondents (56%) noted that they had ever used emergency contraceptive pills whereas the least (44%) noted that they had never used emergency contraceptive pills.

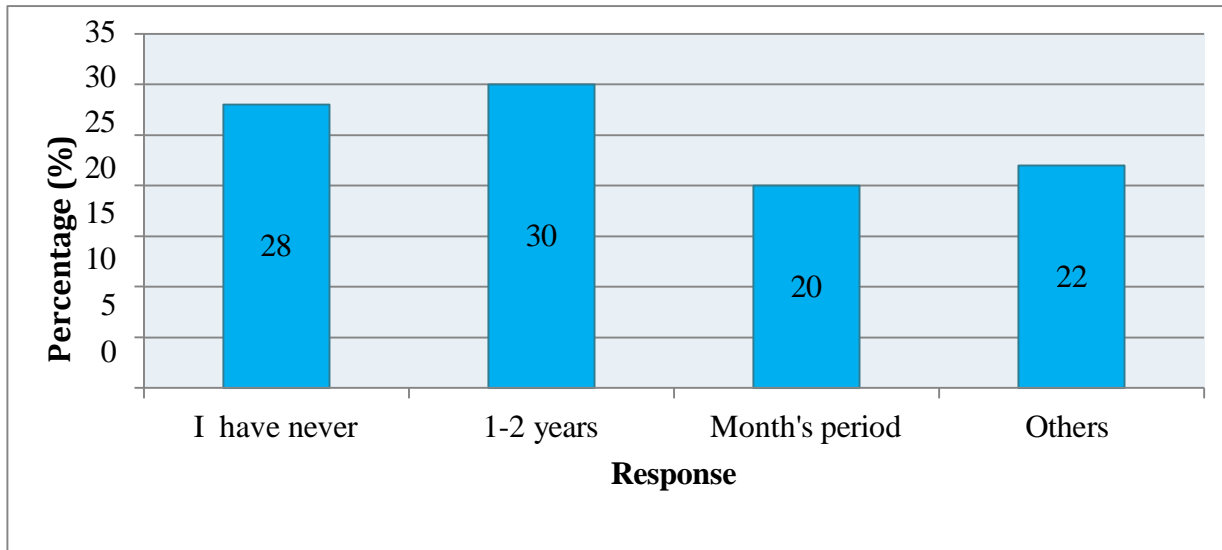


**Table 7: Shows the distribution of respondents according to how often they use emergency contraceptive pills. (N=26)**

Response	Frequency (f)	Percentage (%)
Always	02	8
Irregularly	24	92
Total	26	100

Table 7 shows that almost all respondents (92%) reported that they irregularly use ECPs whereas the least (7%) reported that they always use the ECPs.

**Figure 9: Shows the distribution of respondents according to when they last had health education on emergency contraceptive pills. (N=50)**



From Figure 9, most of the respondents (30%) reported that they last had health education on emergency contraceptive pills for 1-2 years whereas the least (20%) had last had health education on emergency contraceptive pills in a month.

**Table 8: Shows the distribution of respondents who had never used emergency contraceptive pills according to the reasons they had never used them. (N=22)**

Response	Frequency (f)	Percentage (%)
I use other family planning methods	08	36.3
Fear of being at risk of infertility	03	14
I am abstaining	05	23
Others	06	27
Total	22	100

From Table 8, most of the respondents (36.3%) reported that they use other methods as the reason as to why they had never used emergency contraceptive pills whereas the least (14%) reported fear of being at risk of infertility.

## DISCUSSION OF FINDINGS.

### Knowledge of the use of emergency contraceptive pills among female youth.

From a sample of 50 respondents, the majority of the respondents (66%) had ever heard about emergency contraceptive pills. This implies that a remarkable number

of study respondents were aware of the study background. The study results were in agreement with Clinton (2022), where most (56%) of the respondents had ever heard about none of the ECPs.

The study also showed that most of the respondents (54%) obtained their first knowledge about emergency contraceptive pills from a health facility. This could be a result of the fact that health facilities provide in-depth health education to client's current findings differ from Alemitu (2017), where (30%) of those who had ever heard about ECPs mentioned mass media as their first source of information (58%).

Given the study findings, the majority of the respondents (64%) knew that unprotected sexual intercourse is a condition in which a female youth can use emergency contraceptive pills. This confirms a significant number of participants knew the conditions when emergency pills could be used. The study results were in line with Prem et al (2020), where a considerable proportion of the participants who were aware of EC knew the indications of EC, 56.8% after unprotected sex.

Half of the respondents (50%) knew within 72 hours the interval for emergency contraceptive pills. This gives a clear overview that an average number of participants had been sensitized about ECP intervals referring to different sources of information. This is in line with Shamsudeen et al (2019), more than half (67%) knew within 72 hours of the interval for emergency contraceptive pills.

Findings from the study also showed that more than half of the respondents (52%) knew one recommended dose for emergency contraceptive pills. Therefore, such a response gave the impression that participants were conversant with the study. The study results correlated with Chaudhary (2022), where the majority 127 (88.2%) of respondents knew the dose for ECPs as a single dose.

### **Attitude towards the use of emergency contraceptive pills among female youth.**

An overview of study findings showed that more than of the respondents (56%) agreed that emergency contraceptive pills are effective in preventing unwanted pregnancies. This could as a result of the fact some of the respondents had ever used the pills and they were effective. The study results were consistent with Prem et. al, (2020), where Only 59% of the participants had agreed that ECPs were effective.

The study results showed that most of the respondents (52%) disagreed that emergency contraceptive pills ECPs promote promiscuity. This indicates that study participants possessed positive perceptions about this family planning method. The study results were not in line with Shamsudeen et al (2019), where more than half, 104(54.5%), of them, said ECPs use promotes promiscuity.

However, only (36%) were willing to use emergency contraceptive pills if the need arises. This could be a result of some reasons the study later ascertained. The study results

were almost similar to Yeboah et al (2022), where the majority of respondents (67.67%A) agreed that they will use ECPs in the future when the need arises

Among the participants who were not willing to use emergency contraceptive pills, (53%) reported fear of infertility after use as the reason why they had a poor perception of emergency contraceptive pills. This could be a result of the fact psychologically they were afraid of being at risk. The study results were equivalent to Alemitu (2017), where a considerable proportion (37.2%) said ECPs might affect future fecundity.

Nevertheless, most of the respondents (52%) were willing to endorse emergency contraceptive pills to fellow youth. This could be attributed to the fact that they perceived ECP to be effective. Current findings were not in line with Clinton (2022), where most (58%) of the respondents would not recommend ECPs for their friends while the least (42%) would recommend them for their friends.

On the other hand, the majority of the respondents (62%) noted that emergency contraceptive pills were not affordable. This is evidenced by the fact most of these female youth were unemployed and they were most likely to incur the costs of purchasing the pills. The study findings were comparable with Chaudhary (2022), where the majority of respondents 93 (64.6%) agreed that ECPs were affordable.

### **Practices towards the use of emergency contraceptive pills among female youth.**

Findings indicated that half of the respondents (50%) reported that they last had sexual intercourse for several months. This gives a clear overview that they were sexually active. The study results were consistent with Alemitu (2017), where among 139 sexually experienced respondents 84 (60.9%) reported that they ever had sexual intercourse.

The study discovered that most of the respondents (56%) noted that they had ever used emergency contraceptive pills. This recapitulates the knowledge and attitude rates responses among the participants. This differs from Shamsudeen et al (2019), where more than half, 110(57.6%), of the participants indicated they had never used ECPs

Almost all respondents (92%) reported that they irregularly use ECPs. This could be a result of the fact that they were afraid of complications that may result from frequent use of ECPs. The study results were almost similar to Clinton (2022), with most (56%) of the respondents who had ever used ECPs using them once a month.

Shockingly, most of the respondents (30%) reported that they last had health education on emergency contraceptives for 1-2 years. This implies that female youth had possessed low uptake of ECPs health education amidst the average rate of using the pills. This was related to Yohannes (2017), where (50%) had ever had health education in regards to ECPs.

However, participants who had never used emergency contraceptives, (36.3%) reported that they used other methods. This could be attributed to the fact that they preferred long-acting contraceptive methods. This is in line with Chaudhary (2022), where 26 (48.1%) respondents among non-users did not use ECPs because they were using other contraceptive methods.

## CONCLUSION.

The study discovered that participants possessed average knowledge with fair attitudes and practices were not very delightful due to limited exposure to intensive health education on ECPs hence making participants opt for other methods.

## RECOMMENDATIONS.

A public awareness strategy should be devised by MoH to generate awareness and bring behavioral change among females of reproductive age group and promote the use of ECPs. If these strategies are implemented well the induced abortion and maternal mortality burden could be averted.

In addition, health workers at Adjumani Hospital should address the views, apprehensions, doubts, and perceptions of potential users to make their choice of occasional use of ECPs to prevent unwanted pregnancy. This will help bring down the load of induced abortion and maternal complications.

Therefore, Adjumani Hospital further increases the knowledge, attitude, and practice of emergency contraception use friendly services, basic training, and family communication services should be promoted along with the family planning methods in the health care settings. Further research should be carried out on other factors influencing the uptake of ECPs for better strategies.

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## LIST OF ABBREVIATIONS AND ACRONYMS.

**ECPs:** Emergency contraceptive pills  
**ICF:** International Classification of Functioning  
**MoH:** Ministry of Health  
**UBOS:** Uganda Bureau of Statistics

## SOURCE OF INCOME.

There was no source of income

## CONFLICT OF INTEREST.

There was no conflict of interest.

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