

DOI: <https://dx.doi.org/10.18203/2320-1770.ijrcog20220544>

Original Research Article

Knowledge, attitude and practice towards emergency contraceptive pills and factors hindering its use among females of reproductive age group visiting urban health centre at Rajbiraj, Nepal

Sabina Chaudhary*

Department of Nursing, Unique Medical College and Teaching Hospital, Rajbiraj, Saptari, Nepal

Received: 17 January 2022

Accepted: 08 February 2022

***Correspondence:**

Sabina Chaudhary,

E-mail: b.sabinachy@gmail.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Background: Unintended pregnancy, unplanned birth and unsafe abortion have been a major challenge to the reproductive health of women worldwide. Despite the availability of highly effective methods of contraception, still many pregnancies are unwanted predisposing them to higher risk of mortality, often due to unsafe abortion. These unwanted pregnancies can be prevented using emergency contraceptive pills. This study aimed to investigate the knowledge, attitude and practice of emergency contraceptive pills and factors hindering its use among females of reproductive age group.

Methods: Institution based cross-sectional study was conducted among 416 females of reproductive age group visiting urban health centre of Rajbiraj, selected by purposive sampling technique. Data was collected using pretested semi-structured questionnaire after written informed consent. Descriptive & inferential statistics were used to analyze the data generated.

Results: Out of 416 respondents, 34.6% were aware of emergency contraceptive pills and majority (56.9%) of them got to know it from Media. Among respondents who were aware of ECPs, 64% had good knowledge of it, 90% had positive attitude towards ECPs and 63% have used it earlier. A significant association was found between age, residence, educational level and occupational status with awareness of ECPs. Lack of awareness regarding ECPs has been hindering the usage of ECPs in emergencies to prevent unwanted pregnancies.

Conclusions: Awareness and utilization of ECPs is low among females of terai region. Therefore, awareness should be raised through formal education and communication by health personnel and through mass media which could provide reliable and accurate knowledge on ECPs.

Keywords: Attitude, Emergency contraceptive pills, Knowledge, Practice, Reproductive age

INTRODUCTION

Unintended pregnancy and unsafe abortion can have long-term negative impact on health of women and child born to them has risk of low birth weight, infant mortality, not receiving resources necessary for healthy development and being abused or neglected. Sustainable development goals (2016-2030) of reducing maternal

mortality ratio and improving child health can be achieved only if the incidence of unintended pregnancy and its consequences reduces. In Nepal, a study done in 2017 estimated that out of 1.2 million pregnancies each year, 45% are unintended; nearly quarter of those ends in unplanned birth and two third results in induced abortion.¹ So, knowledge of emergency contraception is crucial as it can help preventing the risk of unintended

pregnancy and unsafe abortion when taken within recommended dose and time interval after unprotected sexual intercourse. Hence the present study was undertaken to assess the knowledge, attitude and practice of emergency contraception pills among females of reproductive age group.

METHODS

An Institution based cross sectional study was conducted in Rajbiraj municipality of Saptari district among females of reproductive age group. A purposive sampling was done and total of 416 females of reproductive age group (18-45 years) visiting urban health centre of Rajbiraj municipality for self-check-up or accompanying their children, friend or relative who wished to participate and gave informed consent were enrolled in the study. Sample size was calculated using single population proportion formula considering the assumptions 95% confidence interval, 5% margin of error and 56% prevalence of awareness about emergency contraceptive pills among women of childbearing age at Raipur.² Adding 10% of nonresponse rate, the final sample size was 416. Subjects who had undergone hysterectomy, permanent sterilization, post-menopausal or seriously ill were excluded from the study.

An ethical clearance was obtained from Nepal health research council prior to study. All subjects enrolled in the study were thoroughly interviewed by using pre designed, pre-tested semi-structured questionnaire after ensuring written informed consent. All questionnaires were prepared in English language and then translated to Nepali for data collection and then re-translated back to English to prevent inconsistencies in the given answers. The questionnaire included variables on demographic information, knowledge, attitude, practice and factors hindering use of emergency contraceptive pills. Questions of attitude, practice and factors hindering use of emergency contraceptive pills were asked to only those respondents who have heard or knew about emergency contraceptive pills. Interview was conducted in privacy and confidentiality of the respondents was assured.

Each correct answer to knowledge questionnaire was given a score of one and each incorrect answer and don't know both were given a score of zero. The cumulative and mean scores were calculated. Respondents who scored above the mean score were defined as having good knowledge and those who scored below the mean score were defined as poor knowledge. The attitude of respondents was calculated using structured five-point Likert scale ranging from; 'strongly agree' i.e. 1 to 'strongly disagree' i.e. 5 and reverse scoring system was used to negatively framed questions. All individual answers to attitudinal questions were computed to obtain total scores and calculated for means. Based on the cumulative scores, the respondents who scored below the mean score were termed as having a "positive attitude", and those who scored above the mean score were defined

as a "negative attitude". Data was entered in IBM SPSS 20 version and statistical analysis and interpretations were done by using descriptive statistics like mean, percentages and χ^2 test to find out association.

RESULTS

In the present study out of 416 females, majority of the respondents 158 (38%) were of the age group 25-29 years, 347 (83.4%) were from urban habitat and most of them 386 (92.8%) belonged to Hindu religion and from Madhesi community 297 (71.4%). Majority of the respondents 395 (95%) were married and 127 (30.5%) of them had a primary school level of education. The highest numbers of respondents 327 (78.8%) were found to be housewife in present study (Table 1). Amongst 416 respondents, 87.3% had been pregnant and 57.5% of them conceived at the age of 20 years and above. 7.9% of the respondents had unwanted pregnancy and undergone induced abortion. Out of 33 respondents who had induced abortion, 78.8% choosed private clinic for abortion and main reason for abortion was unplanned pregnancy (75.8%). However, only 144 (34.6%) respondents out of total 416 were aware of emergency contraceptive pills. Regarding the source of information about the emergency contraceptive pills, majority i.e. 56.9% of them got to know it from media-TV/radio followed by 30.6% from family, friends and relatives and minority i.e. 0.7% each from newspaper and magazine and internet (Table 2).

On knowledge questionnaire, emergency contraceptive pills (ECPs) should be used after unprotected sexual intercourse was agreed upon by the majority of the respondents 135 (93.8%). When asked about the conditions for using ECPs, only 53 (36.8%) responded that ECPs can be used following condom breakage, missed regular oral contraceptive pills, rape and when no contraceptives are used. Majority 139 (96.5%) of them pointed that ECPs can be used as emergency contraception method and quite interestingly, majority of respondents 90 (62.5%) knew that ECPs is used within 72 hrs of unprotected sexual intercourse. When asked about the dose of ECPs, the majority 127 (88.2%) of respondents reported the dose as single dose. Maximum number of the respondents 136 (94.4%) correctly believed that ECPs can prevent pregnancy and 139(96.5%) respondents knew that it can be purchased from pharmacist/medical store. 126 (87.5%) subjects responded that ECPs can be purchased without doctor's prescription and majority of them 93 (64.6%) said it's affordable. Out of respondents who have heard of ECPs, approximately 92 (64%) had good knowledge, while 52 (36%) had poor knowledge on ECPs (Table 3).

A significant association was found between age, residence, educational level and occupational status with awareness of ECPs ($p < 0.05$) (Table 4). With regard to attitude of respondents, majority of them who were aware of ECPs 130 (90%) had a positive attitude towards emergency contraceptive pills (Table 5).

Table 1: Description of socio-demographic profile of the study subjects (n=416).

Characteristics	%
Age group (years)	
15-19	5.5
20-24	34.4
25-29	38.0
30-34	16.8
35-39	2.6
Above 40	2.6
Residence	
Urban	83.4
Rural	16.6
Religion	
Hindu	92.8
Buddhist	0.5
Muslim	6.7
Ethnicity	
Dalit	9.9
Janjati	4.8
Madhesi	71.4
Brahmin/Chhetri	7.2
Others	6.7
Marital status	
Unmarried	4.1
Married	95.0
Divorced	0.7
Widow	0.2
Educational level	
Illiterate	8.4
Primary	30.5
Lower secondary	24.0
Secondary	28.6
Diploma & above	8.4
Occupational status	
Student	5.0
Housewife	78.8
Business	11.3
Employee	4.8

In this study out of 144 respondents who were aware of ECPs, 90 (63%) have used it and 72 (80%) ECPs user revealed that they used it because of fear of getting pregnant though everything was normal followed by 14 (15.6%) who had unprotected sexual relationship. Majority of them 39 (43.3%) have used it upon advice of husband and 53 (58.9%) of users did not experience any side effect following use of ECPs. 26 (48.1%) respondents among 54 non users did not used ECPs because they were using other contraceptive methods whereas 16 (29.6%) respondent didn't used because of lack of proper knowledge followed by respondents whose partner opposed its use, did not have money to buy it and had fear of its side effect. Majority of respondents (70%) who have heard of ECPs shared their view that not been

properly advertised is the most common reason for lack of awareness on ECPs among people.

Table 2: Distribution of study subjects according to source of information regarding ECPs.

Source of information about ECPs	Frequency (n=144)
Formal education	1.4
Health personal	6.9
Media (radio/TV)	56.9
Newspaper/magazines	0.7
Internet	0.7
Family/friends/relative	30.6
Pharmacist	2.8

DISCUSSION

The benefit of emergency contraceptive pills can be optimally utilized only when users are made aware of its benefit and its use within the short timeframe of its efficacy. Nowadays, emergency contraceptive pills have become more available in many developing countries but it is still largely underutilized in Nepal resulting in women resorting to unsafe or illegal abortion following unintended pregnancy. Hence the present study was undertaken in our setup to assess the knowledge, attitude and use of emergency contraception pill among females of reproductive age group.

According to this study, only one-third of the respondents have heard of emergency contraceptive pills which is very less than the result of similar studies conducted in India and Nigeria where majority of females have heard of emergency contraceptive pills.²⁻⁴ Current result also contradicts with the result of hospital based survey from north India where about two third of the respondents were aware of ECPs.²⁴ Another study from Rural Tamil Nadu has reported a lower proportion of women participated being aware of ECPs like our result.²³ Likewise, a study done in 2016 at Dharan sub metropolitan city also revealed that only 23.3% of married women of reproductive age group were aware of emergency contraception.⁶ Similarly, a multicounty analysis by International consortium for emergency contraception showed that in Asia, the proportion of women who have heard of emergency contraception ranged from 3% (Timor-leste) to 29% (Maldives) with Nepal 5.2% which is very low in comparison to our result.⁵ As this study was done around a decade back, it means that there has been increase in the awareness about ECPs over this time period and factors like expansion of media and accessibility of reproductive health services could have made this difference. In this study, among those respondents who were aware of ECPs, more than half of them reported media as the prime source of information about ECPs followed by family & friends. Similar findings were given by other studies conducted in

India showing media as major source in their respective studies.^{2,3,7-9}

Table 3: Knowledge regarding ECPs among respondents who have heard about ECPs (n=144).

Knowledge variables	Correct response N (%)
What can be done after unprotected sexual intercourse?	135 (93.8)
In what condition emergency contraceptive is required to prevent unintended pregnancy?	53 (36.8)
Which of these can be used for emergency contraception?	139 (96.5)
When emergency contraceptive pills can be used?	90 (62.5)
What is the recommended dose of emergency contraceptive pills?	127 (88.2)
What is the advantage of emergency contraceptive pills?	136 (94.4)
Where can you get emergency contraceptive pills?	139 (96.5)
Are emergency contraceptive pills available at pharmacies without doctor prescription?	126 (87.5)
Are emergency contraceptive pills affordable?	93 (64.6)
Summary	
Knowledge of ECPs (mean score)	
Good knowledge (>0.5)	92 (64)
Poor knowledge (≤0.5)	52 (36)
Total	144 (100)

While studies from Nigeria reported main source of information to be friends/peers among the respondents in their studies.^{4,13} In contrast, studies done at Karachi & Egypt have revealed that majority of women got knowledge from doctor or health personals.^{10,11}

The current study reflects that although 35% of respondents have heard of ECPs, the detailed and specific knowledge about ECPs was found good among more than half (64%) of women. This result contradicts with the finding of similar study by Singh et al in India where 56% of women have heard of ECPs but the detailed knowledge of ECPs was poor and misinformation was high.² Several other studies have reported that many women who were aware of existence of ECPs do not have adequate knowledge on ECPs.^{11,14-17} Our findings however is lower than those reported among Ghanaian women of reproductive age group.¹⁸ This difference in prevalence of awareness of ECPs could be due to methodological difference, time gap of the studies, expansion of mass media and increased accessibility to health services. Our study depicts that 70% of respondents who were aware of ECPs had the view that

not being properly advertised is the most common reason for lack of awareness on ECPs among people. The finding of present study is in accordance with study done in Ethiopia by Tesfaye et al that reports the proportion of women residing in urban area having knowledge about ECPs is significantly higher than that of rural women. This may be due to increased access to mass media, internet and health service facilities in urban areas. In this study awareness of ECPs was found significantly associated with educational level. This finding is in accordance with other studies done in India where awareness of ECP was significantly more among females of reproductive age group who were better educated than others.^{8,20,21} This verifies that education plays important role in understanding and creating awareness towards ECPs. This study reaffirms the finding of study done by Kose et al²⁰ showing the proportion of employed women having awareness of ECPs is significantly higher than that of other occupation. Whereas it contradicts with the finding of Chethana R et al¹² where they mentioned that occupation is not significantly associated with awareness about ECPs. Contrary to study done among married women in Ludhiana, Panjab where 54.1% of respondents who have heard of EC had negative attitude towards ECPs, our result shows that majority of respondents (90%) who were aware of emergency contraceptive pills have positive attitude towards ECPs.⁷ The result of this study correlate with the findings of a similar study conducted by Tesfaye et al and Verma et al that respondents have positive attitude towards ECPs in their respective studies.^{19,22}

In the present study, it is evident that 65% of respondents who are unaware of emergency contraceptive pills were less likely to utilize emergency contraceptive pills and out of 144 respondents, who were aware of ECPs, 63% has used it and majority of the nonusers revealed that they were using other contraceptive methods. This reflects that there is low level of usage of ECPs which supported the findings of Tesfaye et al who reported low level of usage of emergency contraceptives despite of positive attitude.¹⁹

Majority of respondents in study supported that low usage of emergency contraceptive pills is due to lack of awareness regarding ECPs as it is not advertised properly and some people have never heard of ECPs. This reaffirms the findings of Yadav et al, where reason for not taking ECPs was found to be lack of proper knowledge.⁹ There exists an information gap regarding the correct usage as cited major source of information i.e. mass media doesn't provide reliable and adequate information. Females of reproductive age group need reliable information and access to emergency contraceptive pills in orders to protect themselves from unintended pregnancies. Since media is concerned as prime source of information, it should not create misconception among the beneficiaries. It needs to be emphasized that while ECPs is a good method of protection in emergencies, there are associated side

effects when used repeatedly, therefore it should not be used as a regular method of contraception.

Table 4: Association between selected socio-demographic variables and awareness of emergency contraceptive pills.

Variables	Aware of ECPs, N (%)	Unaware of ECPs, N (%)	Chi-square test		
			χ^2	df	P value
Age group					
15-19	5 (3.5)	18 (6.6)	14.199	5	0.014*
20-24	60 (41.7)	83 (30.5)			
25-29	53 (36.8)	105 (38.6)			
30-34	25 (17.3)	45 (16.5)			
35-39	1 (0.7)	10 (3.7)			
Above 40	0 (0)	11 (4.0)			
Total	144 (100)	272 (100)			
Residence					
Urban	132 (91.7)	215 (79.0)	10.843	1	0.001*
Rural	12 (8.3)	57 (21.0)			
Total	144 (100)	272 (100)			
Educational level					
Illiterate	0 (0.0)	35 (12.9)	47.940	4	<0.001*
Primary	35 (24.3)	92 (33.8)			
Lower secondary	34 (23.6)	66 (24.3)			
Secondary	49 (34.0)	70 (25.7)			
Diploma and above	26 (18.0)	9 (3.3)			
Total	144 (100)	272 (100)			
Occupational status					
Student	1 (0.7)	20 (7.4)	35.659	3	<0.001*
Housewife	109 (75.7)	219 (80.5)			
Business	16 (11.1)	31 (11.4)			
Employee	18 (12.5)	2 (0.7)			
Total	144 (100)	272 (100)			

Figures in parenthesis indicate percentage & * indicates statistically significant at p-value less than 0.05.

Table 5: Percentage distribution of respondents' attitude towards ECPs. (n=144)

Attitude variables	Percentage distribution of respondents attitude towards ECP, N(%)				
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Taking emergency contraceptive after unprotected sex is much better than the regular use of contraceptive method	1 (0.7)	81 (56.3)	50 (34.7)	10 (6.9)	2 (1.4)
Emergency contraceptive pills protects from sexually transmitted infection	2 (1.4)	4 (2.8)	59 (41.0)	75 (52.1)	4 (2.8)
Emergency contraceptive pill is safer for use	2 (1.4)	97 (67.4)	40 (27.8)	4 (2.8)	1 (0.7)
If a close friend or relative have unprotected sexual intercourse, I would advise her to use emergency contraceptive pill	10 (6.9)	102 (70.8)	29 (20.1)	3 (2.1)	0
Emergency contraceptive is one way of abortion	7 (4.9)	4 (2.8)	73 (50.7)	57 (39.6)	3(2.1)
I don't want to use emergency contraceptive pills for fear of side effects	0	14 (9.7)	68 (47.2)	59 (41.0)	3 (2.1)
Increased accessibility of emergency contraception brings about irresponsible sexual behaviour	1 (0.7)	31 (21.5)	78 (54.2)	31 (21.5)	3 (2.1)

Continued.

Attitude variables	Percentage distribution of respondents attitude towards ECP, N(%)				
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
If male partner knows about emergency contraceptive, he may be less likely to use condoms	2 (1.4)	57 (39.6)	57 (39.6)	23 (16.0)	5 (3.5)
Increased accessibility to emergency contraceptive make women stop using other forms of contraceptive methods	1 (0.7)	62 (43.1)	52 (36.1)	24 (16.7)	5 (3.5)
Emergency contraceptive methods could have an effect on future fertility	0	18 (12.5)	99 (68.8)	26 (18.1)	1 (0.7)
Awareness on ECPs should be raised among females	27 (18.8)	111 (77.1)	6 (4.2)	0	0
Summary					
Attitude towards ECPs (mean score)	N	%			
Negative Attitude (>3)	14	10			
Positive Attitude (≤ 3)	130	90			
Total	144	100.0			

There should be a routine practice of discussing about emergency contraceptives with couples seeking contraceptive advices and access to client friendly emergency contraceptive services need to be increased through all the levels of health facilities in line with awareness creation. Educational campaigns for vulnerable groups at school, youth organizations, urban slums, rural women etc in cooperation with reproductive health programs can facilitate increase in awareness and usages of ECPs so as to reduce maternal mortality due to unsafe abortion in Nepal. The study suffers from the usual limitations of a cross sectional study. Researcher could not prove that usage of emergency contraceptive pill is significantly associated with knowledge on it, as questions of practice of ECPs was asked to only those one third of respondents who were aware of emergency contraceptive pills. Also it is difficult to guarantee that respondents provided honest answers as it covered the sensitive issue i.e. sex and past history of abortion & use of ECPs might be affected by recall bias but researcher made an effort to extract most of the information by maintaining the privacy of respondents.

CONCLUSION

To promote the wellbeing of women and their babies, public awareness strategy should be devised to generate awareness and bring behavioral change among females of reproductive age group and promote the use of ECPs. Accurate information should be spread through formal education and communication by health personnel and through mass media which should provide reliable and accurate knowledge on ECPs. In addition, health personnel 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 bringing down the load of induced abortion and maternal mortality.

ACKNOWLEDGEMENTS

The author would like to thank in-charge and employees of urban health centre, study participants and others who had contributed for the accomplishment of this work.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the ethical committee of Nepal Health Research Council

REFERENCES

- Sundaram A. adding it up: costs and benefits of meeting the contraceptive and maternal and newborn health needs of women in Nepal. Available at: <https://www.guttmacher.org/report/adding-it-up-meeting-contraceptive-mnh-needs-pakistan>. Accessed on 20 October 2021.
- Singh V, Thakur P, Nayak PK, Agrawal S. Knowledge attitude and practice (KAP) of emergency contraceptive pills among women of reproductive age group attending AIIMS OPD Raipur (C.G.). *Int J Adv Med.* 2014;1(2):105-112.
- Gupta RK, Singh P, Gupta C, Kumari R, Langer B, Gupta R. Emergency contraception: knowledge, attitude and practices among recently married females in a rural area of North India. *Int J Res Med Sci.* 2017;5(10):4450-4.
- Onasoga OA, Afolayan JA, Asamabiriowei TF, Jibril UN, Imam AA. Adolescents' Knowledge, Attitude and Utilization of Emergency Contraceptive Pills in Nigeria's Niger Delta Region. *Int J MCH AIDS.* 2016;5(1):53-60.
- Palermo T, Bleck J, Westley E. Knowledge and use of emergency contraception: a multicountry analysis. *Int Perspect Sex Reprod Health.* 2014;40(2):79-86.
- Thapa P, Pokharel N, Shrestha M. Knowledge, Attitude and Practices of Contraception among the Married Women of Reproductive Age Group in

- Selected Wards of Dharan Sub-Metropolitan City. *J Contracept Stud.* 2018;3(3):45-9.
7. Saini S, Karma D, Singh S. Knowledge, attitude and practices regarding emergency contraception among married women in Ludhiana, Punjab, India. *Int J Community Med Public Health.* 2018;5(8):3506-12.
 8. Raikar VR, Potdar PA, Potdar AB. Knowledge, attitude and practice regarding emergency contraceptives among married women of urban slum area. *Int J Reprod Contracept Obstet Gynecol.* 2015; 4(4):1008-11.
 9. Yadav P, Sinha A, Karan J, Mody P, et al. Awareness about emergency contraceptives pill in women who came for medical termination of pregnancy. *Natl J Physiol Pharm Pharmacol.* 2011;1(2):68-78.
 10. Irfan F, Karim SI, Hashmi S, Ali S, Ali SA. Knowledge of emergency contraception among women of childbearing age at a teaching hospital of Karachi. *J Pak Med Assoc.* 2009;59(4):235-40.
 11. El-Sabaa HA, Ibrahim FA, Hassan WA. Awareness and use of emergency contraception among women of childbearing age at the family health care centers in Alexandria, Egypt. *J Taibah Univ Med Sci.* 2013; 8(3):167-72.
 12. Chethana R, Thejaswini P. Assessment of knowledge and attitude towards emergency contraception among postnatal mothers in Bruhat Bengaluru Mahanagara Palike referral hospital. *Int J Commu Med Public Health.* 2018;5(9):3813-9.
 13. Akani C, Enyindah C, Babatunde S. Emergency contraception: knowledge and perception of female undergraduates in the Niger Delta of Nigeria. *Ghana Med J.* 2008;42(2):68-70.
 14. Abate M, Assefa N, Alemayehu T. Knowledge, Attitude, Practice, and Determinants Emergency Contraceptive Use among Women Seeking Abortion Services in Dire Dawa, Ethiopia. *PLoS ONE.* 2014;9(10):e110008.
 15. Desta B, Regassa N. On emergency contraception among female students of Haramaya University, Ethiopia: surveying the level of knowledge and attitude. *Edu Res.* 2011;2(4):1106-17.
 16. Arora N, Mittal S. Emergency contraception and prevention of induced abortion in India. *J Fam Plann Reprod Health Care.* 2005;31(4):294-6.
 17. Myer L, Mlobeli R, Cooper D, et al. Knowledge and use of emergency contraception among women in the Western Cape province of South Africa: a cross-sectional study. *BMC Women's Health.* 2007;7(1):45-9.
 18. Amalba A, Mogre V, Appiah MN, Mumuni WA. Awareness, use and associated factors of emergency contraceptive pills among women of reproductive age (15-49 years) in Tamale, Ghana. *BMC Womens Health.* 2014;14:114.
 19. Tesfaye T, Tilahun T, Girma E. Knowledge, attitude and practice of emergency contraceptive among women who seek abortion care at Jimma University specialized hospital, southwest Ethiopia. *BMC Womens Health.* 2012;12:3.
 20. Kose V, Joshi S. Knowledge of emergency contraception among married women of reproductive age in a rural-based teaching hospital of Nagpur, Maharashtra, India. *J SAFOG.* 2012;4(2):106-9.
 21. Rocca CH, Shankar M, Sreevathsa A, Krishnan S. Acceptability and use of emergency contraception among married women in Bangalore, India. *Int J Gynecol Obstet.* 2013;121(1):64-8.
 22. Verma A, Singh SV, Gupta VK, Garg S, Meena JK. Attitude, practice and need assessment of emergency contraception among women of reproductive age group in Delhi. *J Young Pharma.* 2015;7(4):321.
 23. Keerthana D, 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.
 24. Harne P, Khan A M. Awareness and usage of emergency contraceptive pills among working women: a hospital based survey from north India. *Int J Reprod Contracept Obstet Gynecol.* 2016;5(4):1202-6.

Cite this article as: Chaudhary S. Knowledge, attitude and practice towards emergency contraceptive pills and factors hindering its use among females of reproductive age group visiting urban health centre at Rajbiraj, Nepal. *Int J Reprod Contracept Obstet Gynecol* 2022;11:676-82.