



## Examining the Awareness Levels, Usage Trends, and Influencing Factors of Emergency Contraceptives Among Women in Ussa Local Government Area of Taraba State, Nigeria: A Cross-Sectional Research Inquiry

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### Abstract

Unintended pregnancies and unsafe abortions remain significant global public health concerns, particularly in low-income countries. This research assessed the awareness, usage, and influencing factors of emergency contraceptives among women in the Ussa Local Government Area of Taraba State, Nigeria. The study employed a cross-sectional survey research design where 384 questionnaires were distributed among sampled women of the reproductive age group (15-49 Years) in the study area. The findings indicate that while roughly half of the respondents were aware of emergency contraceptives, there is room for improvement in terms of disseminating information about their availability and usage. Regarding the usage of emergency contraception, a sizable portion of respondents (34.3%) said they had used it, although the majority (65.7%) had not.

Furthermore, formal sensitization on emergency contraceptives is lacking for a large part of the population, just as a significant proportion of respondents have yet to use them. The study also found that factors influencing women's attitudes toward emergency contraceptives in Ussa Local Government Area include economic constraints, knowledge gaps, moral beliefs, partner dynamics, social stigma, and the fear of negative health implications. Based on the findings of the study, the recommendations include enhancing health promotions by Health agencies in Ussa Local Government, encouraging parent-child discussions on reproductive health, engaging traditional and religious leaders in family planning promotions, establishing young girls-friendly centers, and implementing comprehensive reproductive health education programs to empower women and reduce unintended pregnancies.

**Keywords:** *Emergency contraceptives; Unintended pregnancies; Reproductive health education programs; Women's awareness and usage*

### INTRODUCTION

Emergency Contraceptives (ECs) are contraceptives used after unprotected sexual contact, after sexual abuse, when regular contraception has been misused, or when no contraception has been used at all (Walker et al., 2004; Sedgh et al., 2012). Women may use emergency contraceptives for a variation of whys and wherefores, including unprotected sexual activity, condom failure, missing birth control tablets, sexual assault or non-consensual sexual activity, and partner's contraceptive method failure. If taken properly based on prescribed instructions, EC can minimize the chance of

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an unwanted pregnancy. According to Mir and Malik (2010), when used to stop unwanted pregnancies, unsafe abortions, and other consequences, ECs are extremely successful, safe from a medical perspective, and economical. Also, Lo and Ho's (2012) research showed that only 1.8% of emergency contraceptive pill prescriptions failed, proving the success rate of ECs. Globally, more than a third of the 182 million pregnancies in low-income countries are unplanned; induced abortion occurs in 19% of these cases, and it is hazardous in 11% of these cases (Ahmed et al., 2012). Also, each year, over 68,000 people pass away as a result of unsafe abortion, and millions more have many problems, such as extreme bleeding and infection. Despite the availability, safety, and effectiveness of emergency contraceptive options, there exists a notable lack of awareness and utilization of these methods among women of reproductive age, as captured by Oshodi et al. (2020). This limited awareness presents a significant global public health concern. Consequently, there has been a steady increase in the incidence of unwanted pregnancies and induced abortions worldwide. 46 million (22%) of the estimated 210 million pregnancies that take place each year are deemed undesirable, and more than 90% of these unwanted pregnancies end in induced abortions, which are frequently accompanied by difficulties (World Health Organization, 2012; Lentiro et al., 2019). In Nigeria, unwanted pregnancy is a big problem; a large percentage of pregnancies in adolescents are unintended, resulting from unprotected sexual intercourse, and most of these pregnancies, particularly in adolescents, end up with unsafe abortion (Arisukwu et al., 2020). Due to inadequate instruction on how to use contraception properly, such as the users' incapacity to deal with their emotions, negative attitudes towards contraceptives, and lack of drive, many unplanned pregnancies and unsafe abortions take place in the nation. (Ojiyi et al., 2014; Abiodun, 2016; Nwankwo et al., 2021). Furthermore, despite these alarming statistics, many Nigerian women lack information on the use of emergency contraception (Speidel, Harper, and Shields, 2008). While ECs are very important to the reduction of unwanted pregnancies and abortions, the level of awareness and acceptance are factors that could play a vital role in their utilization. For nations like Nigeria, which have a population policy intended to limit the number of unintended births, it is crucial to understand the knowledge, attitude, and practices of women and girls towards EC. Ussa Local Government Area, in Taraba State, shares the same national scenario regarding the use of emergency contraception. Existing literature has primarily focused on the effectiveness and safety of emergency contraception methods, overlooking the critical aspect of awareness and acceptability. Also, a literature review indicates no empirical research on awareness, usage, and influencing factors of emergency contraception in the Ussa Local Government Area of Taraba State, Nigeria. This knowledge gap is particularly concerning in the Ussa Local Government Area of Taraba State, where women of childbearing age lack sufficient awareness regarding emergency contraceptives, including their availability, effectiveness, and proper usage. This knowledge deficit could affect their attitudes negatively toward emergency contraceptives and result in missed opportunities to prevent unintended pregnancies. Attitudes toward emergency contraceptives play a pivotal role in their utilization. Negative attitudes stemming from stigma, misconceptions, or cultural beliefs may deter women from seeking or using these contraceptives when needed, leading to potential unintended pregnancies. Even in the presence of available emergency contraceptives, there may be underutilization among women in the Ussa Local Government Area. Factors such as limited access, affordability, and a lack of information about where to obtain these contraceptives may contribute to this issue. Furthermore, accessibility to healthcare services, including family planning and emergency contraceptive services, may be constrained in the Ussa Local Government Area, exacerbating the challenges related to knowledge, attitudes, and utilization of emergency contraceptives. Addressing these critical areas of concern is paramount for enhancing the reproductive health and overall well-being of women of childbearing age in the Ussa Local

Government Area, Taraba State. This study aims to evaluate the acceptance and use of emergency contraceptives and the factors that influence both in the Ussa Local Government Area in Taraba State.

## **LITERATURE REVIEW**

### **Concept of Emergency Contraceptives**

In existing literature, Emergency contraceptives (ECs) refer to methods used to prevent pregnancy after unprotected intercourse, contraceptive failure, or in cases where regular contraception was not used. These methods are designed for use in emergencies and are not intended for regular contraception. They work by either preventing ovulation, fertilization of the egg by sperm, or implantation of the fertilized egg in the uterus (Walker et al., 2004; Sedgh et al., 2012). Emergency contraceptives encompass a range of methods and formulations that include hormonal pills containing levonorgestrel or ulipristal acetate and the copper intrauterine device. These methods act through various mechanisms, such as delaying or inhibiting ovulation, interfering with fertilization, or altering the endometrial lining to prevent implantation. The fundamental premise of ECs lies in their time-sensitive nature, with effectiveness diminishing as time elapses post-intercourse. Their efficacy is highest when taken within a specific timeframe following unprotected sex, typically within 72 hours, though some formulations might extend this window to 120 hours (Tenaw, 2022). Studies have emphasized the importance of awareness and accessibility to ECs. Awareness campaigns, educational initiatives, and improved healthcare services play pivotal roles in ensuring women have timely access to accurate information and the means to obtain emergency contraception when needed. Access to ECs within pharmacies, healthcare facilities, and even over-the-counter availability in some regions significantly influences utilization rates.

Moreover, cultural, social, and economic factors intricately shape the perception and usage patterns of emergency contraceptives. Religious beliefs, societal norms, stigma, and personal attitudes toward reproductive health contribute to the variability in their uptake among different populations. Additionally, socio-economic status, education levels, and geographical location often influence women's access to and utilization of ECs.

### **Awareness Levels and Knowledge**

Numerous studies highlight varying levels of awareness and knowledge about emergency contraceptives (Baiden et al., 2002; Byamugisha et al., 2006; Celik et al., 2007; Najafi et al., 2012; Subedi, 2012). For instance, the study by Tenaw (2022) revealed disparities in awareness among different age groups, emphasizing the need for targeted educational campaigns. Similarly, research by Smith and colleagues (2018) identified gaps in understanding among women from rural areas compared to urban settings. In a 2017 study in the rural area of Moletji-Mashashane, Limpopo Province, South Africa, Mamabolo assessed secondary school students' knowledge regarding emergency contraceptives. The results showed that students' understanding of the topic needed to be improved; 47.5% of them said they had heard of emergency contraceptives, while 52.5% said they had never heard of them. This was likely because most students needed clarification about the specifics and safety of ECPs. Their degree of consciousness could be determined by how much information they are exposed to, which is justified by Mahfuzur et al.'s (2022) finding that there is a positive correlation between media availability and the likelihood of utilizing emergency contraceptive pills. In separate research by Arisukwu et al. (2020), although 52.8% of the sample had heard of emergency contraceptives, only 14.5% of the respondents had adequate awareness of

them.

Additionally, they discovered that 19.4% of respondents in schools exclusively for females had an excellent understanding of emergency contraception, compared to 9.2% of respondents in coeducational institutions. Furthermore, a mere 25% of all respondents reported having previously utilized emergency contraception. According to Gebrehiwot et al. (2013), in their evaluation of female college students' knowledge, attitudes, and practices about emergency contraception in Mekelle Town, Tigray Region, Ethiopia, a majority of people had a negative attitude towards emergency contraception, and there was a poor degree of understanding and practice. Studies by Arowojolu et al. (2002) and Sedgh et al. (2012) found disparities in awareness levels among women in different regions, emphasizing the need for targeted enlightening interventions. According to Osei-Tutu (2019), men should be included in all reproductive health programs since they actively participate in decision-making regarding reproductive health issues. This will eventually contribute to a decrease in unwanted and unplanned pregnancies and, consequently, unsafe induced abortions. Tenaw (2022) suggested that to reduce the incidence of unintended pregnancies and pregnancy terminations, reproductive health programs should promote women's conversations with their partners regarding emergency contraception.

### **Influencing Factors**

Several factors influence the usage of emergency contraceptives. These factors encompass socio-cultural aspects, health education initiatives, accessibility to information, and healthcare services (Calabretto, 2009; Walker et al., 2004; Arisukwu et al., 2020; Najafi-Sharjabad et al., 2014; Irfan et al., 2009).

Research by Mahfuzur et al. (2022) emphasized the role of healthcare provider communication in promoting EC usage, underscoring the significance of counseling and guidance. They discovered that women who received visits from family planning field workers had far greater probabilities of utilizing emergency contraceptives than women who did not get such visits. Additionally, as highlighted in the study by Thompson et al. (2021), socio-economic factors significantly impact access and utilization rates, indicating the need for targeted policies to address disparities—utilization trends of emergency contraceptives exhibit variability influenced by multiple factors. Research by Addo and Tagoe-Darko (2009) highlights the impact of socio-economic status on EC utilization, while other studies (Tenaw, 2022; Rahman et al., 2013) delve into the role of religious beliefs, cultural norms, and healthcare provider attitudes in shaping usage patterns. Cultural perceptions, stigma, personal opinions, and the quality of healthcare services emerge as pivotal determinants (Puri et al., 2007; El-Sabaa et al., 2013).

Furthermore, the accessibility and availability of ECs within the local healthcare system significantly influence their usage among women (Nyambura et al., 2017; Karim et al., 2015). However, existing literature might need more in-depth exploration of the Ussa Local Government Area in Taraba State. Bridging this gap is essential to comprehend the dynamics of EC awareness, utilization, and influencing factors within this particular demographic. This review underscores the nature of factors influencing understanding, usage, and knowledge regarding emergency contraceptives among women in different contexts. Addressing these factors through interventions, improved healthcare communication, and policy initiatives can enhance access and promote informed decision-making regarding emergency contraception.

### **Theoretical Framework**

This research is anchored on the propositions of the Theory of Planned Behavior (TPB), which posits that individual behavior is influenced by three primary constructs: attitudes, subjective norms, and perceived behavioral control. These constructs shape an individual's intention to engage in a specific behavior, predicting the likelihood of that behavior occurring. In examining awareness and usage trends of emergency contraceptives among women in the Ussa Local Government Area of Taraba State, TPB can provide valuable insights into the factors influencing their decisions. Attitudes refer to the individual's overall evaluation of emergency contraceptives. Factors influencing attitudes include perceptions of effectiveness, safety, accessibility, and personal beliefs about contraception. For example, positive attitudes towards emergency contraceptives might increase the likelihood of women considering and using these methods. Subjective norms involve perceived social pressures or norms related to using emergency contraceptives within the community or social circle. The influence of family, friends, healthcare providers, religious beliefs, and cultural values can significantly impact a woman's decision to use emergency contraceptives. Positive perceptions or encouragement from influential others may increase acceptance and usage. Perceived Behavioral Control reflects the perceived ease or difficulty of using emergency contraceptives and the individual's belief in their ability to control the behavior. Factors influencing perceived behavioral control could include accessibility to contraceptives, knowledge about their usage, affordability, convenience, and the level of autonomy in decision-making regarding reproductive health. The research will investigate these constructs within the specific context of women in the Ussa Local Government Area using questionnaire survey to gauge women's perceptions about emergency contraceptives, exploring beliefs, concerns, and perceived benefits and assessed factors such as accessibility, affordability, knowledge levels, and decision-making autonomy. By applying the TPB framework, the study was able to ascertain the factors influencing awareness, usage trends, and decision-making regarding emergency contraceptives among women in the Ussa Local Government Area of Taraba State.

### **METHODOLOGY**

#### **Research Design**

This study adopted a cross-sectional survey research design. This design was adopted because it deals with the data collection to describe, interpret, assess, and analyze existing conditions or variables and prevailing situations of groups or communities simultaneously.

#### **Population, Sample Size, and Sampling Techniques**

The study's target population comprised married and unmarried women within the childbearing age (15-49 years) residing in Ussa LGA of Taraba State. Because the total number of women of childbearing age in the study area was unknown, the study's sample size was drawn using Cochran's (1963) sample size determination formula.

The formula is given thus:  $n = \frac{Z^2pq}{e^2}$  Where:

n = required sample size

Z = Z-score, which corresponds to the desired level of confidence (for a 95% confidence level, Z = 1.96)

p = estimated amount of the population with the characteristic of interest (in this case, the proportion of women with knowledge, a positive attitude, and usage of emergency contraceptives)

$q = 1 - p$  (complementary probability)

E = margin of error (0.05 for a 5% margin of error)

Since I had no prior information on the proportion of women in the population with knowledge, a positive attitude, and the usage of emergency contraceptives, I used the default value of 0.5 for p. At a 95% confidence level ( $Z = 1.96$ ) and a margin of error (E) 0.05. Plugging these values into the formula:

$$n = \frac{1.96^2 \cdot 0.5 \cdot 0.5}{0.05^2}$$

$$n = \frac{3.8416 \times 0.25}{0.0025}$$

$$n = \frac{0.9604}{0.0025}$$

$$n = 384$$

This study adopted a multistage cluster sampling technique. The first stage was the eight political wards of the Local Government Area: Kpambo, Kpambo Puri, Kwesati, Lissam I, Lissam II, Lumbu, and Rufu. In the second stage, a simple random technique was used to select five wards from the eight wards to ensure that each ward had an equal chance of being selected.

In the third stage, since the number of women of reproductive age in each of the selected wards of Ussa Local Government was not known to determine the proportional number of respondents for each of the selected wards, respondents were purposively allocated to each ward, making a total of 384 to ensure each ward contributed the same number of respondents and had an equal level of participation in the study. This is shown in Table 1 below:

Table 1. Selection of Wards and Respondents

LGA	Existing council wards	Selected council wards	Number of respondents	Total
Ussa	Kpambo, Kpambo Puri, Kwesati, Lissam I, Lissam II, Lumbu, Rufu	Rufu	76	
		Lissam II	77	
		Fikyu	77	
		Kpambo	77	
		Lumbu	77	
		<b>5 clusters</b>		<b>384</b>

Source: Author's compilation, 2023

In the fourth stage, a systematic random sampling approach was employed to choose the necessary number of respondents from the Primary Healthcare Household (PHCH) database, which included a list of every home in each council ward within the Ussa Local Government Area.

The formula of the systematic random sampling technique is given as: -

$$X = \frac{TRhh}{Rsw}$$

Where;

X= Required household

TRhh= Total number of households in the ward

Rsw= Required number of samples in the ward

For instance, in Kpambo ward, if the total number of registered households by the Primary Health Care Centre was 200 and the required sample was 77, the household(x) was selected thus:

$$\begin{aligned} x &= \frac{200}{77} \\ &= 2.59 \\ &= 3 \end{aligned}$$

This, therefore, served as the sampling frame. Based on the calculation, all x<sup>th</sup> (3rd) households on the list were selected till the required 77 households were selected. The addresses on the list were then used to contact the homes that had been thus chosen. A questionnaire was given to the lady (aged 15 to 49) there. In cases where many women were within the specified age range, the oldest lady was chosen for the research. If the chosen family did not contain a woman of reproductive age, the closest household that did contain the requisite respondent was utilized. The technique used to choose responders for other wards was similar.

### **Instruments for Data Collection and Analysis**

The study employed a questionnaire as the data-gathering instrument. Trained research assistants aided in the administration of the surveys. Women of reproductive age who were educated and uneducated, married and single, were the respondents. While illiterate respondents had the questions read aloud and explained to them by professional study assistants, literate respondents completed the surveys independently. The questionnaires were distributed to the respondents over two days to guarantee comprehensive completion. After the allocated time, the researcher and research assistants collected the questionnaires for analysis.

The data collected were coded and processed with the Statistical Package for Social Science (SPSS). The study's objectives were achieved using descriptive statistics such as frequency distribution tables, percentages, and charts.

## **FINDINGS AND DISCUSSION**

### **Findings**

#### **Data presentation and Interpretation**

A total number of thousand three hundred and eighty-four (384) copies of the questionnaire were administered to respondents in the field. However, only three hundred and sixty-seven (367) copies were returned. Thus, the analysis presented here was based on 367(95.6%) copies of the questionnaire returned from the field, which was considered sufficient for analysis.

**Socio-demographic characteristics of respondents**

Table 2. Socio-demographic variables of respondents

Variable	Categories	Frequency(N=367)	Percent
<b>Age</b>	15-20	13	3.5
	21-25	107	29.1
	26-30	122	33.2
	31-40	101	27.5
	41-49	24	6.5
<b>Marital status</b>	Single	103	28.1
	Married	221	60.2
	DSW	43	11.7
<b>Educational status</b>	No formal	71	19.3
	Primary	111	30.2
	Secondary	97	26.4
	Tertiary	88	24.1
<b>Occupation</b>	Student	33	9.1
	Unemployed	200	54.4
	Housewife	27	7.3
	Farming	64	17.4
	Civil servants	30	8.2
	Petty trading	13	3.6
<b>Annual income</b>	50,000	175	47.7
	51-100,000	85	23.2
	101-200,000	51	19.8
	201-300,000	32	8.7
	300,000 and above	24	6.5
<b>Religion</b>	Christians	355	96.7
	Muslims	5	1.4
	Traditional religion	7	1.9
	Free thinkers	0	0

Source: Field Survey, 2023

The data in Table 2 presents the relevant socio-demographic characteristics of respondents covered in the study. This was essential for understanding the respondents' nature and relevance in providing useful information in addressing the study objectives. It also had implications for the findings of the study and its generalizations. Analysis of these characteristics showed the respondents' suitability and the findings' validity.

According to their socio-demographic characteristics, most respondents were between 20 and 40. This means that the respondents were not chosen randomly, and the research was specifically for women of reproductive age. Since most of the respondents were married, it was clear that married persons in the research region tended to use emergency contraception more frequently. According to their education degree, most respondents had higher and secondary education levels. This suggests that formal education was broadly accepted in the study region, particularly given that most respondents were knowledgeable about the study's issue. It was also discovered that 96.7 percent of the respondents identified as Christians. This showed that Christians predominantly



dominated the Ussa Local Government Area. Respondents' occupational status revealed that most respondents (54.4%) were unemployed, followed by farmers (17.4%). This implies that despite the wide acceptance of formal education in the study area, it had not affected the desire for farming, which had always been the traditional occupation in the study area.

Data on the respondents' annual estimated income revealed that most earned less than the approved Nigerian national minimum wage of N360,000 per annum. This revealed that a majority of the respondents had relatively low financial status, which could contribute to the inability of women to afford the cost of emergency contraceptives.

### **Objective I. To ascertain the level of knowledge about emergency contraceptives among women of childbearing age in Ussa Local Government Area**

Table 3. Have you ever heard about emergency contraceptives?

Responses	Frequency	Percentage
Yes	178	48.5
No	189	51.5
Total	367	100.0

Source: Field Survey, 2023

Table 3 provides information about the use of emergency contraceptives in the Ussa Local Government Area and the respondents' awareness of emergency contraceptives. The table indicates that 48.5% of the respondents have heard about emergency contraceptives. This suggests that substantial members of the population are aware of the existence of emergency contraceptives. On the other hand, it also shows that 51.5% of the respondents have yet to hear about emergency contraceptives. This implies that there is still a considerable part of the population in the Ussa Local Government Area who lack awareness about emergency contraceptives.

Table 4. Have you received any formal education or information on emergency contraceptives in the past year?

Responses	Frequency	Percentage
Yes	159	43.3
No	208	56.7
Total	367	100

Source: Field Survey, 2023

Table 4 above presents data on whether the respondents have received formal education or information on emergency contraceptives in the past year. While 159 respondents (43.3%) answered 'yes', 208 respondents (56.7%) had negative responses. This suggests that there is some level of awareness about emergency contraceptives within the community. However, it also implies that a good number (56.7%) of respondents have not received any formal education or information on emergency contraceptives. This means that there is a considerable portion of the population in the Ussa Local Government Area who may not be aware of emergency contraceptives, their availability, or how to use them, which suggests that there may be a lack of awareness or access to information about emergency contraceptives in the local community. It indicates that a significant portion of the population is well-informed about emergency contraceptives, which could potentially affect their ability to make informed decisions regarding contraception in case of emergencies.

**Objective 2: To ascertain the level of usage of emergency contraceptives among women of childbearing age in Ussa Local Government Area**

Table 5. Distribution of respondents on whether they have ever used emergency contraceptives

Response	Frequency	Percentage
Yes	126	34.3
No	241	65.7
<b>Total</b>	<b>367</b>	<b>100</b>

Source: Field Survey, 2023

Table 5 above shows the distribution of respondents on whether they have ever used emergency contraceptives or not. From the table, only 34.3% of the respondents have used emergency contraceptives before, while 67.7 % of them have not used emergency contraceptives before. This suggests that a significant portion of the population has relied on emergency contraception for preventing unintended pregnancies. In contrast, the majority of respondents (65.7%) who have not used emergency contraceptives may have been affected by several factors, including limited awareness, accessibility, religious beliefs, or personal choices regarding contraception.

**Objective 3: To determine the prevailing factors that influence the attitudes of women of childbearing age towards the use of emergency contraceptives in Ussa Local Government Area**

Table 6. Opinion of respondents on factors that determine emergency contraceptive use in Ussa Local Government Area

Factors	Yes	No	Total
<b>Lack of income and financial stability</b>	197(53.7)	170(46.3)	<b>367 (100%)</b>
<b>Lack of knowledge about how emergency contraceptives work</b>	203(55.3)	164(44.7)	<b>367 (100%)</b>
<b>It is against my moral beliefs</b>	224(64.1)	143(35.9)	<b>367 (100%)</b>
<b>Partner's decision</b>	189(51.6)	178(48.4)	<b>367 (100%)</b>
<b>Fear of social stigma from members of my family and community</b>	224(61)	143(39)	<b>367 (100%)</b>
<b>Fear of potential health risks associated with emergency contraceptives</b>	170(46.3)	197(53.7)	<b>367 (100%)</b>

Source: Field Survey, 2023

Table 6 above shows the distribution of respondents' opinions on factors that influence contraceptives. This table presents respondents' responses in the Ussa Local Government Area regarding factors determining emergency contraceptive use. The table is organized with various factors listed in the leftmost column, followed by the number and percentage of respondents who answered "Yes" or "No" to each factor, and then the total number of respondents. On lack of income and financial stability, approximately 53.7% of respondents indicated that lack of money or

monetary stability influenced their use of emergency contraceptives. In comparison, 46.3% did not consider it a factor. This suggests that economic factors play a significant role in contraceptive decisions, and a lack of financial stability may hinder access to emergency contraceptives for a significant portion of the population. Respondents' opinion on lack of knowledge about how emergency contraceptives work showed that about 55.3% of them felt that a lack of information about how emergency contraceptives work influenced their usage, while 44.7% did not. This highlights the importance of education and awareness campaigns to improve knowledge about emergency contraceptives, potentially increasing their use. Also, a majority (64.1%) of respondents believed that moral beliefs affected their use of emergency contraceptives, while 35.9% did not. This shows that cultural and ethical considerations have a strong influence on contraceptive choices in the area. About 51.6% of respondents stated that their partner's decision played a role in their use of emergency contraceptives.

In comparison, 48.4% disagreed, which suggests that partner dynamics meaningfully impact contraceptive decisions, and individual autonomy may be compromised in some cases. On the fear of social stigma from members of my family and community, a significant majority, 61%, expressed that the fear of social stigma from family and community members affected their decision to use emergency contraceptives. Only a minority of 39% did not consider this a factor. This highlights the importance of addressing social norms and reducing the stigma surrounding contraceptive use. Lastly, approximately 53.7% of respondents were concerned about potential health risks associated with emergency contraceptives, while 46.3% were not. This suggests that health fears are a consideration for many individuals, and efforts to provide information and address these concerns could promote safer contraceptive practices.

In summary, Table 6 shows that various factors influence the use of emergency contraceptives in the Ussa Local Government Area. These factors include economic constraints, knowledge gaps, moral beliefs, partner dynamics, social stigma, and health concerns. The implications of these results underscore the need for comprehensive reproductive health education programs, access to affordable contraceptives, and initiatives to challenge social norms and stigma around contraception. Additionally, respecting individual autonomy and addressing cultural and ethical beliefs is essential in promoting safe and responsible contraceptive choices.

### **Discussion**

To understand the dynamics surrounding emergency contraceptive utilization among women in the Ussa Local Government Area of Taraba State, this study focuses on awareness, usage patterns, and the influencing factors shaping women's attitudes toward these contraceptives. Findings on knowledge of emergency contraceptives revealed both positive and concerning aspects. Nearly half of the respondents (48.5%) have heard about emergency contraceptives, indicating a relatively high level of awareness within the population. However, the fact that 51.5% of respondents have yet to hear about emergency contraceptives suggests that there is still work to be done in terms of disseminating information about these contraceptives. This lack of awareness could contribute to unintentional conceptions in the study area.

Additionally, the data on whether respondents received formal education or information on emergency contraceptives in the past year (43.3% yes, 56.7% no) underscores the need for continuous and targeted reproductive health education efforts. A substantial portion of the population remains uninformed about emergency contraceptives, which may limit their ability to make informed decisions during emergencies. The findings concerning the adoption of emergency contraceptives show that 34.3% of respondents have utilized them before, while the majority (65.7%) have not. This infers that while some individuals are employing emergency contraceptives as a means of preventing unintended pregnancies, a noteworthy portion of the population is not. This disparity may be due to various factors, including limited awareness, accessibility issues, religious beliefs, or personal choices, as discussed below. The study found that the factors affecting

the attitudes of women toward emergency contraceptives in the Ussa Local Government Area include lack of income and financial constancy, lack of familiarity with how emergency contraceptives function, moral beliefs, partner's decision, fear of social stigma and the fear of potential health risks associated with the utilization of these contraceptives.

In summary, the findings of this study reveal both strengths and challenges in the knowledge, usage, and attitudes toward emergency contraceptives among women of childbearing age in the Ussa Local Government Area. Furthermore, aligning with similar research endeavors, this study's findings echo and corroborate the observations of other scholarly works in the field. Nwankwo et al. (2021) found that only 37.9% of respondents were cognizant of emergency contraception, mirroring the awareness disparities uncovered in this study. Arisukwu et al. (2020) shed light on the low knowledge quotient, with merely 14.5% exhibiting robust awareness, paralleling the findings that despite familiarity, understanding of emergency contraceptives remained limited. Additionally, the study by Davis, Sarasveni, Krishnan, Bhat, and Kodali (2020) in India unveiled a significantly negative attitude (59%) toward emergency contraceptives, akin to the apprehensions explicated in this study, where concerns regarding impacts on menstrual cycles and behavioral risks surfaced prominently among respondents. These parallel observations across studies reinforce the need for comprehensive, targeted interventions to address the challenges impeding the optimal utilization of emergency contraceptives.

## **CONCLUSIONS**

The study was conducted on the awareness, usage, and influencing factors of emergency contraceptives among women in Ussa Local Government Area, Taraba State. The findings showed that approximately half of the respondents were aware of emergency contraceptives, indicating a relatively high level of awareness within the population. However, the fact that a considerable portion had yet to hear about emergency contraceptives suggests the need for improved information dissemination. Moreover, the data on formal education or information on emergency contraceptives revealed a gap that underscores the necessity of continuous reproductive health education efforts. On the practice of emergency contraception, a good number of respondents (34.3%) reported having used emergency contraceptives, while the majority (65.7%) had not. The study also identified several factors influencing women's attitudes toward emergency contraceptives in the Ussa Local Government Area, which are responsible for the disparity in the usage of these contraceptives in the study area. These factors include economic constraints, knowledge gaps, moral beliefs, partner dynamics, social stigma, and health concerns. These findings stress the importance of reproductive health education programs, improving access to affordable contraceptives, and initiatives aimed at challenging social norms and reducing stigma surrounding contraception.

Moreover, respecting individual autonomy and addressing cultural and ethical beliefs are essential in promoting safe and responsible contraceptive choices. While the study revealed promising levels of awareness about emergency contraceptives, there is still room for improvement, particularly in educating the population about their availability and usage. Additionally, addressing the various influencing factors, including economic, cultural, and social, is essential for promoting responsible and informed contraceptive decisions among women in Ussa Local Government Area. This study's findings contribute theoretically by aligning with the Theory of Planned Behavior (TPB), elucidating how attitudes, subjective norms, and perceived behavioral control influence emergency contraceptives' awareness and usage patterns. These findings provide a foundation for future interventions and policies to enhance reproductive health outcomes in the study area.

### LIMITATION & FUTURE RESEARCH

The study's findings might have limitations in terms of generalizability due to its focus on Ussa LGA with unique socio-cultural characteristics that differ significantly from other regions, limiting the broader applicability of the results. Secondly, the cross-sectional nature of the research might restrict the ability to establish causality between variables. Longitudinal studies could offer a deeper insight into the dynamics of EC awareness and usage trends over time. Given the sensitive nature of reproductive health topics, participants might provide responses influenced by social desirability bias. This bias could affect the accuracy of reported data regarding EC usage, awareness levels, and influencing factors. Therefore, future research should focus on longitudinal studies to track changes in EC awareness, usage trends, and influencing factors over time. This approach could provide a more comprehensive understanding of evolving patterns and behaviors related to emergency contraception. It should also supplement quantitative findings with qualitative research methods like in-depth interviews or focus groups to delve deeper into the socio-cultural aspects, beliefs, and perceptions surrounding emergency contraceptives among women in Ussa Local Government Area. Addressing these limitations and exploring future research avenues could significantly enhance the depth and applicability of knowledge regarding ECs among women in the Ussa Local Government Area and contribute to more effective reproductive health promotion and care strategies.

### RECOMMENDATIONS

From the findings of this study, more efforts at health promotions are still necessary to dispel the current misconceptions, especially regarding their safety. Parents should be encouraged to discuss reproductive health with their children. This will help reduce the incidence of unplanned pregnancies and all their attendant consequences. Religious leaders should be engaged in family planning promotions to gain women's confidence in the Ussa Local Government Area. There is a need to improve the awareness and use of emergency contraception among this vulnerable group through the mass media as a general measure and specifically by the establishment of young girls-friendly centers equipped to offer contraceptives and other reproductive health services. To improve the situation, it is recommended that comprehensive reproductive health education programs be implemented, addressing economic barriers, providing accurate information, respecting cultural values, promoting partner communication, reducing stigma, and addressing health concerns. These efforts can empower women to make informed decisions about emergency contraceptives and contribute to reducing unintended pregnancies in the region.

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