



**PERCEIVED KNOWLEDGE AND MISCONCEPTIONS OF EMERGENCY
CONTRACEPTIVE PILLS AMONG UNDERGRADUATES OF THE UNIVERSITY OF
BENIN, BENIN CITY, EDO STATE**

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Abstract

Misconceptions influencing the use of Emergency Contraceptive Pills (ECP) may constitute obstacles to women's adoption of ECPs. This study examined perceived knowledge and misconceptions of ECPs among undergraduates of the University of Benin. A descriptive survey research design was used and the population of this study was 43,679. Multi-stage sampling technique was used to select 192 respondents as sample for this study. The instrument used for data collection was a self-structured questionnaire with two sections. The questionnaire was validated by three experts in the Department of Health, Safety and Environmental Education. Cronbach Statistical tool was used to analyze the data collected. It yielded a coefficient value of 0.81. The data collected were analyzed using descriptive statistics of frequency count, percentage and mean. From the findings, it was revealed that undergraduates had perceived high level of knowledge of ECPs. Perceived misconceptions influencing undergraduates' utilization of ECPs include ECPs are the same as abortion pills and ECPs can cause infertility. In line with the findings of the study, it was therefore recommended that the university should incorporate sex education into the General Studies programme to further educate students on the importance of reproductive health education.

Keywords: Socio-cultural Factors, Family Planning, Post-natal, Primary Health Care, Contraceptive Pills

Introduction

Emergency Contraceptive Pills (ECPs), commonly known as the "morning-after pill," serve as an essential option for preventing unintended pregnancies after unprotected sexual activity. These pills provide a safe and effective method to significantly lower the likelihood of pregnancy when administered within a designated timeframe following the incident. ECPs primarily function by inhibiting or postponing ovulation, which is the process of releasing an egg from the ovary (Glasier, 2000). Depending on the formulation, they may also obstruct fertilization by influencing sperm motility or altering the cervical mucus. It is crucial to note that ECPs are not designed to terminate an existing pregnancy and should not be confused with abortion pills. There are two principal categories of ECPs: levonorgestrel-only pills and ulipristal acetate pills. Levonorgestrel-only pills can be purchased over-the-counter and are effective when taken within 72 hours after unprotected sex. In contrast, ulipristal acetate pills require a prescription and can be taken within 120 hours post-intercourse. The efficacy of ECPs is closely linked to the timing of their administration after unprotected sex; the earlier they are taken, the more effective they are. Levonorgestrel emergency contraceptive pills reduce pregnancy risk by approximately 52-94% depending on timing of administration (Mohammed et al., 2005).



It is important to understand that ECPs do not offer protection against sexually transmitted infections (STIs) and should not replace regular contraceptive methods. Certain medications may interact with ECPs, potentially diminishing their effectiveness. Access to ECPs is crucial for women to maintain control over their reproductive health and to prevent unintended pregnancies. They offer a vital opportunity for intervention when standard contraceptive measures fail or are not utilized. A research study conducted among female undergraduate students at the University of Benin in Benin City, Nigeria, revealed that 82.4% of participants were aware of emergency contraception, with the majority citing friends as their main source of information (Okunola et al., 2019). In relation to ECPs, both perceived knowledge and misconceptions can have extensive consequences. For example, if individuals view ECPs as unsafe or mistakenly believe they function as abortifacients, they may be reluctant to utilize them, even when necessary. Likewise, misunderstandings regarding the effectiveness or appropriate usage of ECPs can lead to improper use or avoidance, potentially resulting in unintended pregnancies.

A study conducted in Ibadan among female undergraduates revealed differences in knowledge regarding emergency contraception among students. Although a significant number had at least heard of emergency contraceptive pills (ECPs), many were unable to accurately identify the time frame in which these pills should be utilized or comprehend the biological mechanisms underlying their effectiveness (Ogunbode et al., 2022). This indicates that mere exposure or awareness does not necessarily lead to a thorough understanding. Furthermore, the same research indicated that factors contributing to a good knowledge of emergency contraception were associated with formal education on the subject, the availability of sexual health information, and the academic year of the students. A study by Shuaibu et al. (2022) revealed that most undergraduates in Kano were aware of ECPs, though their knowledge of correct timing and dosage was sometimes limited. Another study by Nwankwo et al., (2021), revealed that over 60% of university students in South-Western Nigeria had low knowledge of ECPs. Similarly Audu et al. (2025) revealed that respondents had poor knowledge of ECPs.

In another study conducted in Nigeria, the use of over-the-counter emergency contraception among university students was investigated, emphasizing the impact of accessibility on both knowledge and usage. Given that ECPs are frequently available in pharmacies located on or near university campuses, many students obtain them without seeking advice from healthcare professionals, instead relying on product labels, recommendations from peers, or guidance from vendors (Gbagbo et al., 2024). This behavior highlights a dual vulnerability: while physical access to ECPs may be substantial, the level of understanding conveyed through informal channels is often superficial or fraught with inaccuracies. Misconceptions regarding emergency contraceptive pills (ECPs) are widespread in Nigeria and create substantial obstacles to their effective utilization. Despite the growing availability of ECPs, numerous individuals persist in holding beliefs that misrepresent the understanding of ECPs, including their functionality, safety, and correct application. A prevalent misconception is that ECPs lead to infertility. Many young women are concerned that frequent use may irreparably harm their reproductive health; however, medical research indicates no proven correlation between the appropriate use of ECPs and future fertility (Salcedo et al., 2023).

Moreover, Nwankwo et al. (2021) found that misinformation spread through peers and online sources often distorts young people's perceptions of ECPs, leading to exaggerated fears about side effects and moral judgment. Another common erroneous belief characterizes ECPs as abortifacients suggesting that they end pregnancies instead of preventing them. This confusion stems from a misunderstanding of their mechanism of action; in truth, ECPs primarily function by postponing ovulation or inhibiting fertilization, rather than interrupting an existing pregnancy (Salcedo et al., 2023; Adigwe & Onavbavba, 2025). Ogunbode & Agboola (2020), in their study, observed that deep-rooted cultural and religious norms in Nigeria often present contraception as morally wrong or sinful, especially for unmarried women.

Another prevalent misconception is that Emergency Contraceptive Pills (ECPs) are appropriate for routine or frequent use and can serve as a substitute for regular contraceptive methods. Some students persist in utilizing ECPs after each instance of unprotected intercourse instead of opting for more



sustainable alternatives. This inappropriate usage not only raises health concerns but also undermines the intended function of ECPs as backup options exclusively (Salcedo et al., 2023). Additionally, cultural and moral beliefs play a significant role: in certain communities, the use of ECPs is stigmatized as a promotion of promiscuity or is perceived to be at odds with religious or traditional values, which discourages open dialogue and proper utilization (Adigwe & Onavbavba, 2025). Due to this stigma, numerous young women may intentionally misreport or conceal their usage, thereby perpetuating silence and misinformation.

Statement of the Problem

The university years represent a pivotal period for young adults, characterized by greater independence and the exploration of interpersonal relationships, which can significantly affect their reproductive health. A considerable number of university students engage in sexual activities without adequate understanding or consistent use of effective contraceptive methods, rendering them susceptible to unintended pregnancies (Ogunbode et al., 2022). This susceptibility is influenced by several factors, including gaps in knowledge, misconceptions, and limited access to reliable information. Unintended pregnancies can lead to serious academic, social, emotional, and financial repercussions, such as interruptions in education, social stigma, increased stress, and economic strain (Odeigah et al., 2019). This calls for intervention and prompted the researcher to carry out this study on perceived knowledge and misconceptions of emergency contraceptive pills among undergraduates of the University of Benin, Benin City, Edo State.

Research Questions

The following research questions guided the study:

1. What is the perceived level of knowledge about emergency contraceptive pills among undergraduates of the University of Benin?
2. What are the perceived misconceptions about emergency contraceptive pills among undergraduates of the University of Benin?
3. What are the factors that influence the misconceptions about emergency contraceptive pills among undergraduates of University of Benin?

Methodology

This study employed the descriptive survey design. Descriptive survey was used to describe characteristics of the population being studied and to ensure that the study can be generalizable to the entire population. The population of this study comprised female undergraduates of the university of Benin with the total population of forty three thousand, six hundred and seventy-nine (43,679) (University of Benin, Academic Planning Division, 2025). The researchers adopted the multistage sampling technique to select. Firstly, the systematic sampling technique was used to select 5 faculties from the 15 faculties. The first and every third faculty was selected. Secondly, the proportionate sampling technique was adopted to select 2% of the female population from each of the five faculties selected. The sample size was determined using the Krejcie and Morgan (1970) sample size determination table. Thirdly, simple random sampling of balloting with replacement was used to select respondents for the study. The sample size for the study was therefore one hundred and ninety-two (192) undergraduates. A researcher developed questionnaire was used for data collection. The instrument was divided into two sections (Section A, socio-demographic characteristics, Section B, perceived knowledge and misconceptions of ECPs) with 25 items. In order to check the content and face validity of the instrument, the researchers presented the instrument to three experts in the Department of Health, Safety and Environmental Education, after which their suggestions, corrections and contributions were effected in the final draft of the instrument. In order to establish the internal consistency of the items, the instrument was administered once to twenty (20) undergraduates who were not part of the study and thereafter Cronbach Statistical tool was used to analyze the data collected. It yielded a coefficient value of 0.81 which warranted the use of the instrument. The instrument was administered by the researcher and the research assistants, and data was collected at the spot to ensure high rate of return. The data collected was analyzed using frequency counts, percentages, mean and standard deviation.



Results

Research Question One: What is the perceived level of knowledge about emergency contraceptive pills among undergraduates of University of Benin, Benin city, Edo State?

Table 1: Knowledge of Emergency Contraceptive Pills (ECPs)

S/N	Level of Knowledge	Frequency (n)	Percentage (%)
1	Low Knowledge	70	36.5
2	High Knowledge	122	63.5
	Total	192	100

(0-4: low knowledge; 5-7: high knowledge)

Table 1 above represents the knowledge about ECPs among undergraduates in the University of Benin. The table shows that 70 (36.5%) respondents have low knowledge about ECPs, while 122 (63.5%) have high knowledge about ECPs. From the table above, it was found out that the majority of undergraduates in University of Benin possess a high knowledge about Emergency Contraceptive Pills (ECPs).

Research Question Two: What are the perceived misconceptions about emergency contraceptive pills among undergraduates of University of Benin, Benin city, Edo State?

Table 2: Perceived Misconceptions about Emergency Contraceptive Pills (ECPs)

S/N	Item	SA (%)	A (%)	D (%)	SD (%)	Mean	SD	Decision
1	Emergency Contraceptive Pills may lead to permanent infertility	18 (9)	109 (57)	65 (34)	0 (0)	2.75	.612	Accepted
2	Emergency Contraceptive Pills are equivalent to abortion pills	5 (3)	106 (55)	81 (42)	0 (0)	2.60	.541	Accepted
3	The repeated use of Emergency Contraceptive Pills poses significant health risks like cancer	6 (3)	141 (55)	81 (42)	0 (0)	2.79	.475	Accepted
4	Emergency Contraceptive Pills are used only by individuals who are sexually promiscuous	8 (4)	119 (62)	65 (34)	0 (0)	2.70	.542	Accepted
5	Emergency Contraceptive Pills can result in cancer and other severe health conditions	9 (5)	113 (59)	57 (29)	0 (0)	2.68	.559	Accepted
6	Emergency Contraceptive Pills promotes sexual irresponsibility	22 (12)	113 (59)	57 (29)	0 (0)	2.82	.617	Accepted

(Cluster mean; 2.72, Benchmark mean; 2.50)

Source: Field survey, 2025.

Table 2 above represents the misconceptions about ECPs, from the table above, it was revealed that respondents generally agreed with the misconceptions that ECPs are abortion pills (2.75), may cause severe health risks (2.79), may lead to infertility and makes one promiscuous.

Research Question Three: What are the factors that influence the misconceptions about emergency contraceptive pills among undergraduates of University of Benin, Benin city, Edo State towards their usage?

**Table 3: Factors influencing misconceptions about Emergency Contraceptive Pills (ECPs)**

S/N	Item	SA (%)	A (%)	D (%)	SD (%)	Mean	SD	Decision
1	My religious beliefs hinder my acceptance of Emergency Contraceptive Pills	18 (9)	102 (53)	72 (38)	0 (0)	2.72	.626	Accepted
2	My parents or guardians are opposed to education concerning Emergency Contraceptive Pills	16 (8)	63 (33)	113 (59)	0 (0)	2.50	.647	Accepted
3	Cultural norms within my community discourage the use of Emergency Contraceptive Pills	10 (5)	89 (46)	93 (49)	0 (0)	2.51	.649	Accepted
4	My friends have expressed negative views regarding Emergency Contraceptive Pills	18 (9)	89 (46)	85 (44)	0 (0)	2.65	.646	Accepted
5	Misinformation about Emergency Contraceptive Pills on media has influenced my perception of it	34 (18)	75 (39)	83 (43)	0 (0)	2.74	.740	Accepted
6	I feel judged when I ask questions about Emergency Contraceptive Pills	22 (12)	72 (38)	98 (51)	0 (0)	2.60	.686	Accepted

(Cluster mean; 2.63, Benchmark mean; 2.50)

Source: Field survey, 2025.

Table 3 revealed the mean of factors influencing misconceptions about ECPs as being religious belief (2.72), parents not being in support (2.51), peers (2.65), misinformation (2.74) and fear of asking questions about ECPs (2.60).

Discussion of Findings

Findings revealed that majority of undergraduates in the University of Benin possess a high knowledge about Emergency Contraceptive Pills (ECPs). This was supported by Shuaibu et al. (2022) whose study revealed that most undergraduates in Kano were aware of ECPs, though their knowledge of correct timing and dosage was sometimes limited. This was contrasted by Nwankwo et al. (2021), who reported that over 60% of university students in South-Western Nigeria had low knowledge of ECPs. Similarly Audu et al. (2025) is in contrast with this study as respondents in his study had poor knowledge of ECPs. It was also found out that misconceptions about Emergency Contraceptive pills among University of Benin undergraduates includes fear of infertility, comparison with abortion pills, health risks, resulting to cancer, and promotion of sexual irresponsibility. This finding is in line with the findings of the study carried out by Audu et al. (2025) reported that fears of infertility, moral stigma, and equating ECPs to abortion are major barriers to contraceptive acceptance among Nigerian women. Similarly, Ogunbode et al. (2022) noted that misconceptions about ECPs' health risks continue to thrive among university students due to inadequate reproductive health education and cultural taboos surrounding contraceptive discussions. Moreover, Nwankwo et al. (2021) found that misinformation spread through peers and online sources often distorts young people's perceptions of ECPs, leading to exaggerated fears about side effects and moral judgment.

Lastly, it was found out that the factors influencing misconceptions among undergraduates of the University of Benin includes: religious beliefs, cultural norms, peers reviews, misinformation, and fear of asking questions about ECPs. This finding is in corroboration with the findings of the study carried out by Ogunbode & Agboola (2020), who observed that deep-rooted cultural and religious norms in Nigeria often present contraception as morally wrong or sinful, especially for unmarried women. Similarly, Nwankwo et al. (2021) reported that peer influence and judgmental attitudes discourage



young women from seeking clarification about ECPs, thereby perpetuating false beliefs. He further emphasized that mass media can either educate or mislead, depending on the credibility of information sources; misinformation from unverified online platforms has been identified as a leading driver of misconceptions about ECPs among university students.

Conclusion

In conclusion, undergraduates of the University of Benin had perceived high knowledge of ECPS and have many misconceptions about ECPs.

Recommendations

The following recommendations were made;

1. The University of Benin should integrate comprehensive reproductive health education into general studies or orientation programs to ensure students receive accurate, evidence-based information about emergency contraception and reproductive rights.
2. Health workers and family planning counselors should be involved in regular campus sensitization programs and health talks to dispel misconceptions, correct misinformation, and promote responsible contraceptive behavior among students.
3. Since young people are active users of social media, reproductive health educators should leverage digital platforms and peer-education networks to circulate accurate information, counter online misinformation, and create safe spaces for dialogue on sexual health.

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