**INTRODUCTION**

 Despite the availability of highly effective methods of contraception, many pregnancies are unplanned and unwanted. These pregnancies carry a higher risk of morbidity and mortality, often due to unsafe abortion. Many of these unplanned pregnancies can be avoided by using emergency Contraception***(Alkhazrajy&Hadi, 2014).***

 Unintended pregnancy, resulting from unmet need for contraception, threatens the lives and wellbeing of women and their families globally. The latest estimates are that 222 million women have an unmet need for modern contraception and the need is greatest where the risks of maternal mortality are highest . In the least developed countries, 6 out of 10 women who do not want to get pregnant, or who want to delay the next pregnancy, are not using any method of contraception. (***WHO,2014)***.

 Women face many obstacles, including lack of access to information and health care services, opposition from husbands and communities, misperceptions about side effects, and cost. If these obstacles could be overcome and the demand for family planning met, 54 million unintended pregnancies, more than 79,000 maternal deaths, and more than a million infant deaths could be avoided each year (***Bongaarts, et al.,2012).***

 Contraceptive choice and access to family planning are key to achieving the Millennium Development Goals of reduced child mortality and improved maternal health, and can contribute to reduced povertyContraception can occur at a number of points in the basic reproductive biological process and through a number of contraceptive product options***(Lundgren, et al.,2012)&(***[***Colquitt***](http://jpp.sagepub.com/search?author1=Charlie+W.+Colquitt&sortspec=date&submit=Submit)***& Martin, 2015)***

 The most important objectives of family planning that are in accordance with objectives of WHO are: decreasing malnutrition among mothers and infants mortality rate, preventing malnutrition among mothers and infants by putting intervals between birth, providing suitable background for physical and mental health for whole of the family, preventing from undesired pregnancies and increasing the rate of population growth and coordinating with economic, social and cultural development***(Sedigheh, et al., 2014)***

 Emergency contraceptives are accessible and acceptable methods for most women, which their proper use could prevent about three quarters of unwanted pregnancies ***(***[***Alizadeh-Charandabi***](http://www.ncbi.nlm.nih.gov/pubmed/?term=Mohammad-Alizadeh-Charandabi%20S%5Bauth%5D), ***et al.,2012)***. Emergency contraception provides women with a last chance to prevent unintended pregnancy after sex, The available options for emergency contraception are two kinds of pills (Levonorgestrel, Ulipristal acetate) and the copper IUD. Of these the copper IUD is by far the most effective ***(Trussell, et al., 2014).***Access to emergency contraception and its need for increasing awareness and convenience is very important nowadays. Post-coital or emergency contraception is a simple, reliable and effective strategy***(Shohel, et al.,2014).***

 Emergency contraception pills (ECP) are among the 13 essential commodities in the framework for action established by the UN Commission on Life-Saving Commodities for Women and Children. Despite having been on the market for nearly 20 years, a number of barriers still limit women's access to ECP in low- and middle-income countries (LMIC) including limited consumer knowledge and poor availability(***Dawson, et al.,2014)***.

 The copper IUD (Cu-IUD) is the most effective method of emergency contraception (EC): pregnancy rates after EC treatment with Cu-IUD range from 0.04% to 0.19% compared to 2% to 3% with oral ECPs***(Kerns, et al., 2014).***

 Nurses play an important role in counseling and should have regular in-service training on EC. They should be encouraged to include EC issues during family planning counseling in postnatal care, Their Supportive attitudes will help set the stage for follow-up counseling about emergency contraceptive use and prevention of STIs***(Alkhazrajy&Hadi, 2014).***

**Significance of the problem:**

Unintended pregnancy is classified as pregnancies that are either mistimed or unwanted during the time of conception and can result in adverse outcomes both to the mother and to her newborn***(Oulman,etal., 2015).*** Globally, unsafe termination of pregnancy (TOP) remains a major public health problem and World Health Organization (WHO) reports that 21.6 million unsafe abortions occurred in 2008. Annually, an estimated 8.5 million women suffer from complications of unsafe TOP, resulting in 47,000 maternal deaths (***Ziraba, et al., 2015).***

 In Egypt, induced abortion, except to protect the health or life of the mother, is prohibited by law. Despite this legal restriction, clandestine abortions are fairly widely available in Egypt, to get rid from unwanted pregnancy. Illegal abortions in Egypt vary greatly in price and in safety. Poor women, who cannot afford even the most minimum level of safety, induce abortions with indigenous methods that place their lives at great risk ***(Mahmoud &Byomy, 2013).*** According to ***WHO, (2012)*** emergency contraceptive methodsare recommended for any woman of reproductive age, after unprotected intercourse, contraceptive failures or incorrect use, or in cases of sexual assault.

 Therefore this study was conducted to assess nurses' knowledge and perception regarding "Emergency Contraception" and how to use it to prevent unwanted pregnancies.

**SUBJECTS AND METHODS**

**Research design:**

A descriptive design has been adopted to fulfill the aim of the present study.

**I- Technical Design:**

 Technical design includes the research setting, sampling method and technique as well as tools of data collection.

1. **Research Setting**:

 The study was conducted at obstetrics and gynecology department in both benha university hospital and benha educational hospital.

 **B)** **Sampling**:

* **Sample type:** convenient sample (All available nurses**)** from the above mentioned settings.
* **Size and technique:**
1. nurses were recruited and includes:
* All available nurses working at obstetrics and gynecology department in benha university hospital (84 nurses).
* All available nurses working at obstetrics and gynecology department in benha educational hospital (21 nurses).

**C) Tools of Data collection:**

 The following tools were designed and used after reviewing related literature and under supervision of the supervisors of the study.

**I. A structured interview questionnaire** **(Appendix 1);** included the following parts**:**

**PART (1):**

General characteristics such as (Personal characteristics, Family history, Obstetric history, Family planning history.) containing 17 questions.

**PART (2):**

 Assessing knowledge of nurses working at obstetrics and gynecology department in both benha university hospital and benha educational hospital regarding emergency contraceptive methods through items written in simple arabic language containing (24 questions) in the form of multiple choice questions and open-ended questions for assessing the nurses' knowledge regarding the following:

* General Knowledge of emergency contraception.
* Knowledge regarding emergency contraceptive pills and IUDs and their side effects.
* Knowledge regarding management of emergency contraceptive side effects.
* Knowledge regarding efficacy of emergency contraceptive methods.
* **Knowledge's scoring system:-**

All knowledge variables were weighted according to items included in each question, The answers of the questions were classified into 3 categories. The answers would have score (2) for complete knowledge if more than 60% of given answer was selected. And would have score (1) for incomplete knowledge if less than 60% of given answer was selected. And the answer would have score (0) if it was (I don’t know).

The score of total knowledge was classified as the following:

 - Good: (≥ 75% complete answers).

 - Average: (60 - < 75% complete answers).

 - Poor: (< 60% complete answers).

**II. Modified likert scale (Appendix II):-**

 It was adopted from ***Alkhazrajy & Hadi, (2014), Thapa,(2013)*** and modified by the researcher and under the guidance of the supervisors of the study to have broader study about nurses' attitude. The scale was implemented by the researcher to assess attitude of the studied nurses as regarding to emergency contraceptive methods. The scale consisted of 21 statements from three-point (likert scale type) about several issues constructed to measure attitude of studied nurses regarding emergency contraceptive methods

**Attitude scoring system:**

To obtain the outcome of attitude scale, each statement scored as following: (2) if the response was "disagree", (1) if it was "uncertain", and (Zero) if it was "agree". The total score is expressed as a percentage.