



ISSN: 2091-2749 (Print)
2091-2757 (Online)

Correspondence

Ms. Vivechana Shakya
Lalitpur Nursing Campus
School of Nursing and
Midwifery, Patan Academy of
Health Sciences, Lalitpur, Nepal
Email:
shakyavivechana@gmail.com

Peer Reviewers

Assoc. Prof. Dr. Laxmi RC
Patan Academy of Health
Sciences

Asst. Prof. Dr. Sumana
Bajracharya
Patan Academy of Health
Sciences

Submitted

25 Apr 2019

Accepted

20 Dec 2019

How to cite this article

Vivechana Shakya, Nirmala
Ghimire. Knowledge and
attitude on emergency
contraception among
adolescent students of an
urban school. Journal of Patan
Academy of Health Sciences.
2020Apr;7(1):146-155.

DOI:

<https://doi.org/10.3126/jpahs.v7i1.28892>

Knowledge and attitude on emergency contraception among adolescent students of an urban school

Vivechana Shakya , Nirmala Ghimire 

Asst. Prof. Lalitpur Nursing Campus, School of Nursing and Midwifery, Patan Academy of Health Sciences, Lalitpur, Kathmandu, Nepal

Introduction: Emergency contraception (EC) is used to prevent pregnancy in the first 5 days after sexual intercourse, mainly unprotected intercourse, contraceptive failure, rape or coerced unprotected sex. This study aims to identify the knowledge and attitude on EC and associated factors among adolescent students.

Method: A cross-sectional study was conducted to find out knowledge and attitude on EC among adolescent students of both sex, grade 11 and 12 at Advanced Academy, a private school in Kumaripati, Lalitpur, Nepal, during 19 January 2018 to 13 February 2018. Non probability convenience sampling and self-administered questionnaire was used for data collection. Association of demographic variables with knowledge and attitude of EC and further correlation between knowledge and attitude were analysed. The SPSS 16 was used for data analysis.

Result: Out of 343 students, 211 (61.5%) had fair knowledge of EC, 125 (36.5%) poor and 7 (2%) good knowledge. Favourable attitude towards EC was found in 285 (83.1%) and unfavourable in 58 (16.9%). The mean age was 17.33 ± 0.98 years, 206 (60.1%) in 15-17 year age group (middle adolescence), female 143 (41.7%), and 160 (46.7%) from within Kathmandu valley. There was significant positive co-relation between knowledge and attitude and no significant association between demographic variables with knowledge and attitude.

Conclusion: Majority of adolescence students 15-21 years of age had favourable attitude but less knowledgeable in regard to emergency contraception.

Keyword: adolescents, emergency contraception, knowledge and attitude

Introduction

Emergency contraception (EC) refers to methods of contraception used to prevent pregnancy in the first 5 days after sexual intercourse.¹ Study among youths of Parbat district, Nepal, shows awareness of EC was only 47%. Despite of inadequate knowledge, attitude was found favourable. Age, sex, education and friends using EC were associated with knowledge and attitude.²

Adolescent girls less than 15 years are five times more likely to die in childbirth than women in their twenties.³ They account for only 11% of births but more than 20% of maternal deaths and disabilities.⁴ It is estimated that 70,000 teenagers die each year because of pregnancy.⁵ Childbearing at young age also affects the health and well-being of their children.⁴

An estimated 323,000 abortions were performed in Nepal, and 58% women undergo illegal abortions.⁶ Unwanted pregnancy and life threatening abortions may be reduced if the adolescents have proper knowledge of EC. The Ministry of Health and Population, Nepal, is implementing a peer educator program among young people ages 10 to 19 years.⁷ This study was designed to find out knowledge and attitude on emergency contraception and associated factors among adolescents students of an urban school in Kathmandu valley Nepal.

Method

A cross-sectional study was conducted to find out the knowledge and attitude of adolescent students of Advanced Academy, Kumaripati, Lalitpur, Nepal from during 19 January 2018 to 13 February 2018. Non probability convenience sampling technique was used. The students of grade 11 and 12, both male and female, aged 15-21 years, who were willing and available at the time of data collection were enrolled in the study.

The study was approved from Institutional Review Board of Institute of Medicine, Maharajgunj, Kathmandu, Nepal. Self-developed self-administered questionnaire consisting, Part I: Socio-demographic characteristics, Part II: Questions related to knowledge and Part III: Attitude related statements were used for data collection. There were 12 questions related to knowledge. Among them, six were multiple choice questions and six were multiple response questions. Likewise, there were ten statements regarding attitude, six positive and four negative. Total score of both knowledge and attitude was 30.

The overall total knowledge score was divided into three categories, poor (0-31%), fair (32-64%) and good (65-100%).⁸ Attitude was divided into two categories, unfavourable (score \leq 67) and favourable ($>$ 67).²

The validity of the instrument was maintained by reviewing related literature and consulting with subject experts. Reliability of the instrument was assured by pretesting in 10% of sample in a different school (Pinnacle Academy, Lagankhel, Lalitpur) and necessary modification was done. For example, in the part of knowledge related question, there was confusion in the word 'expulsion' in the option of question number eight and was changed as 'removal'. Similarly, there was confusion in the option of question number 11 which stated 'where you get emergency contraceptive pills'. The respondents got confused in the option of 'medical clinic' and was changed to 'family planning clinic'.

Permission was obtained from the school authority. Verbal informed consent was taken from each respondents. Privacy and confidentiality was maintained.

During the data collection time, students were asked to sit in their respective class rooms and avoid discussions while filling questionnaire. Questionnaire was distributed at the same time. Thirty to forty minutes was given to fill the questionnaire. The questionnaire were collected from them and

checked for missing information. Then the respondents were provided brief information regarding emergency contraception. Data were collected by researcher herself.

Data were analysed using SPSS 16. The study variables were age, sex, place of residence, education level, ethnicity, type of family, education of father and mother. The factors associated with knowledge and attitude were analysed using inferential statistic (chi-square test), $p < 0.05$ was considered statistically significant.

Result

Out of 343 students who participated in the study, good knowledge of EC was found in 211 (61.5%), Table 1, and favorable attitude regarding EC in 285 (83.1%), Table 2. And, 297 (86.6%) adolescents were ready to use Emergency Contraceptives (ECs) in case need arise, Table 3.

The mean age was 17.33 ± 0.98 years, 206 (60.1%) were in 15-17 year age group (middle adolescence), 143 (41.7%) were female, 160 (46.7%) from within the Kathmandu valley, 207 (72%) students from nuclear family and two 2 (0.6%) students were married.

Regarding ethnicity, 125 (36.4%) were Janjati, 99 (28.9%) Chhetri, 24.5 (24.5%) Brahmin, 20 (5.8%) Dalit and 15 (4.4%) were Muslim

Regarding education of father, 33 (9.3%) were illiterate and 310 (90.7%) literate. Among literate, 125 (40.3%) had completed secondary level, 78 (25.2%) primary, 58 (18.7%) bachelor and 49 (15.8%) master level education. Regarding education of mother, 82 (23.9%) were illiterate and 261 (76.1%) were literate. Among literate, the 113 (43.3%) had completed primary level, 102 (39.1%) secondary, 34 (13%) bachelor and 12 (4.6%) master level education.

Regarding knowledge on EC, 149 (43.4%) responded that the meaning of EC is contraception used to prevent pregnancy

after unprotected intercourse. Regarding another name of EC, 253 (73.8%) respondents said that it is known as emergency hormonal contraception, 86 (25.1%) said morning after pill and 81 (23.6%) said post-coital contraception. Likewise, 239 (69.7%) replied correctly that the time of using EC is within 72 hours to maximum 5 days of unprotected intercourse.

Regarding meaning of abstinence or safe period, 175 (51%) answered correctly as it is the period when there is no ovulation & no chance of being pregnant. On time duration of safe period 117 (34.1%) answered correctly saying that it is 7 days after menstruation begins and 10 days preceding menstruation. Regarding situations when EC should be used, 201 (58.6%) said condom breakage, slippage, or incorrect use, 142 (41.4%) said in cases of rape or coerced sex when the woman was not protected by an effective contraceptive method, 123 (35.9%) replied that when no contraceptive has been used, 82 (23.9%) replied that miscalculation of the abstinence period or safe period, 37 (10.8%) said removal of an intrauterine contraceptive device (IUD) and 34 (9.9%) said that three or more consecutively missed combined oral contraceptive pills.

Emergency contraceptive pills was considered as the method of EC by 298 (86.9%) and 57 (16.6%) said combined oral contraceptive pills or the Yuzpe method and copper-bearing intrauterine devices (IUDs) are the methods of EC. Regarding brand name of emergency contraceptive pills (ECPs), 245 (71.4%) said I-pill, 176 (51.3%) said E-con, 72 (21%) replied Depoprovera, 63 (18.4%) replied Unwanted - 72, 63 (18.4%) responded Feminor and 34 (9.9%) responded Sunaulo gulaf. Likewise, 255 (74.3%) answered pharmacy as place of getting ECPs and 203 (59.2%) family planning clinic and 37 (10.8%) answered Marie Stopes Centre (non-governmental organization delivers family planning and safe abortion services) as place of getting ECPs.

Regarding action to be done when vomiting occurs within two hours of taking ECPs, 85

(24.8%) replied correctly that the dose should be repeated. On the matter of side effects of using ECPs, 205 (59.8%) answered menstrual irregularities, 163 (47.5%) nausea/vomiting, dizziness, 144 (42.0%) lower abdominal pain and 42 (12.2%) breast tenderness.

There was no significant relationship between demographic variables (age, sex, place of

residence, education level, ethnicity, type of family, education of father and mother) with level of knowledge and attitude, Table 4, Table 5.

There was significant positive co-relation (0.163 in 2-tailed) between knowledge and attitude, $p = 0.003$.

Table 1. Knowledge of emergency contraception (EC) among adolescent school students of 15-19 years in grade 11 and 12, N=343

Characteristics	Frequency	Percent
Poor (0-31%)	125	36.5
Fair (32-64%)	211	61.5
Good (65-100%)	7	2.0
Mean of total Knowledge \pm SD: 11.59 \pm 3.68		

Table 2. Overall attitude score regarding EC among adolescent school students of 15-19 years in grade 11 and 12, N=343

Characteristics	Frequency	Percent
Favourable (>67)	285	83.1
Unfavourable (\leq 67)	58	16.9
Mean of total attitude \pm SD: 23.39 \pm 2.83		

Table 3. Attitude questionnaire regarding EC among adolescent school students of 15-19 years in grade 11 and 12, n=343

Items	Response		
	Agree	Neutral	Disagree
I will use Emergency Contraceptives (ECs) in case need arise	297 (86.6%)	40 (11.7%)	6 (1.7%)
ECs should be easily available in everywhere (Pharmacy, Clinics etc.)	256 (74.6%)	58 (16.9%)	29 (8.5%)
ECs should be inexpensive	218 (63.6%)	80 (23.3%)	45 (13.1%)
ECs should be easily available to all women who need it	220 (64.1%)	66 (19.2%)	57 (16.6%)
ECs are recommended only to married women and rape victims	71 (20.7%)	55 (16.0%)	217 (63.3%)
Recommending ECs use to a friend is dangerous	97 (28.3%)	95 (27.7%)	151 (44.0%)
ECs is said to be safe with minor side effects	175 (51.0%)	124 (36.2%)	44 (12.8%)
ECs can hurt the baby in case if it doesn't work	145 (42.3%)	135 (39.4%)	63 (18.4%)
ECs have many side effects which may bring infertility in future	185 (53.9%)	108 (31.5%)	50 (14.6%)
I will recommend ECs to anyone in need	232 (67.6%)	75 (21.9%)	36 (10.5%)

Discussion

In this study, out of 343 adolescent students, 211 (61.5%) had fair knowledge and 7 (2%) good knowledge and 125 (36.5%) poor knowledge regarding EC. Similar findings among 166 students of higher secondary school of Maiya Devi Kanya college, Chitwan had 87 (52.4%) fair knowledge, 2 (1.2%) good knowledge and 77 (46.4%) poor knowledge.⁹ These findings show that there is still lacking

of knowledge regarding EC among adolescents and more emphasis should be given on awareness programme on sexual health and emergency contraceptives among adolescents.

Contradictory to this findings, study done in 599 undergraduate students of Debremarkos University revealed that an overall 374 (62.5%) had good knowledge while

Table 4. Association between demographic variables and level of knowledge regarding EC among adolescent school students of 15-19 years in grade 11 and 12, N=343

Characteristics		Level of Knowledge		X ²	p
		Poor	Good		
Age group	Middle Adolescence (15-17)	73 (35.4%)	133 (64.6%)	0.22	0.63
	Late Adolescence (18-21)	52 (38.0%)	85 (62.0%)		
Sex	Male	63 (31.5%)	137 (68.5%)	5.06	0.24
	Female	62 (43.4%)	81 (56.6%)		
Place of Residence	Kathmandu Valley ¹	49 (14.3%)	111 (32.4%)	4.38	0.36
	Out of Valleys	76 (22.2%)	107 (31.2%)		
Education Level	Grade 11	66 (19.2%)	137 (39.9%)	3.31	0.06
	Grade 12	59 (17.2%)	81 (23.6%)		
Ethnicity	Brahmin/Chhetri	64 (35.0%)	119 (65.0%)	5.41	0.06 ²
	Janjati	42 (33.6%)	83 (66.4%)		
	Dalit & others	19 (54.3%)	16 (45.7%)		
Type of family	Nuclear	85 (34.4%)	162 (65.6%)	1.57	0.21
	Joint & extended	40 (41.7%)	56 (58.3%)		
Education of father	Illiterate	12 (37.5%)	20 (62.5%)	0.01	0.89
	Literate	113 (36.3%)	198 (63.7%)		
Education of mother	Illiterate	29 (35.4%)	53 (64.6%)	0.05	0.81
	Literate	96 (36.8%)	165 (63.2%)		

¹Kathmandu, Lalitpur & Bhaktapur; ²Likelihood Ratio with df 2

Table 5. Association between demographic variables and level of attitude regarding EC among adolescent school students of 15-19 years in grade 11 and 12, N=343

Characteristics	Level of Attitude		X ²	P value
	Favourable	Unfavourable		
Age group				
Middle adolescence (15-17)	172 (83.5%)	34 (16.5%)	0.06	0.80
Late adolescence (18-21)	113 (82.5%)	24 (17.5%)		
Sex				
Male	163 (81.5%)	37 (18.5%)	0.86	0.35
Female	122 (85.3%)	21 (14.7%)		
Place of residence				
Kathmandu Valley (Kathmandu, Lalitpur & Bhaktapur)	135 (84.4%)	25 (15.6%)	0.35	0.55
Out of valleys	150 (82.0%)	33 (18.0%)		
Education Level				
Grade 11	165 (81.3%)	38 (18.7%)	1.15	0.28
Grade 12	120 (85.7%)	20 (14.3%)		
Ethnicity				
Brahmin/Chhetri	153 (83.6%)	30 (16.4%)	3.98	0.13 *
Janjati	107 (85.6%)	18 (14.4%)		
Dalit & others	25 (71.4%)	10 (28.6%)		
Type of family				
Nuclear	208 (84.2%)	39 (15.8%)	0.78	0.37
Joint & extended	77 (80.2%)	19 (19.8%)		
Education of father				
Illiterate	27 (84.4%)	5 (15.6%)	0.04	0.83
Literate	258 (83.0%)	53 (17.0%)		
Education of mother				
Illiterate	70 (85.4%)	12 (14.6%)	0.39	0.52
Literate	215 (82.4%)	46 (17.6%)		

*Likelihood Ratio with df 2

225 (37.5%) had poor knowledge.¹⁰ The contradictory findings seen in out of country showed that there is lack of awareness and communication on sexual health in our country. It probably may be because of cultural differences and less education.

In present study, most of the respondents 285 (83.1%) had favourable attitude towards EC. There was significant positive co-relation (0.163 in 2-tailed) between knowledge and attitude, $p < 0.003$. Similar to this findings the cross-sectional study conducted in Haramaya University, Ethiopia showed that 208 (76.5%) had favorable attitude and 64 (23.5%) had unfavourable attitude.¹¹

However, study conducted in Maiya Devi Kanya college, Chitwan showed that more than half of respondents (57.44%) had positive attitude, less than half of the respondents (28.40%) had negative attitude and 14.16% had neutral view on it and there is no statistically significant relationship between the knowledge and attitude score, correlation coefficient (r) 0.047, p value 0.551.⁹ These findings showed that there is positive changes in attitude in the differences of time period and people are becoming aware in their health.

In the present study, there was no significant relationship between demographic variables (age, sex, place of residence, education level, ethnicity, type of family, education of father and mother) and level of knowledge and attitude. The reason behind insignificant result may be because of medias, exposure to urban areas and awareness and curiosity among adolescents. Contradictory to this findings the cross-sectional study conducted in Haramaya University, Ethiopia revealed that age, previous place of residence, religion, grade level, knowing other methods of preventing unwanted pregnancy have become significant predictors of EC. Similarly, religion, grade level, father's educational level, knowing other methods of preventing unwanted pregnancy were found to significantly predictor of attitude toward EC.¹¹

In this study, nonprobability convenience sampling technique was used and the study is only limited to Advanced Academy, Kumaripati, the urban private school in Kathmandu valley, which may not be generalized from students from other parts of the country.

Conclusion

This study found that adolescent school students had favourable attitude but less knowledgeable for emergency contraception. There was no significant relationship between demographic variables with level of knowledge and attitude.

Acknowledgement

We thank the students for their participation in this study.

Conflict of interest

None

Funding

None

Author Contribution

All authors read and approved final manuscript; VS: Concepts, title selection till completion of manuscript preparation & review; NG: Concept preparation, designing, searching or literature review, data collection & analysis, manuscript preparation & review.

Reference

1. World Health Organization. Emergency contraception. Who.int [internet]. Fact Sheets. [Weblink](#)
2. Subedi S, Knowledge, attitude and practice of emergency contraception among youths of Parbat district. Journal of Health and Allied Sciences. 2012;2(1):50-3. [GoogleScholar](#) [Weblink](#)

3. Spotlight Nepal. Teenage pregnancies: growin0g challenge. New Spotlight News Magazine [internet]. 2013;7(10). [Weblink](#)
4. Children’s investment fund foundation. Health: every child born healthy. Children’s Investment Fund Foundation [Internet]. [Weblink](#)
5. Yasmin G, Kumar A, Parihar B. Teenage pregnancy - its impact on maternal and fetal outcome. Int J Sci Study. 2014;1(6):9-13. [Weblink](#)
6. Gautam M. Unsafe abortions menacingly high. Kathmandupost.com [internet]. 2017 April 3. [Weblink](#)
7. KC U, Bhattarai T. Nepalese teen girls endanger their health through overuse of morning-after pill. Global Press Journal [internet]; 2014 Jun 4. Special Report. [Weblink](#)
8. Babatunde OA, Ibirongbe DO, Omede O, Babatunde OO, Durowade KA, Salaudeen AG, Akande, TM. Knowledge and use of emergency contraception among students of public secondary schools in Ilorin, Nigeria. Pan Afr Med J. 2016;23:74. DOI [PubMed](#) [GoogleScholar](#) [Weblink](#)
9. Thapa S, Lopchan M, Mehta RK. Knowledge and attitude regarding emergency contraception among higher secondary students. IOSR Journal of Nursing and Health Science. 2015;4(3):46-9. [GoogleScholar](#) [Weblink](#)
10. Tesema M, Bayu H. Knowledge, attitude and practice on emergency contraception and associated factors among female students of Debre-Markos university, Debre-Markos town, East Gojam Zone, North west Ethiopia, 2013. Global Journal of Medical Research: E Gynecology and Obstetrics. 2015;1. [Weblink](#)
11. Desta B, Regassa N. On emergency contraception among female students of Haramaya University, Ethiopia: surveying the level of knowledge and attitude. Educational Research. 2011;2(4):1106-17. [GoogleScholar](#) [Weblink](#)

Supplement

Questionnaire

Self-administered Questionnaire regarding Emergency Contraceptives (ECs)

Instruction: Please put on tick mark (v) in the bracket whichever you feel is the correct one.

Socio-demographic characteristics of respondents

1. Age
2. Sex
 - Male ()
 - Female ()
3. Place of Residence (Mention the District)
4. Marital Status
 - Single ()
 - Married ()
5. Education
 - Grade 11 ()
 - Grade 12 ()
6. Ethnicity
 - Brahmin ()
 - Chhetri ()
 - Janjati ()
 - Dalit ()
 - Other.....

7. Type of Family
- Neutral ()
 - Joint ()
 - Extended ()

Factors associated with the awareness of ECs

1. Engaged in any occupation
2. Education of Father
 - Illiterate ()
 - Primary ()
 - Secondary ()
 - Bachelor ()
 - Master ()
3. Occupation of Father
4. Education of Mother
 - Illiterate ()
 - Primary ()
 - Secondary ()
 - Bachelor ()
 - Master ()
5. Occupation of Mother
6. Source of Reproductive Health information or sex education
 - Mother ()
 - Sister ()
 - Friends ()
 - Specify if other members.....
 - Medias(T.V, radio) ()
 - Health magazine ()
 - Books/Internet ()
 - Health personnel ()
 - No any information ()

Knowledge about Emergency Contraceptives (ECs)

1. What is **Emergency Contraception**(EC)?
 - Methods of contraception used to prevent pregnancy after unprotected intercourse ()
 - Methods of contraception used to protect from sexual transmitted disease ()
 - Methods of contraception used to maintain birth spacing ()
 - Methods of contraception used for abortion ()
2. Which one is the correct statement regarding EC?
 - Emergency contraceptive should prevent HIV/AIDS ()
 - Emergency contraceptive should be used for abortive process ()
 - Emergency contraceptive should not be used regular as other contraceptive pill ()
 - Emergency contraceptive should not be used before 72 hours of unprotected intercourse ()

3. Which is the correct time of using **Emergency Contraception Pills (ECPs)**?
 - When menses is missing ()
 - Immediately after unprotected intercourse ()
 - Within 72 hours to maximum 5 days of unprotected intercourse ()
 - As soon as possible to 10 days of unprotected intercourse ()
4. How to use ECPs?
 - Take one contraceptive pill per day ()
 - Take contraceptive pill after sexual intercourse within 72hours ()
 - Taking contraceptive pills when missing menses ()
 - Insert hormonal injection every three months ()
5. What should one do when vomiting occurs within 2 hours of taking ECPs?
 - The dose should be repeated ()
 - Withhold the second dose ()
 - Take one more pill ()
 - Nothing to be done ()
6. What do you understand by abstinence or safe period?
 - The period when there is no ovulation but chance of being pregnant ()
 - The period when there is no ovulation & no chance of being pregnant ()
 - The period when there is ovulation & less chance of being pregnant ()
 - The period when there is ovulation & high chance of being pregnant ()
7. Which of the following is the safe period?
 - Day 8 through day 19 of menstruation ()
 - Day 20 and before onset of next menstrual cycle ()
 - 4 days after menstruation begins and 20 days preceding menstruation ()
 - 7 days after menstruation begins and 10 days preceding menstruation ()

Following questions have multiple correct answers, whichever you feel correct; you can put on tick mark (**v**) in the brackets.

8. In what situations should emergency contraception be used?
 - When no contraceptive has been used ()
 - Condom breakage, slippage, or incorrect use ()
 - 3 or more consecutively missed combined oral contraceptive pills ()
 - Miscalculation of the abstinence period or safe period ()
 - In cases of rape or coerced sex when the woman was not protected by an effective contraceptive method ()
 - Removal of an intrauterine contraceptive device (IUD) ()
9. Which of the following are the methods of **Emergency Contraception**?
 - Emergency contraception pills (ECPs) ()
 - Combined oral contraceptive pills or the Yuzpe method ()
 - Copper-bearing intrauterine devices (IUDs). ()
 - Depoprovera injection ()
10. What are the side effects of frequent using of ECPs?
 - Menstrual irregularities ()
 - Nausea/vomiting, dizziness ()
 - Lower abdominal pain, headache ()
 - Increase of appetite ()

11. Where do you get ECPs?
- Hospital ()
 - Pharmacy ()
 - Family Planning Clinic ()
 - Marie Stopes centre ()
12. What are the some of the brand name of ECPs?
- E-con ()
 - I-pill ()
 - Unwanted -72 ()
 - Sunaulo gulaf ()
 - Feminor ()
 - Depoprovera ()

Attitudes towards ECs

1. I will use ECs in case need arise. Yes () No ()
2. ECPs should be easily available in everywhere (Pharmacy, Clinics etc.) Yes () No ()
3. ECs should be easily available to all women who need it. Yes () No ()
4. I will recommend ECs to anyone in need. Yes () No ()
5. Recommending ECs use to a friend is dangerous. Yes () No ()
6. ECs are recommended only to married women and rape victims. Yes () No ()
7. EC pills can hurt the baby in case if it doesn't work. Yes () No ()
8. ECPs have many side effects which may bring infertility in future. Yes () No ()