Emergency contraceptive pills (ECPs) are a critical option to prevent pregnancy after sexual intercourse.\textsuperscript{1} They fill a unique niche in the family planning method mix: ECPs are user-controlled and can serve as a backup for broken condoms, unplanned or coercive sex, and mistakes made with fertility awareness birth control methods. One quarter of women with unmet need for contraception in developing countries state they are not using a method because they have infrequent sex; for them, emergency contraception may be a valuable option.\textsuperscript{2} Women who have been raped or experienced coerced sex, or face barriers to contraceptive access, are particularly in need of emergency contraception.

ECPs are very safe, simple to use, and suitable for women of all ages, including adolescents. ECPs work primarily by preventing or delaying the release of eggs from the ovaries. Side effects are mild and transient and no medical screening is needed making ECPs appropriate for over-the-counter use. They can be used up to 5 days following unprotected sexual intercourse—though they are more effective the sooner they are used.

To seek out emergency contraception, women must be aware that the option of using a contraceptive method AFTER sex exists. Need for EC is often urgent and unplanned and the time frame for use is short. \textbf{Therefore, individual knowledge or awareness of ECPs is a crucial precursor to using ECPs.}

\textbf{Yet too many women still do not know about ECPs.}

In most countries that capture ECP knowledge in their most recent demographic and health survey (DHS), the majority of women do not know that ECPs exist (see Figure 1 showing all DHS survey countries). In 35 countries, less than a quarter of women have heard of ECPs. More recently, PMA2020 data collected in eight African countries found similar low rates of knowledge.\textsuperscript{3}

Across regions, Asian countries appear to have the lowest levels of knowledge about ECPs among women of reproductive age. Women in many Francophone African countries were also found to have very low awareness of EC. Highest levels of knowledge are found in Colombia, the Dominican Republic, Kenya, Ghana, and Peru. Lowest levels of knowledge are found in Timor-Leste, Niger, Azerbaijan, Chad, and Egypt. In almost all countries, unmarried sexually active women report higher levels of knowledge of ECPs as compared to married women.
Knowledge of ECPs has increased over time.

Even though ECP knowledge is low at a global level, knowledge within countries has increased over time. With sustained and concerted effort, it is possible to improve awareness of ECPs demonstrated in Figure 2 below.

More work is necessary to raise awareness of ECPs.

ECPs fill an important gap in the family planning method mix. Their unique characteristics make them particularly valuable to women who prefer to use contraception on an as-needed basis, or
who were not able – for a range of reasons – to use contraception in advance of need.

Strategies to increase awareness of ECPs include:

- Ensuring that women who are counseled on family planning are made aware of the existence of ECPs, especially for those women who do not leave the clinic with a long-acting contraceptive method.
- Integrating information about ECPs into family planning counseling materials: brochures, flipcharts, posters, etc.
- Programming accurate information about ECPs in the media, including radio and television shows, newspapers and magazines, and other sources of information that reach the general public.
- Increasing the visibility of ECPs in pharmacies and clinics, such as with posters, brochures, and product placement on shelves/counters.
- Training a wide range of providers in clinics and pharmacies, as well as those providing care to sexual assault survivors, in how to correctly provide emergency contraception.

Notes

1 The other EC option is the insertion of a copper intrauterine device (copper IUD) within 5 days of unprotected intercourse.
