Appendix 1

1. Questionnaire on the knowledge, attitude and practices of young Nigerian graduates on emergency contraception's

We are advocates of reproductive health in North western Nigeria carrying out a study to assess the take among our young females on emergency contraceptives. It may impress you to know that information you volunteer here shall be treated confidentially and used purely for research. The results obtained shall also be tailored towards bettering the reproductive health and right of all women in the reproductive age group, in Nigeria and elsewhere on the globe.

2. Demographic data

Age: -----years Tribe: Hausa [] Yoruba [] Igbo [] others, please specify [] Religion: Islam [] Christianity [] others, please specify [] Marital status: Married [] Single [] State of origin------Educational qualification: HND [] 1st degree [] 2nd degree [] Course studied------

3. Knowledge

Do you know what emergency contraception is? Yes [] No [] Not sure []

If yes, what do you know about emergency contraception? (Tick as appropriate among these options)

- a. It can be employed in rape cases Yes [] No [] I don't know []
- b. It entails avoidance of sex. Yes [] No [] I don't know []
- c. It implies avoidance of pregnancy without abstaining from sex. Yes [] No [] I don't know []
- d. It is recommended when condom has broken. Yes [] No [] I don't know []
- e. It can be used when intrauterine device is out of place. Yes [] No [] I don't know []
- f. It can be used continuously as a means of contraception. Yes [] No [] I don't know []
- g. It can be used to dislodge early pregnancy. Yes [] No [] I don't know []
- h. It is not effective after 3 days (72 hours). Yes [] No [] I don't know []
- i. Can it cover for sexually transmitted infections (STIs)? Yes [] No [] I don't know []

Which types of emergency contraception do you know? -----

Do you know any emergency oral contraceptive pill? Yes [] No []

If yes, mention it/them------How is/are it/they used? ------

4. Attitude and practice

- a. Do you consider it morally alright to use an emergency contraception? Yes [] No []
- b. Have you ever applied any emergency contraception? Yes [] No []
- c. If yes, which type(s) have you used? Oral pill [] others, pls specify []
- d. Have you ever been involved in any act that requires it? Yes [] No []
- e. Do you access emergency contraceptive services? Yes [] No []
- f. If yes, where? In a family planning clinic [] A private doctor [] Others, pls specify []
- g. Was it effective for you? Yes [] No []
- h. Who introduce you to the emergency contraception? Doctor [] Friend [] Sexual partner [] Drug marketer [] Others, pls specify []
- i. Have you ever introduced anybody to an emergency contraceptive method? Yes [] No []

If yes, which type? (You may name the type) -------How is the type you mentioned above used? ------