



## KNOWLEDGE REGARDING EMERGENCY CONTRACEPTIVE AMONG WOMEN RESIDING IN PRANTIJ VILLAGE, GUJARAT

Mrs. Vaibhavi Panchal\*

(M.SC. Nursing OBGY ) Lecturer, Dr. Hedgewar College Of Nursing Aurangabad Maharashtra, India. \* Corresponding Author

### ABSTRACT

The study was conducted with the purpose to assess the effectiveness of planned teaching on knowledge regarding emergency contraceptives among women. A one group pre test and post test design (Quasi experimental research design) was chosen for the study. the sampling technique used was non-probability convenient sampling and 100 women were selected conveniently to suit the study. The data was collected by structured Questionnaire with 20 items. Major findings of the study show the mean score of pre test was  $7.82 \pm 2.54$  with a mean percentage score of 39.1 and the mean score of post test was  $14.35 \pm 1.93$  with a mean percentage score of 71.75. The levels of knowledge during the pretest and post test are compared to prove the effectiveness of planned teaching. Significance of difference at 5% level of significance is tested with student's paired 't' test value is 1.09 and tabulated 't' value is compared with calculated 't' value. Also the calculated 'p' values are compared with acceptable 'p' value i.e. 0.05. hence, H1 hypothesis is accepted for the present study. So the present study concludes that planned teaching was effective regarding emergency contraceptive among the women by the increase in their knowledge regarding emergency contraceptive.

**KEYWORDS :** Planned Teaching, Emergency Contraceptives, Women.

### INTRODUCTION

Emergency contraceptives (EC) is the only method women can use to prevent pregnancy after they have had unprotected sexual intercourse, have experienced a contraceptive failure, have remembered too late that they have forgotten to take their birth control pills, or have been forced to have sex against their will. EC is sometimes referred to as "morning-after" or "post-coital" contraception. EC is intended for occasional or emergency use only and not as a regular means of contraception. Formerly, EC was thought to be effective only within 72 hours, but recent studies have confirmed it is effective for up to 120 hours. The copper-releasing intrauterine device (IUD) can be used safely for EC up to 5 days after unprotected intercourse, reducing the risk of pregnancy by over 99 percent. EC is largely underutilized worldwide and has been referred to as one of the best kept secrets in Reproductive Health. Globally, use of EC is relatively low. In the United States usage has been reported as 9.4%, in South Africa as 4% and in Iran as 5.2%. In addition, studies have showed that knowledge, on emergency contraception among women is limited.

### NEED OF THE STUDY

Each year globally about 250 million pregnancies occur. One-third of these pregnancies are unintended, of which 20% terminated by induced abortion. In low income countries, more than one-third of the 182 million pregnancies are unintended; of which 19% are terminated by induced abortion. Among the induced abortion 11% are unsafe.

Government of India introduced ECP in the National Family Planning Program in 2003. It is currently available in two oral dose regime of 0.75 mg Levonorgestrel each, first dose to be taken within 72 hours of unprotected sexual intercourse and the second dose to be taken 12 hours after the first dose. ECP is being used as a prescription drug by practitioners and is available at the Primary Health Centre and Community Health Centre level. But even after so many years of introduction of ECP, its awareness among community members as well as providers is very low, especially in the rural areas. Only few know about ECP as a method to prevent unwanted pregnancy after unprotected intercourse and even among those who are aware of ECP, very few know how to use it correctly.

In India, a baby is born every 1.25 seconds. Couple protection

rate is still only 41%. Seventy-eight percent of the pregnancies in India are unplanned and at least 25% are unwanted. Every year 11 million abortions take place and at least half of these are unsafe and associated with a high morbidity and mortality. At least 20,000 women are dying annually due to abortion related complications. Unprotected sexual intercourse and method failure lead to unintended pregnancies. Emergency contraception (EC) promises to be useful in such cases by preventing unwanted pregnancies following unprotected sex. In India, the levonorgestrel method has been approved and is incorporated in the National Family Welfare Program. The aim of this study was to assess the awareness and level of knowledge towards EC among women coming for induced abortion since this group could have directly benefited from the knowledge of EC.

As per data from WHO, 21.6 million unsafe abortions occurred globally in 2008, out of which 47 000 women died from abortion-related complications, contributing to 13% of global maternal mortality. An estimated 80 million unintended pregnancies will occur in 2012 in the developing world, resulting in 30 million unplanned births, 40 million abortions and 10 million miscarriages. A considerable proportion of these abortions can be prevented by the timely use of emergency contraception.

### STATEMENT OF THE PROBLEM

"A STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED TEACHING ON KNOWLEDGE REGARDING EMERGENCY CONTRACEPTIVES AMONG WOMEN RESIDING IN PRANTIJ VILLAGE."

### OBJECTIVES OF THE STUDY

- 1) To assess the knowledge of women regarding emergency contraceptives (EC).
- 2) To evaluate the effectiveness of planned teaching regarding emergency contraceptives (EC).
- 3) To compare the pre test knowledge score of women with selected demographic variables.

### HYPOTHESIS

- 1) H1:-there is significant difference between the pre and post test knowledge score of women regarding emergency contraceptives (EC) after planned teaching.
- 2) H2:-There is significant association between pre test knowledge score with selected demographic variables.

**RESEARCH METHODOLOGY**

**Research Design :**

A one group pre test and post test design (Quasi experimental research design) was chosen for the study.

**Sample, Sample size and Sampling technique**

100 samples were collected for the present study by using non probability convenience sampling technique.

**Development and Description of the Tool**

- By own experience, theoretical knowledge and guidance from the expert along with the review of literature helped in developing the tool necessary for the study. The following tools developed for the study
- Demographic variables
- Knowledge questionnaire
- Planned Teaching

It has three parts,

- Part 1: Consists of demographic characteristics of sample seeking information such as age, religion, residence, educational status, occupation, type of family
- Part 2: Consist of knowledge items regarding emergency contraceptive.
- A score of "1" was given for each correct answer for every question. The total score was 20. No negative scoring was given.
- Part 3: Planned teaching on emergency contraceptive.

**Scoring scale**

- Very poor 0-4
- Poor 5-8
- Average 9-12
- Good 13-17
- Excellent 18-20

**VALIDITY AND RELIABILITY**

In order to obtain content validity , the tool and planned teaching was given to 16 experts which includes from department of obstetrics and gynaecology , department of obstetric and gynaecological nursing, department of community health nursing, department of English, department of statistics. After receiving opinions from the experts and consultation from the guide some modifications were done in framing the item and same were incorporated into the tool and planned teaching. It is designed to be measure (Polit and Beck 2004) Reliability analysis done by Guttman Split Half Coefficient =0.05. The tool is significant. Reliability of tool =0.84

**DATA COLLECTION**

taken written permission from the concern authority of the panchayat of Prantij Village then he will approach to the sample she will introduce herself and informed them about the nature of the study so as to ensure better co-operation during the data collection. A Pre test was conducted by using structured questionnaire administer before planned teaching to the subjects. Post test was conducted on 7<sup>th</sup> day.

**DATA ANALYSIS AND INTERPRETATION**

A structured questionnaire to collect knowledge was used for data collection. The analysis was done with the help of inferential and descriptive statistics.

The analysis and interpretation of the observations are given in the following section:

- Section A- Percentage wise distribution of women with regards to demographic variables.
- Section B- Assessment of knowledge regarding emergency contraceptives among women
- Section C: Effectiveness of planned teaching on knowledge regarding emergency contraceptives among

women

- Section D- Association of knowledge score of women with selected demographic variables.

**SECTION A**

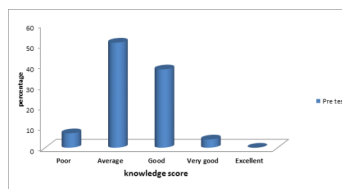
This section deals with distribution of women with regards to demographic variables.

Distribution of women according to their age reveals that 15 (15%) in 18-24 years, 31(31%) in 25-31 years, 48(48%) in 32-38 years and 6 (6%) in 39-45 years. Distribution of women according to their religion reveals that 92(92%) are Hindu and 8(8%) are others. Distribution of women according to their residence reveals that 50(50%) in urban and 50(50%) in rural. Distribution of women according to their education reveals that 17(17%) are primary education ,69(69%) are secondary education , 6 (6%) are graduate and 8 (8%) are post graduates Distribution of women according to their occupation reveals that 54(54%) are labour, 8 (8%) are government employee, 38 (38%) are home maker. Distribution of women according to their type of family reveals that 79(79%) are under joint family, 6 (6%) are nuclear family, 15(15%) are under extended family.

**SECTION B**

This section deals with the assessment of knowledge of women regarding emergency contraceptive.

below graph shows that 7 (7%) of women were having poor level of knowledge score, 51(51%) of women were having average level of knowledge score, 38(38%) of women were having good level of knowledge score, only 4(4%) had very good level of knowledge score. The minimum score was 4 and the maximum score was 13, the mean score was 7.82 ± 2.54 with a mean percentage score of 39.1.



**FIGURE 1: knowledge score regarding emergency contraceptives among women in Pre test**

**SECTION C**

This section deals with the effectiveness of planned teaching on knowledge regarding emergency contraceptive.

The below table shows that in **Pre-test** 7 (7%) of women were having poor level of knowledge score , 51(51%) of women were having average level of knowledge score, 38(38%) of women were having good level of knowledge score, only 4(4%) had very good level of knowledge score. The minimum score was 4 and the maximum score was 13, the mean score was 7.82 ± 2.54 with a mean percentage score of 39.1.

The below table shows that in **Post- test** 14(14%) of women were having good level of knowledge score, 83(83%) of women were having very good level of knowledge score. And 3(3%) of them had excellent level of knowledge score. The minimum score was 9 and the maximum score was 17, the mean score was 14.35 ± 1.93 with a mean percentage score of 71.75.

The hypothesis is tested statistically with distribution of pretest and posttest mean and standard deviation and mean difference. The levels of knowledge during the pretest and post test are compared to prove the effectiveness of planned teaching. Significance of difference at 5% level of significance is tested with student's paired 't' test value is 1.09 and tabulated 't' value is compared with calculated 't' value. Also

the calculated 'p' values are compared with acceptable 'p' value i.e. 0.05. hence, H1 hypothesis is accepted for the present study.

**Table 1. Percentage wise distribution of Effectiveness of planned teaching on knowledge regarding emergency contraceptives among women**

Level of knowledge score	Score range	Percentage score	Knowledge Score	
			Pre Test	Post Test
Poor	0-4	1-20%	7	0
Average	5-8	21-40%	51	0
Good	9-12	41-60%	38	14
Very Good	13-16	61-80%	4	83
Excellent	17-20	>80%	0	3
Minimum score			4	9
Maximum score			13	17
Mean score			7.82 ± 2.54	14.35±1.93
Mean %			39.1	71.75

**SECTION D**

Association of knowledge score of women with selected demographic variables.

There is no significant association of knowledge regarding emergency contraceptives among women with age in year, religion of women, residence of women, education of women, occupation of the women and type of family. As calculated 't' value is 1.09 and calculated 'f' value is much higher than tabulated value at 5% level of significance

**IMPLICATIONS**

The findings of the study have implication in nursing service, nursing education, nursing administration, nursing research

**Implication for nursing service**

The content of the planned teaching module will help the Nursing personnel in all areas like hospital as well as community area and clinics for teaching the couples for adopting contraceptive methods which is suitable to them. The findings will help the nursing personnel to estimate the effectiveness of planned teaching module. The content of planned teaching module will help the nursing personnel to know different methods, its complication, advantages and proper uses which will help to explain the couples while giving health education the content will help the health care providers to avoid misconceptions about each method.

**Implication for Nursing Education**

The nurse educator can use the planned teaching module to teach the student as well as peripheral level health workers and women to improve their knowledge, attitude towards temporary methods including emergency contraception and motivate the couples for contraceptive practices.

**Implication for Nursing Research**

Based on the present study further research can be conducted related to practice of contraception and the factors influencing the use of contraception. Exclusively illiterate couples can be taught to improve their knowledge on contraceptive methods, to develop positive attitude towards the available highly effective, long acting contraception and to improve their practice. so special module can be prepared on this aspects. Nursing research will help to know the nurses role in developing knowledge of the people and developing the attitude related to use of contraceptives.

**Implication for Nursing Administration**

Nursing Administration should take active part in policy making, developing, validating , approving protocols , procedures and standing orders concerning planned

teaching for couples and individuals They should concentrate on proper selection, placement and effective utilization of the nurses in all areas, giving room for creativity, interest and ability in providing planned teaching for the needed areas must provide opportunity for innovations, trial of emerging trends in the planned teaching in fostering care.

**RECOMENDATIONS**

Recommendations for further study Based on the findings of the study the following recommendations could be made:

- An Experimental study can be carried out with only one group pre and post-test design on Emergency Contraceptive methods.
- Comparative study can be conducted in urban and rural areas.
- A multiple time series design can be adopted for the assessment of practice which will increase the certainty with which the researcher can generalize the findings.
- Study can be conducted at hospital settings among the post-natal mothers and follow up can be done to assess their practice and effective practice which will give more effectiveness to the couples and the society.
- Study on Emergency Contraception can be conducted among the adolescents in the schools to prevent unwanted pregnancies and unwed mothers.
- A self instructional module can be prepared related to contraceptive methods and find out its effectiveness
- A follow up Study only related to practice can be done to motivate couples for practice.

**REFERENCES**

1. Basavanthappa B.T Textbook of Midwifery and Reproductive Health Nursing, 1st edition, Jaypee Brothers, Medical Publishers New Delhi; 2006 Pp. 96- 99
2. Basavanthappa B.T Nursing Research , 2nd edition, Jaypee Brothers, Medical Publishers New Delhi; 2007 pp. 189.
3. N Hooja, P Mital. Knowledge, Attitude And Practices Relating To Emergency Contraception Among College Girls And Their Mothers, The Internet Journal of Gynaecology and Obstetrics. Volume 16, Number 1, 2012
4. Mehra Reeti, Goel Poonam, Duga Deepti, Huria Anju, The Journal of Obstetrics and Gynaecology of India, Department of Obstetrics and Gynecology, Government Medical College and Hospital, Chandigarh; Vol. 56, No. 3 : May/June 2006; Pp 233-235, drrectidatta@yahoo.co.in
5. Kiran G Makade, Manasi Padhyegurjar, Shekhar B Padhyegurjar, R N Kulkarni. national journal of community medicine, vol 3 issue 1 study of contraceptive use among married women in a slum in Mumbai; jan-march 2012, cool\_kiranmak@rediffmail.com.
6. Prakash R. Shelat, Nikunj H. Hihoriya, Shivaprasad Kumbar, International Journal of Basic & Clinical Pharmacology 1(2)2012; 77-84
7. Purushottam A Giri, Vidyadhar B Bangal Deepak B Phalke North American Journal of Medical Sciences, Volume : 5, Issue : 1, Published by Medknow 17-Jan-2013, Pp : 37-40, http://www.najms.org/text.asp?2013/5/1/37/106193
8. Hansen LB, Saseen JJ, Teal SB. Levonorgestrel-only dosing strategies for emergency contraception. Pharmacotherapy; Feb 2007, Pp. 278-284.
9. Brunton J, Beal MW. Current issues in emergency contraception. Journal Midwifery Womens Health; Nov-Dac. 2006, Vol. 6, Pp. 457-463.
10. Croxatto HB, Fernandez SD. Emergency contraception - a human rights issue. Best Practice Research Clinical Obsteletic Gynaecology; June 2006. Vol.20. Pp.311-322.