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A COMPARATIVE STUDY TO ASSESS THE KNOWLEDGE REGARDING THE EMERGENCY CONTRACEPTIVE AMONG CHILD BEARING AGED WOMEN IN SELECTED RURAL AND URBAN AREA OF BILASPUR (C.G.)

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ABSTRACT

Contraceptive provide women with a safe and effective means to avoid unwanted pregnancies or pregnancies that may place their health at risk these pregnancies may have serious consequences including illness disability and even death. **Objective:** The current study was undertaken to assess the knowledge regarding emergency contraceptive among child bearing aged women**. Materials and Method:** The research approach used for the study was Quantative approach and research design was descriptive research design. Total 60 child bearing aged women enrolled by non-probability purposive sampling technique, 30 in each in rural an urban area. A self-structured questionnaire was used to collect the data which consist of 09 socio-demographic and 20 multiple choice questions. **Findings:** The major findings of the study were out of 60 child bearing aged women. In urban area 60% had good knowledge, 26.6% had average knowledge 13.3% had poor knowledge regarding emergency contraceptive. Where as in rural area 33.3% had good knowledge, 26.6% had average knowledge and 40% poor knowledge regarding emergency contraceptive. **Conclusion:** The study concluded that knowledge of child bearing age women's in urban area is more than rural area regarding emergency contraceptive. So planned educational programme need to be conducted to improve the knowledge regarding emergency contraceptive.

KEYWORDS

Comparative, Knowledge, Emergency contraceptive and Child bearing aged women.

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INTRODUCTION

In today's time, the population growth has become one of the leading problems in the world. According to 1 July 2024 data, nearly about 8.12 billion people are living in the world[1]. India contributes to 1210 million population and every year, it is adding 17.5 million people newly. At present, this overpopulation is the major problem in the country,

which leads to problems like poverty, illiteracy, decrease in the economic growth, starvation, malnutrition, depletion of natural resources and unemployment[2]. Every year nearly 11 million abortions take place of which 6.7 million are induced and 4 million are spontaneous abortions. Under the preview of MTP act, abortions are permitted in India since 1971 for specific indications. However, approximately 10 to 11 illegal abortions for each legal abortion are occurring. Nearly 20,000 women are dying annually due to abortion-related complications which are almost preventable[3]. Emergency contraception is a contraceptive method that can be used to prevent unwanted pregnancy after unprotected sexual intercourse. It is sometimes referred to as 'morning after' or post coital contraception[4]. Since it is difficult to determine the infertile time of the cycle with certainty, EC better be provided to any woman who is concerned about her risk of pregnancy regardless of the cycle day of exposure[5]. Emergency contraceptive (EC) offers an important chance to prevent unintended pregnancy when a regular method fails, no method was used, or sex was forced[6]. Unwanted pregnancies, are the most common cause of induced abortion around the world[7]. Unsafe abortions are still a leading cause of maternal mortality, nearly 8% of the total and also a major contributor to maternal morbidity[8]. On an average, roughly fifteen percent of maternal deaths in India are thought to result from unsafe abortion[9].

The Government of India introduced Emergency Contraceptive Pills (ECP) in the National Family Welfare Programmes in 2003 as one of the strategies to prevent unwanted pregnancies. Prevention of an unwanted pregnancy through methods of Emergency Contraception will help to reduce the number of maternal deaths from unsafe abortions and also to reduce the fertility levels. However, there should be simultaneous realization of the fact that the real success of this service is to promote the acceptance of a regular contraceptive to prevent future pregnancies[8].

It is important to recognize that not every woman will become pregnant after an unprotected intercourse even if she does not take any emergency contraceptive pills. It is also impossible to predict correctly who would become pregnant after an unprotected intercourse. The probability of conception after single act of intercourse is approximately 8%. A normally fertile sexually active couple not using contraception has an average monthly chance of conceiving of 20-25%[8]. The lack of access to health services and modern contraception is one of the major causes of unwanted pregnancies. Another important cause of unwanted pregnancy is the lack of access to emergency contraception -also known as the morning-after pill or post-coital contraception. Although emergency contraception is now widely available in most developed countries, it is generally less known and less used by women in developing countries[10].

Therefore, this study aimed to assess the difference in knowledge level and determinants of use of emergency contraceptive among child bearing aged women. The outcome of this study will be used to put interventions in place in order to increase the use of EC thereby reverse the occurrence of unwanted pregnancy and its squeals.

MATERIAL AND METHODS

Quantative research approach with Non-experimental comparative descriptive research design and non-probability purposive sampling technique was used to recruit 60 reproductive aged women. Hence the sample size was 30 in each group. Population in the study includes child bearing aged women who were falling under inclusion criteria. A self-structured questionnaire was used to collect the data which consists of Socio demographic data and self-structured multiple choice questions through interview technique to assess the knowledge regarding emergency contraceptive. Ethical approval was obtained from the Institutional Ethics Committee. The constructed tool along with blue print and objectives of the study were validated by taking opinion from experts for content validity. Reliability of tool was tested by split half method and Reliability is = 0.79. So the tool were reliable. In order to test the feasibility and practicability pilot study was conducted after obtaining written permission from 10 reproductive aged women. Pilot study was conducted using self structured

Questionnaire and checklist to assess the knowledge. Formal permission was obtained from Principal of Govt. College of Nursing Bilaspur (C.G.) prior of data collection. The main study was conducted in rural area (Lagra) and urban area (Gondpara) of Bilaspur (C.G.). The investigator introduced and explained the purpose thereafter ascertained the subject willingness to participate. They were given full autonomy to participate in the study. After obtaining the consent, confidentiality assured. The researcher administered the self-structured questionnaire in each group to assess the knowledge. The collected data was analyzed on the basis of the descriptive and inferential statistics.

RESULTS AND DISCUSSION

Table No.1 shows that child bearing aged women in rural area majority 46.6% are in the age group of 31-35 year old, 46.6% were illiterate, 60% were housewife, 73.3% were hindu, 33.3% were from nuclear family, 46.6% had monthly income between 3000-6000/month, 36.6% had marriage duration of 2 years, 50% belongs to middle class, 43.3% gained information from internet. Where as in urban area majority 50% samples are in age group between 26-30yrs, 60% had secondary education, 53.3% were housewife, 40% were hindu, 80% were from nuclear family, 60% had more than 10000/month family income, 50% had 2years of marriage experience, 40% from upper middle class, 50% gained information from television.

Table No.2 Shows that knowledge status of child bearing aged women in rural maximum 12(40%) had poor knowledge, 08(26.6%) had average knowledge, 10(33.3%) had good knowledge where as in urban are maximum 04(13.3%) had poor knowledge, 08(26.6%) had average knowledge, 18(60%) had good knowledge. This indicate that urban area women had more knowledge then rural area women.

Table No.3 shows that child bearing aged women in rural area has got mean score 18.23% and standard deviation 0.57. Where as in urban area women has got mean score 24.11% and standard deviation 1.21. In this study as calculated standard error is 0.15 and calculated 't' value is 1.24 at 0.05 with degree of freedom (58)is respectively more than the table value and it was significant ($p>0.05$). This data signifies that the urban area reproductive aged women had more knowledge as compared to rural area women.

Table No.1: Distribution of demographic variables of child bearing aged women (n=30+30)

S.No	Socio-demographic variables	Rural area	Urban area
		F(%)	F(%)
1	**Age in years**		
	20-25years	6(20%)	8(26.6%)
	26-30years	10(33.3%)	15(50%)
	30-35years	14(46.6%)	7(23.3%)
	More than 36 year	00	00
2	**Education**		
	Illiterate	14(46.6%)	04(13.3%)
	Primary	8(26.6%)	03(10%)
	Secondary	6(20%)	18(60%)
	Graduation	02(6.6%)	05(16.6%)

3	**Occupation**		
	Housewife	16(53.3%)	18(60%)
	Business	02(6.6%)	10(33.3%)
	Labour	10(33.3)	04(13.3%)
	Professional	00	00
4	**Religion**		
	Hindu	22(73.3%)	12(40%)
	Christian	03(10%)	08(26%)
	Muslim	02(6.6%)	05(16.6%)
	Other	03(10%)	05(16.6%)
5	**Family type**		
	Nuclear	10(33.3%)	24(80%)
	Joint	09(30%)	02(6.6%)
	Extended	06(20%)	03(10%)
	Branched	05(16.6%)	01(3.3%)
6	**Income**		
	Below 3000/month	08(26.6%)	03(10%)
	3000-6000/month	14(46%)	05(16.6%)
	6000-10000/month	04(13.3%)	04(13.3%)
	More than 10000/month	04(13.3%)	18(60%)
7	**Duration of marriage**		
	1 year	03(10%)	05(16%)
	2 years	11(36.6%)	15(50%)
	3 years	08(26.6%)	03(10%)
	More than 3yrs	08(26.6%)	07(23%)
8	**Lifestyle**		
	Lower	12(40%)	08(26.6%)
	Middle	15(50%)	10(33.3%)
	Upper-middle	03(10%)	12(40%)
	Higher	Nil	Nil
9	**Communication**		
	Television	11(36.6%)	15(50%)
	Radio	04(13.3%)	08(26.6%)
	Newspaper	02(6.6%)	04(13.3%)
	Internet	13(43.3%)	03(10%)

Table No.2: Showing overall analysis of knowledge status of child bearing aged women between rural and urban area. (n=30+30)

S.No	Category	Rural Area		Urban Area	
		F	(%)	f (%)	(%)
1	Poor	12	(40%)	04	(13.3%)
2	Average	08	(26.6%)	08	(26.6%)
3	Good	10	(33.3%)	18	(60%)

Table No.3: Showing comparison of knowledge status of child bearing aged women between rural and urban area. (n=30+30)

S.No	Knowledge status of reproductive aged women	Mean	Mean score%	SD	SE	't' Test	Inference
1	Rural area	12	18.23%	0.57	0.15	1.24	Significant at 0.05%
2	Urban area	18	24.11%	1.21			

CONCLUSION

The current study was undertaken to assess the knowledge regarding emergency contraceptive among child bearing aged women**.** The study concluded that knowledge of child bearing age women's in urban area is more than rural area regarding emergency contraceptive. There is a need for aggressive advocacy about female reproductive health and dissemination of information on family planning methods among the reproductive females. However the improvement of women's knowledge about specific details of the method and timely utilization of emergency contraception is still required.

ETHICAL CLEARANCE

The study was approved by the ethics committee of Govt. College of Nursing Bilaspur (C.G.). Data were collected after written permission was obtained from institution principle, rural and urban area and written consent by all study participants.

CONFLICT OF INTERESTING

The author declares that there is no conflict of interest to report.

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BIBLIOGRAPHY

1. StatisticsTimes.com, https://www.google.com/search?q=world+population+2024+in+billion&sca_esv.
2. Government of India. *Census 2011, Provisional Population Report, Office of the Registrar General and Census Commissioner India, Ministry of Home Affairs*, 2011.
3. Arora P, Bajpai R C, Srivastava R. Emergency contraception: A study to assess knowledge, attitude and practices among female college students in Delhi, *Natl J Community Med*, 4(2), 2013, 282-285.
4. Meyer J L. Emergency contraception and ball State University students: An honors thesis (HONRS 499), 2007.
5. Gracy A, Dunkl K. The subsequent use of post coital contraception in UK, *BRJ Family Planning*, 19, 1993, 218-220.
6. Fatima Leon-Larios, Cecilia Ruiz-Ferron, Rocio-Marina Jalon-Neira, Juan-Manuel Praena- Fernandez. Nursing students' knowledge, awareness and experiences of emergency contraception pills' use, *Journal of Clinical Medicine*, 11(2), 2022, 418.
7. Guttmacher Institute. Sharing responsibility: Women, society and abortion worldwide, 1999.
8. Guidelines for Administration of Emergency Contraceptive Pills by Health Care Providers.
9. Unsafe abortion: the preventable pandemic-World Health. Available at: www.who.int/…/topics/unsafe_abortion.
10. Heidi Bart Johnston. Abortion practice in India: Centre for enquiry into health and allied themes (CEHAT): Cehat/ healthwatch, 2, 2002, 10.
11. Nattawut Leelakanok. A systematic review and meta-analysis of attitude and knowledge involving emergency oral contraceptive use in patients and healthcare providers, *Int Jo of Cl Ph*, 44(4), 2022, 873-893.
12. Gold M A, Schein A, Coupey S M. Emergency contraception a national survey of adolescent health experts, *Fam Plan Perspective*, 29(1), 1997, 15-19.

13. Eziheu M E, Okanta P I, Aude B A. Knowledge and perception of emergency contraception among female Nigerian undergraduate, *Int Fam Plan Perceptive,* 29(2), 2003, 84-87.
14. George J, Turner J, Cooke E *et al*. Women's knowledge of emergency contraception, *Br J Gen Practice,* 44(387), 1994, 451-454.
15. Government of India. *The Medical Termination of Pregnancy Act. No. 34,* 1971.
16. Ministry of Health and Family Welfare (MOHFW), *District Household Survey (Phase I),* 2008.
17. Sychareun V, Hansana V, Phengsavanh A, Phongsavan K. Awareness and attitudes towards emergency contraceptive pills among young people in the entertainment places, *Vientiane City, Lao PDR, BMC Womens Health,* 13(1), 2013, 14.
18. Narzary P K. Sexual exposure and awareness of emergency contraceptive pills among never married adolescent girls in India, *J Soc Dev Sci,* 4(4), 2013, 164-173.
19. Myer L, Mlobeli R, Cooper D, Smit J, Morroni C. Knowledge and use of emergency contraception among women in the Western Cape province of South Africa: A cross-sectional study, *BMC Womens Health,* 7, 2007, 14.
20. Najafi F, Rahman H A, Hanafiah M, Momtaz Y A, Ahmad Z. Emergency contraception: knowledge, attitudes and practices among married Malay women staff at a public university in Malaysia, *Southeast Asian J Trop Med Public Health,* 43(6), 2012, 1512-1520.
21. Glasier A, Baird D. The effects of self-administering emergency contraception, *N Engl J Med,* 339(1), 1998, 1-4.

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