"Effectiveness of a Structured Teaching Programme on Asthma among Agricultural Farmers in Selected Rural Areas of PHC, Bangalore"

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Nursing Student's Perception and their Future Intentions

Abstract:-
Background: India is the first country to launch a family planning programme across the country in 1952; however records show that birth control clinics have been functioning in the country since 1930. Unfortunately, it has lagged behind many countries in family planning because of its vast population with various castes, religions, illiteracy, poverty, ignorance, strong cultural beliefs etc[1]..

Unintended pregnancy is a major challenge to the reproductive health of young adults especially in developing countries; recent reports even show it is increasing. Many young women with unintended pregnancies resort to abortions which are mainly performed in unsafe conditions. Those who carry their pregnancies are likely to have increased risks of morbidity and mortality more than those for adult women. In the developing world as a whole, an estimated five million women are admitted for treatment of complications from induced abortions each year, equating to an average rate of 5.7 per 1000 women per year in all developing regions. With decreasing age of menarche and coitarche, recent findings suggest that young people engage early in unplanned and unprotected sexual intercourse, which in most cases lead to unwanted pregnancy [2].

Despite the wide availability of a number of contraceptives methods, unplanned and unwanted pregnancies persist. In India, 21% pregnancies and 6.5 million induced abortions are carried out every year. Situations such as unprotected sex, improper use of regular contraceptives, and failure of barrier methods, sexual violence and miscalculation of fertile period often lead to an unwanted pregnancy[3].

World over, there are millions of unintended and unwanted pregnancies each year. Many of them end in unsafe abortions, while others are carried on till term and contribute to the ever-increasing population burden on the Earth. This is specially felt in developing countries like India. When not planning for a pregnancy, exposure to unprotected sex takes place often, necessitating the use of emergency contraception, to avoid the potential hazards of pregnancy termination.[4]

Emergency contraception (EC) is a type of modern contraception which is indicated after unprotected sexual intercourse when regular contraception is not in use. The importance of EC is evident in preventing unintended pregnancies and its ill consequences like unintended child delivery or unsafe abortion, which are the most common causes of maternal mortality[5].

I. INTRODUCTION

In India national statistics shows that 62 present of women who terminated pregnancy due to unprotected sex was single and between the ages of 20 and 29 years, and it also noted that the complications in such women during pregnancy were more. A review of the scientific literature shows a widespread of lack of knowledge among both providers and women about emergency contraceptive methods; how to use them, and where to obtain services.[7]

Contraceptives provide a safe and effective method and more than 50% of married women of the reproductive age worldwide use it. Contraceptives are at a low cost and low maintenance method is rendered in its use. While many studies have tried to investigate women's knowledge, attitude and practice regarding contraceptives these issues have proven difficult to measure. Estimates of how much women know about contraceptives vary greatly.[8]

Globally the developing nations have witnessed a tremendous increase in the method of contraception compared to below 10%, 25 years earlier. Contraception practicing rate had reached up to 72% in 1990 in the more developed regions of the world. In India contraceptive use among married women in 48% as per national figures. We have a high fertility rate of 3.To stabilize the population; National population policy 2000 has fixed a goal to reduce the TFR to 2.1 by the year 2010.[6]

During the year 2000, in India proportion of eligible couples was 17% .The proportion of emergency contraception should decline, If the proportion of emergency contraception's is high the fertility level is also high due to unmet needs of contraception .In India out of 170 million of emergency contraception in the year 2000 only 44% were effectively protected. Effective couple protection rate of more then 60% is required to achieve national reproductive rate of 1 or total fertility rate of 2.1.According to third National family health survey in India, 48.5% of emergency contraception were using. Therefore , to bring down birth-rate significantly , it would be necessary to provide effective contraceptive coverage to about 75% of eligible couples .Spacing methods need to be promoted vigorously .In Karnataka unmet need for remained static from 15.1% to 15.8%.[2]

India and other developing countries are facing a dilemma of high birth rate and declining death rate. The major causes are universality of marriage, early marriage, low level of literacy and customs. Another most important aspect is unmet need of family planning services. India is the first country in the world launches a family planning program nation wide.[7]

In India every 1.25 seconds women delivering a baby. So couple protection rate is still only 41%.About 78% of pregnancies in India are unplanned and at least 25% are unwanted. Every year 11 million abortion takes 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. Emergency contraception promises to be useful in such cases by preventing unwanted pregnancies following unprotected sex.[8]

II. OBJECTIVES

A. OBJECTIVES OF THE STUDY
- To assess the existing knowledge regarding emergency Contraception among reproductive age women.
- To assess the effectiveness of self instructional module on knowledge regarding emergency Contraception among reproductive age women.
- To find out an association between the pre-test level of knowledge with selected demographic variables among reproductive age women.

B. OPERATIONAL DEFINITIONS
- **Assess**: In this study it refers to the way of finding the level of knowledge of reproductive age women regarding emergency contraception.
- **Knowledge**: In this study it refers to the correct response of reproductive age women on a structured knowledge questionnaire regarding emergency contraception.
- **Effectiveness**: Refers to the amount of knowledge gained.
- **Reproductive age women**: Refers to females between the age group of 15-45 years.
- **Emergency contraception:** In this study it refers inavoiding of pregnancy through use of contraceptive within 72 hours of unprotected sex such as oral pills and intra uterine devices.
- **Self-instructional module:** In refers to systematically organized learning module prepared by the investigator and validated by experts on emergency contraception.

C. ASSUMPTIONS
- Reproductive age group women may have limited knowledge regarding emergency contraception.
- Reproductive age group women may give reliable information needed for the study.
- Self-instructional module may effective teaching strategies in imparting knowledgeregarding emergency contraception among reproductive age group women.

D. HYPOTHESIS
- **H₁**: There will be significant difference between pre-test and post test knowledge scores regarding emergency Contraception among reproductive age women.
- **H₂**: There will be significant association between the pre-test levels of knowledge with their selected demographic variables among reproductive age women.

E. DELIMITATIONS
The study is delimited to
- Reproductive age group women in selected community area in Bangalore.
- The study is limited to 50 Reproductive age group women.

III. METHODS

A. SETTINGS OF THE STUDY
Settings are the more specific place where data collections will occur. The study was conducted in community, Uttarahalli, Bangalore. The setting was chosen on the basis of feasibility in terms of availability of the Reproductive age group women.

B. POPULATION OF THE STUDY
Population refers to the totality or aggregate of all individuals with the specified characteristics. In this study the population comprised of Reproductive age group women of selected community area of Bangalore.

C. TARGET POPULATION
According to Talbot, a target population is the population under study, the population to which the researcher wants to generalize the research findings.The target population of this study comprised of Reproductive age group women of selected community area of Bangalore.

D. SAMPLE AND SAMPLE SIZE
The sample is a small portion of the population selected for observation and analysis.In this study, the sample size was fifty Reproductive age group women of selected community area of Bangalore that fulfilled the inclusion criteria.

E. SAMPLING TECHNIQUE
Sampling technique is an important step in the research process. It is the process of selecting representative units or subsets of a population of the study in a research. The investigator selected fifty Reproductive age group women of selected community area of Bangalore by using purposive sampling technique.

F. SAMPLING CRITERIA
The criteria for sample selection are mainly depicted under two headings, which includes the inclusive criteria and exclusive criteria.
- a) Inclusive Criteria
  Reproductive age women who are:
  - Willing to participate in the study.
  - Available during the period of data collection.

- Able to understand and read Kannada & English.

b) Exclusion criteria
- Reproductive age women who have undergone permanent family planning.

IV. DEVELOPMENT AND SELECTION OF THE TOOL

Data collection tool or instruments are the vehicle that could best to obtain the data pertinent to the study and at the time adds to the body of knowledge in the discipline. The instrument used for this study was self administered knowledge questionnaire to assess the knowledge regarding emergency contraception among reproductive age group women in selected community area. The following sources were used for the development of the tool:
- Review of literature: It was done from books, journals, and published and Unpublished research studies.
- Preparation of blue print
- Consultation and discussion with nursing experts.
- Personal experience and discussion with teachers.

V. DESCRIPTION OF THE TOOL

Self administered knowledge questionnaire was used to assess the knowledge of emergency contraception among reproductive age group women. Prepared tool consists of two parts,
- **Section- A:** The first part consists of Socio- demographic Performa comprising 9 items such asAge, educational status, religion, marital status, occupation, family type, family income, previous knowledge regarding emergency contraception and if yes source of information.
- **Section- B:** The second part consists of Self administered knowledge questionnaire regarding emergency contraception, containing 30 items to assess the pre test and the post test knowledge of reproductive age group women. The number of questions under various headings is given below:

Aspects/Contents	No of Items
Introduction of emergency contraception	2
Meaning of emergency contraception	1
Definition of emergency contraception	3
Methods of emergency contraception	13
Indication and contra indication of emergency contraception pills.	3
Indication and contra indication of IUCDs.	3
Side effect and Complications of IUCDs.	5
Total	30

A. SCORING TECHNIQUE

The self-administered knowledge questionnaire consisted of 30 multiple choice questions. Every correct answer was awarded a score of one (1) and every incorrect/unanswered item was awarded zero (0). The maximum score on self-administered knowledge questionnaire was thirty (30). The different level of knowledge is categorized as follows:

Level of knowledge	Range
-Adequate knowledge (>75%)	23-30
-Moderately adequate knowledge (50-75%)	15-22
-Inadequate knowledge (<50%)	0-14

B. CONTENT VALIDITY

Validity refers to the degree to which an instrument measures what it is supposed to measure. Content validity is the extent to which a measuring instrument provides adequate coverage of the topic under study. The prepared tool along with the objectives, operational definitions, and criteria checklist for evaluation of self administered knowledge questionnaire, self instructional module, scoring key, blue print, and criteria checklist for validation were submitted to experts, which included 2 Gynaecologist , 1 Statistician, and 7 Nursing experts from obstetrics and Gynaecology department to establish content validity. All the experts suggestions were taken into consideration and the modifications were incorporated in the final preparation of the self administered knowledge questionnaire on emergency contraception.

- **SECTION-1: DISTRIBUTION OF THE SUBJECT ACCORDING TO SOCIO-DEMOGRAPHIC CHARACTERISTICS.**

N=50

Characteristics	Category	Respondents	
		Number	**Percent**
Age Group (years)	15-22	0	0
	23-30	20	40.0
	31-38	20	40.0
	39-45	10	20
Religion	Hindu	36	72.0
	Muslim	10	20.0
	Christian	4	8.0
	Others(specify)	0	0
Educational status	No formal education	15	30.0
	Primary	12	24.0
	High school	13	26.0
	PUC	10	20.0
	Graduation and above	0	0
Occupation of women.	House wife	30	60.0
	Government	8	16.0
	Private	12	24.0
Marital status.	Married	36	72.0
	Unmarried	10	20.0
	Divorced or separated	04	8.0
Type of family	Nuclear	20	40.0
	Joint	20	40.0
	Extended	10	20.0
Family Income/month	Below Rs.5,000	25	50.0
	Rs.5,000-10,000	14	28.0
	Rs.10,000-20,000	11	22.0
Previous Knowledge	Yes	11	22.0
	No	39	78.0
Sourceof Information	Friends/Relatives	7	63.6
	Mass media	3	27.3
	Health personnel	1	9.2
Total		50	100.0

Table 2: Classification of Respondents by demographic Characteristics

- **The data from the Table.2 shows the following findings**
  - In the present study the frequency and percentage distribution of demographic variables of participants revealed. Majority of the subjects (40%) were in the age group of 23-30 years and 31-38 years,20% were in the 39-45 years none of them are between 15-22. (Fig.3)
  - Majority of the Reproductive age group women (72%) were Hindu, 20% were Muslim and remaining 8% wereChristians (Fig 4).
  - Majority of the Reproductive age group women 30% were having illiterate,26% Reproductive age group women were secondary education, 24% Reproductive age group women were primary education,10% of the Reproductive age group women were PUC, none of them were degree and above (Fig.5).
  - Majority of the Reproductive age group women 60% were house wife, 24% Reproductive age group women were in private service, 16% Reproductive age group women were in government services (Fig.6).
  - Majority of the Reproductive age group women 74% were married, 20% were Reproductive age group women were unmarried, 6% Reproductive age group women were divorced or separated. (Fig.7).
  - Majority of the Reproductive age group women 40% were belongs to nuclear family and joint family,20% were belongs to extended family(Fig.8).
  - Majority of the Reproductive age group women50% were having monthly income of below 5000,28% of Reproductive age group women having monthly income of 5000-10,000,22% of Reproductive age group women having monthly income of 10,000-20,000 (Fig.9).
  - Majority of the Reproductive age group women (78%) did not have knowledge regarding emergency contraception and (14%) Reproductive age group womenhad previous knowledge regarding emergency contraception. (Fig.10).
  - Majority of the Reproductive age group women14%were obtained knowledge from friends and relatives and (6%) from mass media and 2% from health personnel (Fig.11)

- **SECTION II: ANALYSIS OF PRE-TEST AND POST-TEST SCORES AND EFFECTIVENESS OF SELF INSTRUCTIONAL MODULES.**
  a) Analysis of Pre-test Knowledge score

N=50

Knowledge Level	Category	Respondents	
		Number	Percentage
Inadequate	≤ 50 % Score	37	74.0
Moderate	51-75 % Score	13	26.0
Adequate	> 75 % Score	0	0.0
Total		50	100.0

Table 3: Classification of Respondents on Pre-test Knowledge Level regarding emergency contraception

Table.3 Shows the classification of respondent's knowledge according to their knowledge level in the pre-test. The data showed that, majority of the respondents 74% had inadequate knowledge, 26% had Moderate knowledge and none of them had the adequate knowledge. (Fig.12)

N=50

No.	Knowledge Aspects	Statements	Max. Score	Knowledge Scores			
				Mean	SD	Mean (%)	SD (%)
I	Knowledge regarding general aspects of emergency contraception.	04	04	1.5	25.0	36.3	13.8
II	Knowledge regarding emergency contraception pills.	08	08	3.48	1.3	43.5	15.7
III	Knowledge regarding intra uterine contraceptive device.	18	18	3.86	1.2	38.6	11.7
	Overall knowledge	30	30	13.26	3.4	44.2	11.4

Table 4: Aspect wise Pre-test mean Knowledge Scores of Respondents on emergency contraception

Table.4 Reveals that the aspect wise mean percentage of pre-test knowledge scores of respondents in different aspects studied. The highest mean percentage 43.3±15.7% of knowledge scores of respondents was found to be in the general aspect of knowledge regarding emergency contraceptives, followed by 38.6±11.7% in the aspect of knowledge regarding emergency contraception pills and 36.3± 13.8 in the aspects of intra uterine contraceptive device. The overall mean percentage of pre-test knowledge score of respondents was 44.27± 11.4%.
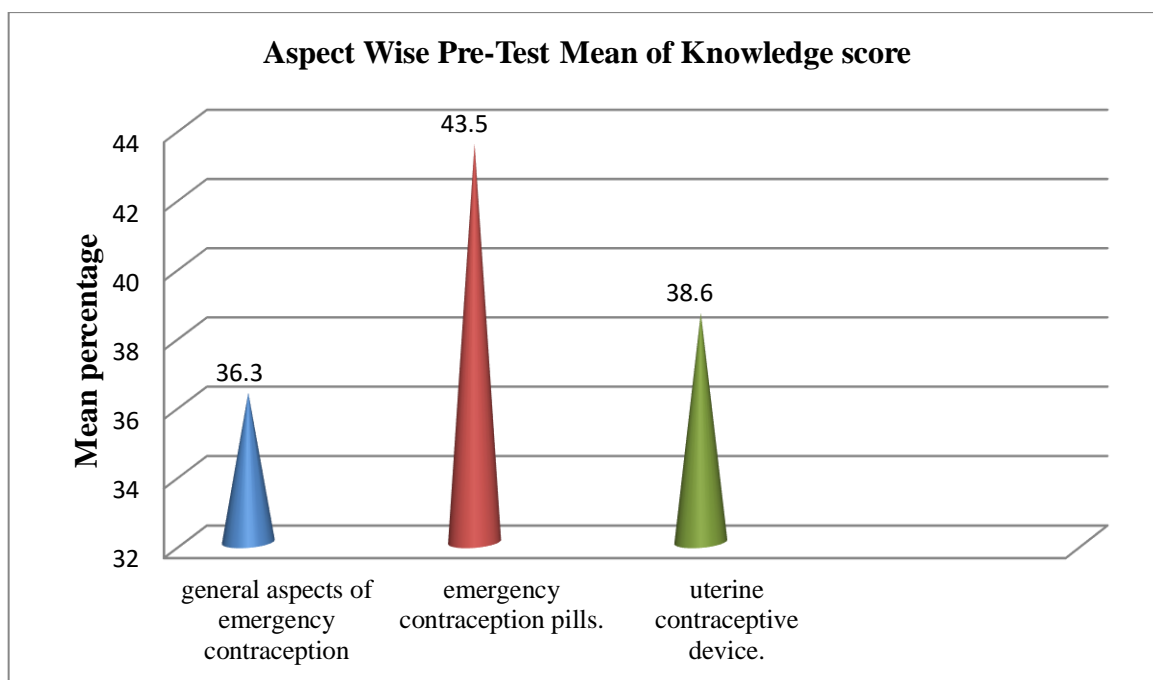

Fig. 12: Aspect Wise Post-Test Knowledge scores of Respondents Emergency contraceptives

b) Analysis of Post-test Knowledge score

N=50

Knowledge Level	Category	Respondents	
		Number	Percent
Inadequate	≤ 50 % Score	0	0.0
Moderate	51-75 % Score	15	30.0
Adequate	> 75 % Score	35	70.0
Total		50	100.0

Table 5: Classification of Respondents on Post-test Knowledge Level on emergency contraception

Table.5 shows the classification of respondent's knowledge according to their knowledge level in the post-test. The data showed that, majority of the respondents (70.0%) had adequate knowledge, 30.0% had Moderate knowledge and none of them had the inadequate knowledge. (Fig.14)
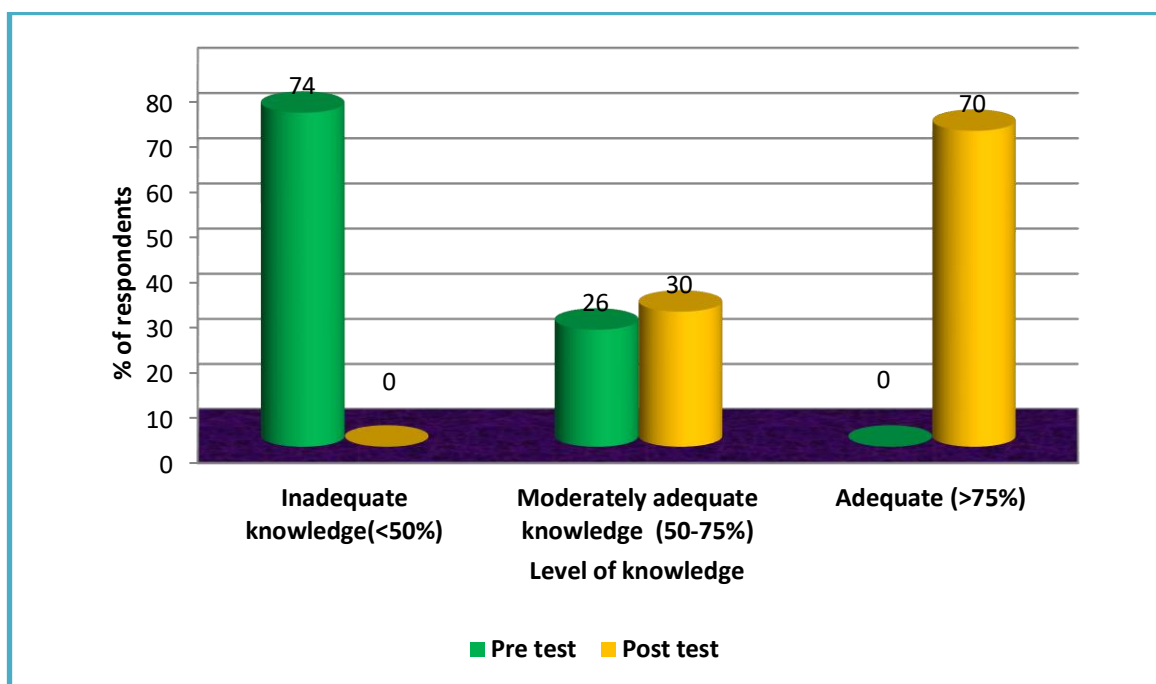

Fig. 13: simple cylindrical diagram showing Frequency distribution of respondents according to pre and post-test level of knowledge regarding emergency contraception

N=50

No.	Knowledge Aspects	Statements	Max. Score	Knowledge Scores			
				Mean	SD	Mean (%)	SD (%)
I	Knowledge regarding general aspects of emergency contraception.	04	04	10.28	0.7	85.7	5.5
II	Knowledge regarding emergency contraception pills.	08	08	6.22	0.9	77.8	11.3
III	Knowledge regarding intra uterine contraceptive device.	18	18	7.86	1.6	78.6	15.7
	Overall knowledge	30	30	24.36	2.7	81.2	9.2

Table 6: Aspect Wise Post-Test Mean of Knowledge scores of Respondents on emergency contraception

Table.6 Reveals that the aspect wise mean percentage of post -test knowledge scores of respondents in different aspects studied. The highest mean percentage 85.7±5.5% of knowledge scores of respondents was found to be in the aspect of knowledge regarding general aspects of emergency contraception, followed by 78.6±15.7% in the aspect of knowledge regarding intra uterine contraceptive device, 77.8±11.3% in the aspect of knowledge regarding emergency contraception pills. The overall mean percentage of post test knowledge score of respondents was 81.2± 9.2%.
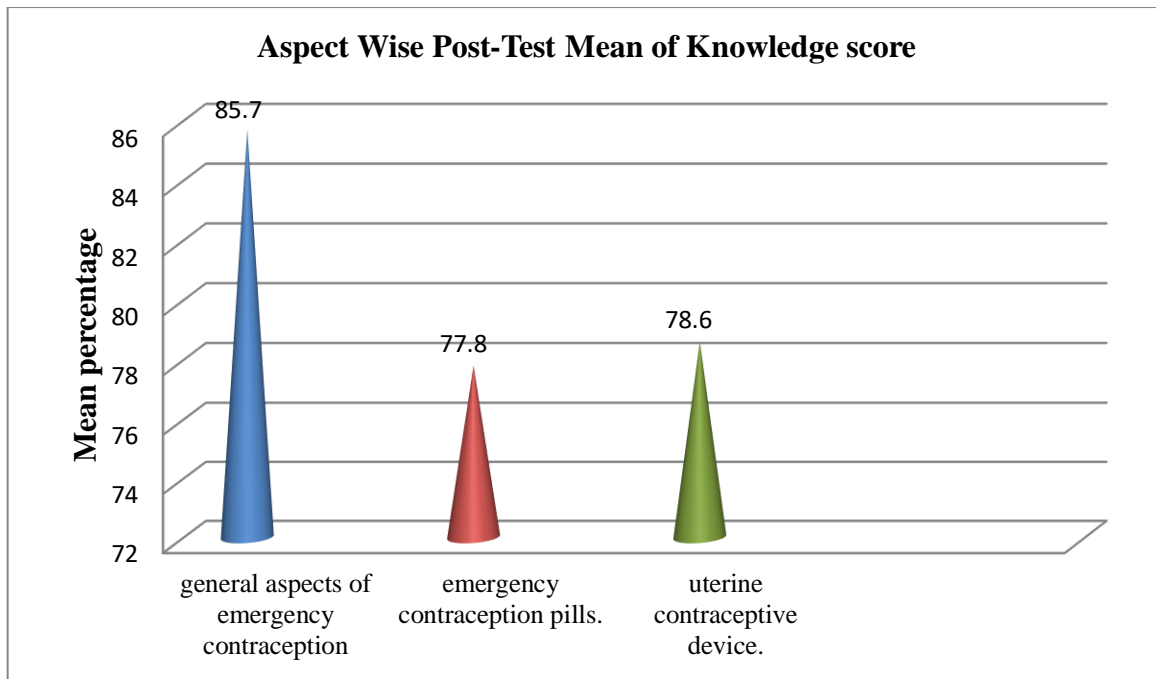
Fig. 14: Aspect Wise Post-Test Knowledge scores of Respondents Emergency contraceptives

c) Effectiveness of Self-instructional module on Knowledge Scores of Whole test

N=50

Aspects	Max. Score	Knowledge Scores				Paired 't' Test
		Mean	SD	Mean (%)	SD (%)	
Pre test	30	13.26	3.4	44.2	11.4	
Post test	30	24.36	2.7	81.2	9.2	15.86*
Enhancement	30	11.10	4.9	37.0	16.5	

Table 7: Overall and Aspect wise Pre test and Post test Knowledge Scores on emergency contraception

* Significant at 5% level,35   t (0.05,49df) =1.96

Table-7 Depicts the overall pre-test and post test mean knowledge score of respondents on knowledge regarding emergency contraception is 44.2±11.4(13.26±3.4) and post-test mean was 81.2± 9.2(24.36%±2.7%) with an enhancement 37±16.5 (11.10%±4.9). The calculated paired 't' test value of **15.86*** is greater than the table value at 0.05 level of significance which indicate that there is a significance between pre-test and post-test knowledge scores of whole test of respondents. Hence the stated research hypothesis H1 is accepted. It was concluded that the self instructionalmodule was effective in increasing the knowledge of reproductive age group women regarding emergency contraception. (Figure-16)
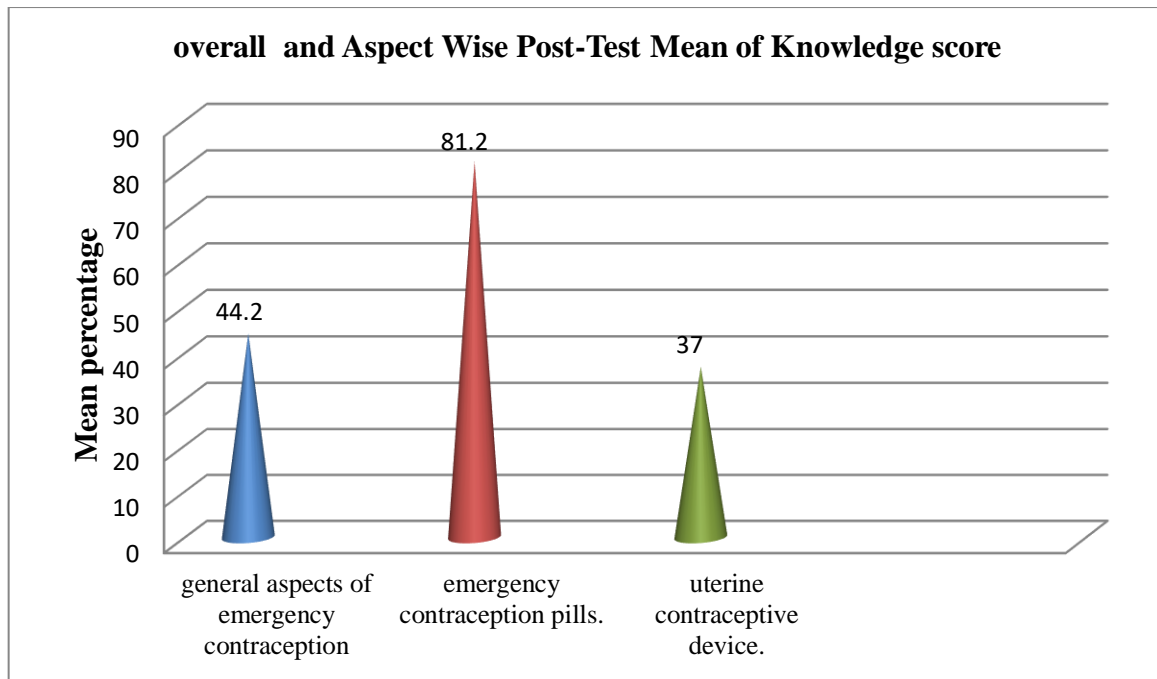
Fig. 15: Overall Pre-test and Post-test Knowledge level on emergency contraception

d) Effectiveness of self-instructional module on aspect wise knowledge scores.

N = 50

No.	Knowledge Aspects	Knowledge (%)						Paired 't' Test
		Pre test		Post test		Enhancement		
		Mean%	SD	Mean%	SD	Mean%	SD	
I	Knowledge regarding general aspects of emergency contraception.	36.3	13.8	85.7	5.5	49.4	14.7	17.46*
II	Knowledge regarding emergency contraception pills.	43.5	15.7	77.8	11.3	34.3	22.3	10.88*
III	Knowledge regarding intra uterine contraceptive device.	38.6	11.7	78.6	15.7	40.0	21.5	13.16*
	Overall knowledge	44.2	11.4	81.2	9.2	37.0	16.5	15.86*

Table 8: Aspect wise Mean Pre test and Post test Knowledge scores on emergency contraception

* Significant at 5% level,   t (0.05,49 df) =1.96

Table-8 Reveals the highest mean percentage in pre test was found to be 36.3±13.8 and in post test was 85.7±5.5 with the enhancement of 49.4±14.7% paired t test value 17.46 was found to be in the general aspect of knowledge regarding emergency contraception. followed by pre test mean was 43.5±15.7 and post test was 77.8±11.3% with the enhancement of 34.3%±22.3, paired t test value 10.88 was found to be in the aspect of knowledge regarding emergency contraception pills, pre test 38.6±11.7, post test 78.6.2±15.7% with the enhancement of 40.0%±21.5, paired t test value is 13.16was found to be in the aspect of knowledge regarding intra uterine contraceptive device. The overall mean percentage in pre test was 44.2±11.4, post test was 81.2±9.2 and enhancement was 37.0%± 16.5. Paired t value was 15.86. The calculated paired' test values based on pre-test and post-test knowledge scores of all the aspects were more than the table value at 0.05 level of significance with 4 degrees of freedom. It indicates that mean differences between mean pre-test and post-test knowledge scores are significant at 0.05 level of significance for all the aspects. Hence the stated research hypothesis H_1 was accepted for all aspects of knowledge. (Fig-17)
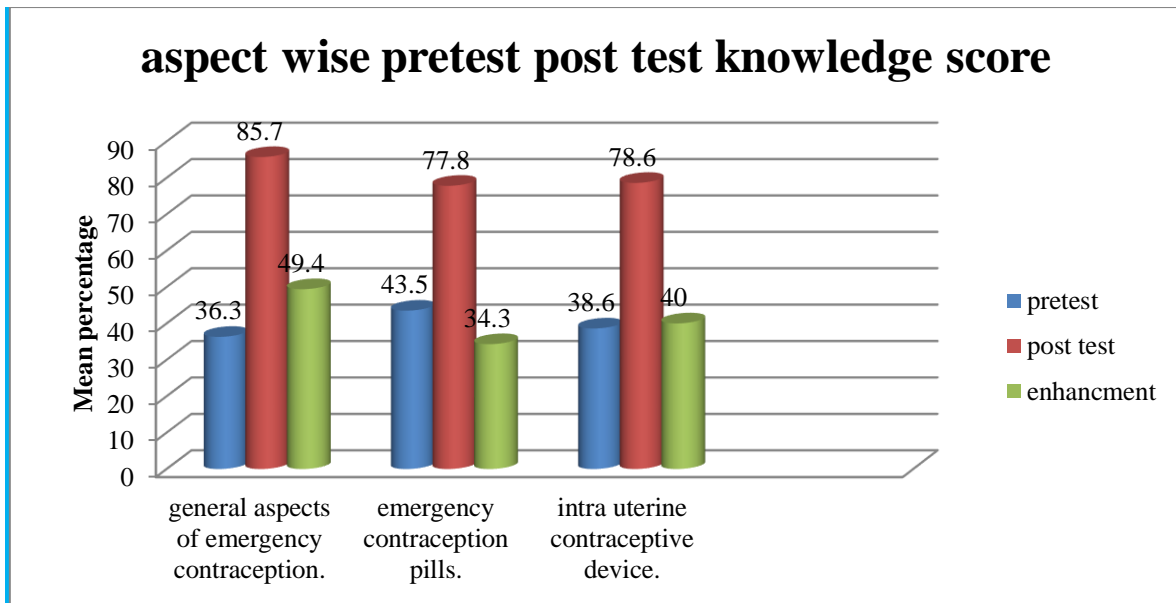
Fig. 16: Aspect wise mean Pre test and Post test Knowledge scores on emergency contraception

| Knowledge Level | Category | Classification of Respondents | | | | χ^2 Value |
| | | Pre test | | Post test | | |
		Number	Percent	Number	Percent	
Inadequate	≤ 50 % Score	37	74.0	0	0.0	
Moderate	51-75 % Score	13	26.0	15	30.0	72.14*
Adequate	> 75 % Score	0	0.0	35	70.0	
Total		50	100.0	50	100.0	

Table 9: Classification of Respondents on Pre test and Post test Knowledge level on emergency contraception

* Significant at 5% level, χ^2 (0.05,2 df) = 5.991

Table.9 Depicts that in pre test 74% of them had inadequate knowledge, 26% of them had moderate knowledge and none of them had adequate knowledge. In post test none of them had inadequate knowledge, 30.0% had moderate knowledge and 70.0% had adequate knowledge with chi square value of (χ^2 = *) **72.14** and significant at 5% level. (Fig.18)
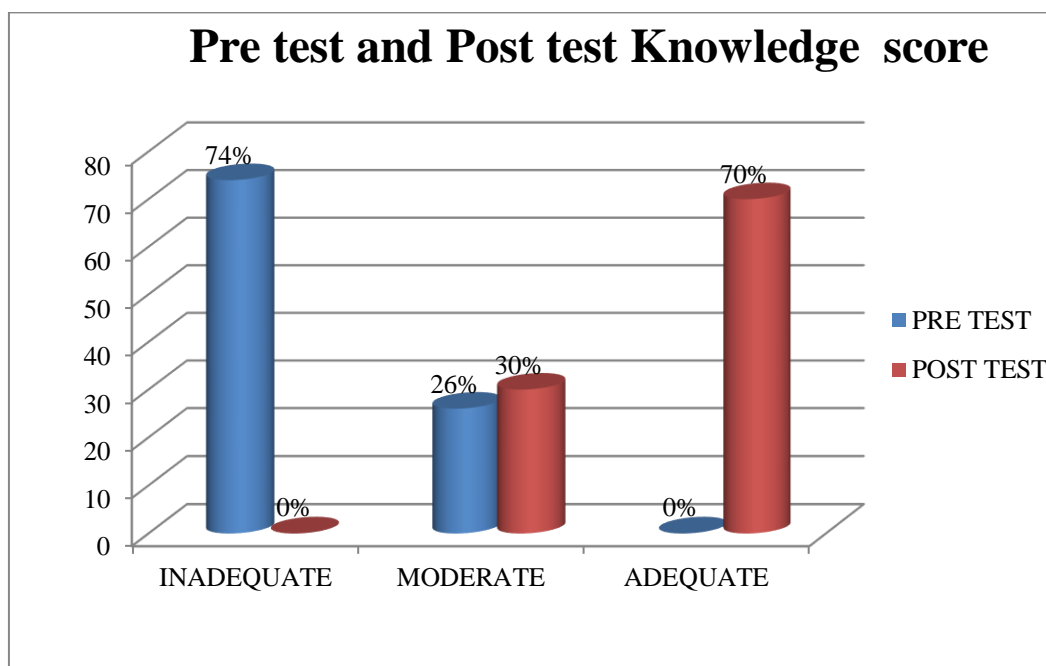

Fig. 17: Classification of Respondents on Pre test and Post test Knowledge level on emergency contraception.

- **SECTION III: ANALYSIS OF ASSOCIATION BETWEEN DEMOGRAPHIC VARIABLES WITH POST-TEST KNOWLEDGE SCORES**

*is significant; NS is not significant.

Demographic Variables	Category	Sample	Knowledge Level				χ^2 Value	P Value
			Moderate		Adequate			
			N	%	N	%		
Age Group (years)	23-30	20	7	35.0	13	65.0	0.48	
	31-38	20	5	25.0	15	75.0	NS	DF=2
	39-45	10	3	30.0	7	70.0		P>0.05
Religion	Hindu	36	12	33.3	24	66.7	8.33*	DF=2
	Christian	10	0	0.0	10	100.0		P<0.005
	Muslim	4	3	75.0	1	25.0		
Educational status	Illiterate	15	9	60.0	6	40.0	12.10*	DF=3
	Primary	12	4	33.3	8	66.7		
	Secondary	13	2	15.4	11	84.6		P<0.05
	PUC	10	0	0.0	10	100.0		
Occupation	House wife	30	7	23.3	23	76.7	9.37*	DF=2
	Government	8	6	75.0	2	25.0		
	Private	12	2	16.7	10	83.3		P<0.05
Marital status.	Married	36	12	33.3	24	66.7	8.33*	DF=2
	Unmarried	10	0	0.0	10	100.0		
	Divorced /separated	4	3	75.0	1	25.0		P>0.05
Type of family	Nuclear	20	3	15.0	17	85.0	10.00*	DF=2
	Joint	20	5	25.0	15	75.0		
	Extended	10	7	70.0	3	30.0		P<0.05
Family Income/month	Below Rs.5,000	25	12	48.0	13	52.0	8.07*	DF=2
	Rs.5,000-10,000	14	1	7.1	13	92.9		
	Rs.10,000-20,000	11	2	18.2	9	81.8		P<0.05
Previous Knowledge	Yes	11	4	36.4	7	63.6	0.27	DF=1
	No	39	22	28.2	28	71.8	NS	P>0.05
Source of Information	Friends/Relatives	7	3	42.9	4	57.1	4.23	
	Mass media	3	0	0.0	3	100.0	NS	DF=3
	Health personnel	1	1	100.0	0	0.0		P>0.05
	No	39	11	28.2	28	71.8		
Combined		50	15	30.0	35	70.0		

Table 10: Association between Demographic variables and Post-test Knowledge level on emergency contraception

Table 10 Depicts the association between demographic variable and post test knowledge level on emergency contraception. The association between Religion and post test knowledge level on emergency contraception, out of 36 respondents who were from Hindu 33.3 %(12) had moderate, 66.7% (24) had adequate knowledge, out of 10 respondents who were from Christian 0% (0.0) moderate knowledge, 100%(10) adequate knowledge, out of 4 respondents who were from Muslim 75% (3) moderate knowledge, 25%(1) adequate knowledge. The post-test knowledge scores of respondents by religion are subjected to χ^2 test. There exists a significant association (χ^2=8.33), between religion and post-test knowledge level of respondents. The association between education status of the respondents and post test knowledge level on emergency contraception, out of 15 respondents who were from illiterate 60 %(9) had moderate, 40% (6) had adequate knowledge, out of 12 respondents who were from primary 33.3% (4) moderate knowledge, 66.7%(8) adequate knowledge, out of 13 respondents who were from secondary 15.4%(2) moderate knowledge, 84.6%(11) adequate

knowledge. Out of 10 respondents who were from PUC 0.0 %(10) had moderate, 100% (10) had adequate knowledge, The post-test knowledge scores of respondents by education status of the mothers are subjected to χ^2 test. There exists a significant association (χ^2=12.10), between education status of the mothers and post-test knowledge level of respondents. The association between Occupation of the respondents and post test knowledge level on emergency contraception, out of 30 respondents who were from House wife 23.3 %(7) had moderate, 76.7% (23) had adequate knowledge, out of 8 respondents who were from Government 75% (6) moderate knowledge, 25%(2) adequate knowledge, out of 12 respondents who were from Private16.7% (2) moderate knowledge, 83.3%(10) adequate knowledge. The post-test knowledge scores of respondents by Occupation of the women are subjected to χ^2 test. There exists a significant association (χ^2=9.37), between Occupation of the women and post-test knowledge level of respondents. The association between marital status andpost test knowledge level on emergency contraception, out of 36 respondents who were married 33.3 %(12) had moderate,

66.7% (24) had adequate knowledge, out of 10 respondents who were unmarried 0% (0.0) moderate knowledge, 100%(10) adequate knowledge, out of 4 respondents who were divorced and separated 75% (3) moderate knowledge,25%(1) adequate knowledge. The post-test knowledge scores of respondents by marital status are subjected to χ^2 test. There exists a significant association (χ^2=8.33), between marital status and post-test knowledge level of respondents. The association between Type of family and post test knowledge level on emergency contraception, out of 20 respondents who were from Nuclear 15.0%(3) had moderate, 85.0% (17) had adequate knowledge, out of 20 respondents who were from Joint 15% (3) moderate knowledge, 85%(17) adequate knowledge, out of 10 respondents who were from extended 70% (7) moderate knowledge,30.0%(3) adequate knowledge. The post-test knowledge scores of respondents by Type of family are subjected to χ^2 test. There exists a significant association (χ^2=10.00), between Type of family and post-test knowledge level of respondents. The association between Family monthly income and post test knowledge level on emergency contraception , out of 25 respondents who were from Below Rs.5,000 48.0%(12) had moderate, 85.0% (17) had adequate knowledge, out of 14 respondents who were from Rs.5,000-10,00 7.1% (1) moderate knowledge, 92.9%(13) adequate knowledge, out of 11 respondents who were from Rs.10,000-20,000 18.2% (2) moderate knowledge ,81.8%(9) adequate knowledge. The post-test knowledge scores of respondents by Family monthly income are subjected to χ^2 test. There exists a significant association (χ^2=8.07), between Family monthly income and post-test knowledge level of respondents.

VI. CONCLUSION

The following conclusions were drawn based on the data analysis

- Majority of the subjects (40%) were in the age group of 23-30 years.
- Majority of the Reproductive age group women (72%) were Hindu.
- Majority of the Reproductive age group women 30% were having illiterate.
- Majority of the Reproductive age group women 60% were house wife.
- Majority of the Reproductive age group women 74% were married.
- Majority of the Reproductive age group women 40% were belongs to nuclear family.
- Majority of the Reproductive age group women50% were having monthly income of below 5000.
- Majority of the Reproductive age group women (78%) did not have knowledge regarding emergency contraception.
- Majority of the Reproductive age group women 63.4% were obtained knowledge from friends and relatives .
- The aspect wise mean percentage of pre-test knowledge scores of respondents in different aspects studied. The highest mean percentage 43.3±15.7% of knowledge scores of respondents was found to be in the general aspect of knowledge regarding emergency contraceptives, followed by 38.6±11.7% in the aspect of knowledge regarding

emergency contraception pills and 36.3± 13.8 in the aspects of intra uterine contraceptive device. The overall mean percentage of pre-test knowledge score of respondents was 44.27± 11.4%.

- The aspect wise mean percentage of post -test knowledge scores of respondents in different aspects studied. The highest mean percentage 85.7±5.5% of knowledge scores of respondents was found to be in the aspect of knowledge regarding general aspects of emergency contraception, followed by 78.6±15.7% in the aspect of knowledge regarding intra uterine contraceptive device, 77.8±11.3% in the aspect of knowledge regarding emergency contraception pills. The overall mean percentage of post test knowledge score of respondents was 81.2± 9.2%.

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