



Original Article

Effectiveness of A Self-Instructional Module On Knowledge Regarding Emergency Contraception Among Reproductive Age Group Women in A Selected Community Area, Jaipur

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Abstract

Background: A crucial strategy for avoiding unwanted pregnancy following unprotected sexual activity or contraceptive failure is emergency contraception. For women of reproductive age, having sufficient understanding about emergency contraception is crucial. The goal of the current study was to evaluate the efficacy of a self-instructional module on emergency contraceptive knowledge among women of reproductive age in a particular Jaipur community area.

Methodology: An evaluative research approach with a pre-experimental one-group pre-test and post-test design was adopted. Fifty reproductive-age women were selected by purposive sampling from a selected community area of Jaipur. Data were collected using a self-administered 30-item knowledge questionnaire. A self-instructional module regarding emergency contraception was administered after the pre-test, and a post-test was conducted after seven days. Descriptive statistics and inferential statistics were used for analysis.

Results: The mean pre-test knowledge score was 13.26 ± 3.4 (44.2%), whereas the mean post-test score increased to 24.36 ± 2.7 (81.2%). The mean enhancement was 11.10 ± 4.9 (37.0%). The calculated paired t value was 15.86, which was greater than the table value of 1.96 at the 0.05 level with 49 degrees of freedom, indicating a statistically significant difference between pre-test and post-test knowledge scores.

Conclusion: The findings indicate that the self-instructional module was effective in improving knowledge regarding emergency contraception among reproductive-age women.

Keywords: Emergency contraception, self-instructional module, knowledge, reproductive-age women, community, nursing education.

INTRODUCTION

INTRODUCTION

Contraceptive treatments that can be used to prevent an unwanted pregnancy following unprotected sexual activity or contraceptive failure are referred to as emergency contraception (EC). It is a crucial part of reproductive health care and can be used after sexual assault when no effective contraception was used, unprotected sexual activity, or improper or ineffective use of a contraceptive technique.^{1,2}

Although recommended methods can usually be used within 120 hours of unprotected sexual activity, emergency contraception should be administered as soon as feasible. Emergency contraceptive pills and copper-bearing intrauterine devices (IUDs) are among the available techniques; the copper IUD is the most efficient method.^{1,3}

Levonorgestrel, ulipristal acetate, and other combination oral contraceptive regimens are examples of emergency contraceptive pills. These techniques don't end an existing pregnancy; instead, they mainly stop or postpone ovulation. Evidence suggests that emergency contraception does not

negatively impact future fertility and is safe for women of reproductive age. However, in order for women to make informed decisions about their reproductive health, they must be properly informed on the timing, mode of use, efficacy, potential adverse effects, and limitations of emergency contraception.^{2,5}

Even though emergency contraception is readily available, misunderstandings and a lack of information continue to be significant obstacles to its proper use. A research conducted among women in Sikkim, India, revealed that while some participants had heard of emergency contraception, many did not know when to use it, and just a tiny percentage showed sufficient knowledge. The study underlined the need of having comprehensive knowledge about the different techniques and

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when to use them.⁶

Similarly, a study among female college students in Chandigarh reported very low awareness of emergency contraceptive pills and particularly limited knowledge regarding the correct timing of use.⁷

Indian studies have also demonstrated gaps in knowledge and utilization of emergency contraception among different population groups. Kathpalia reported inadequate awareness regarding emergency contraception among women and their spouses seeking termination of pregnancy, highlighting the need for improved counselling and reproductive-health education.⁸ Research among unmarried urban women in India has further examined knowledge, perceptions and practices related to emergency contraceptive pills, demonstrating the importance of accessible and accurate information for informed contraceptive decision-making.⁹

More recent nationally representative evidence from India indicates that awareness of emergency contraceptive pills has increased substantially over time; however, knowledge and actual use remain relatively limited. Analysis of National Family Health Survey data from 2005–06 and 2019–21 found that awareness increased by approximately 37 percentage points over the period, while reported use remained below 1% of the study population. The findings also indicated differences in awareness and use according to factors such as education, socioeconomic status and place of residence.¹⁰

Health education therefore has an important role in improving women's understanding of emergency contraception and correcting misconceptions regarding its indications, timing, effectiveness and safety. In this context, a **self-instructional module** can be used as a systematic educational strategy for improving knowledge regarding emergency contraception among women of reproductive age.

OBJECTIVES

1. To assess the existing knowledge regarding emergency contraception among reproductive-age women.
2. To assess the effectiveness of a self-instructional module on knowledge regarding emergency contraception among reproductive-age women.
3. To find out an association between the pre-test level of knowledge and selected demographic variables among reproductive-age women.

HYPOTHESIS

H1: There will be a significant difference between pre-test and post-test knowledge scores regarding emergency contraception among reproductive-age women.

H2: There will be a significant association between the pre-test level of knowledge and selected demographic variables among reproductive-age women.

METHODOLOGY

Research Approach

An evaluative research approach was adopted to determine the effectiveness of the self-instructional module.

Research Design

A pre-experimental one-group pre-test and post-test design was used.

Design:

$$O_1 \rightarrow X \rightarrow O_2$$

Where:

- O_1 = Pre-test knowledge assessment

- X = Administration of self-instructional module

- O_2 = Post-test knowledge assessment

The post-test was conducted seven days after administration of the self-instructional module.

Setting of the study

The study was conducted in a selected community area of Jaipur, Rajasthan.

Sample and Sampling Technique

The sample consisted of 50 reproductive-age women selected by purposive sampling.

Data Collection Tool

A self-administered knowledge questionnaire was used.

Section A: Socio-demographic information consisting of nine variables:

Section B: A 30-item multiple-choice knowledge questionnaire regarding emergency contraception. Each correct response received one mark and an incorrect/unanswered response received zero. The maximum possible score was 30.

Knowledge Scoring

Knowledge Level	Score
Inadequate	0–14
Moderately adequate	15–22
Adequate	23–30

The questionnaire and self-instructional module were reviewed by experts for content validity. The thesis reports reliability of the knowledge questionnaire as 0.92.

INTERVENTION

The participants were given a methodically produced self-instructional module (SIM) on emergency contraception. The introduction, meaning, definition, methods, indications, contraindications, side effects, and complications of emergency contraception were all covered in the module.

RESULTS

Table 1. Overall Pre-test and Post-test Knowledge Scores
N = 50

Assessment	Maximum Score	Mean Score	SD	Mean (%)
Pre-test	30	13.26	3.4	44.2
Post-test	30	24.36	2.7	81.2
Enhancement	30	11.10	4.9	37.0

The pre-test mean knowledge score was 13.26 ± 3.4 , corresponding to 44.2%, while the post-test mean increased to 24.36 ± 2.7 , corresponding to 81.2%. The mean enhancement was 11.10, or 37.0%.

Effectiveness of the Self-Instructional Module

At the 0.05 level of significance with 49 degrees of freedom, the computed paired t value of 15.86 was higher than the table value of 1.96. As a result, there was a statistically significant difference in the knowledge scores before and after the exam. Thus, the thesis comes to the conclusion that the self-instructional module was successful in expanding knowledge.

Table 2. Aspect-wise Knowledge Scores

Knowledge Aspect	Pre-test Mean (%)	Post-test Mean (%)	Enhancement (%)	Paired <i>t</i>
General aspects of emergency contraception	36.3	85.7	49.4	17.46*
Emergency contraceptive pills	43.5	77.8	34.3	10.88*
Intrauterine contraceptive device	38.6	78.6	40.0	13.16*
Overall	44.2	81.2	37.0	15.86*

*Significant at 5% level.

Knowledge of the broad elements of emergency contraception showed the biggest improvement, with the mean score rising from 36.3% to 85.7%. While knowledge of emergency contraceptive pills rose from 43.5% to 77.8%, knowledge of intrauterine contraceptive devices went from 38.6% to 78.6%.

Knowledge-Level Distribution

According to the thesis findings, during the pre-test, 37 (74%) participants had inadequate knowledge, 13 (26%) had moderately adequate knowledge, and none had adequate knowledge.

Following the intervention, no participants remained in the inadequate category; 15 (30%) had moderately adequate knowledge and 35 (70%) had adequate knowledge.

This change indicates a significant increase in knowledge after the self-instructional module was administered.

DISCUSSION

The present study demonstrated an improvement in knowledge regarding emergency contraception following administration of the self-instructional module.

The mean knowledge score increased from 13.26 (44.2%) in the pre-test to 24.36 (81.2%) in the post-test, with an enhancement of 37.0%. The paired *t* value of 15.86 demonstrated a statistically significant difference between the two assessments.

The aspect-wise findings also demonstrated improvement in all assessed areas. General knowledge showed an increase from 36.3% to 85.7%, knowledge regarding emergency contraception pills increased from 43.5% to 77.8%, and knowledge regarding intrauterine contraceptive devices increased from 38.6% to 78.6%.

The findings support the usefulness of structured written educational material as a nursing education strategy for improving knowledge among women in community settings. However, because this was a one-group pre-test/post-test pre-experimental study without a control group, the improvement should be interpreted as an association with the intervention rather than definitive proof that the module alone caused the change.

CONCLUSION

The study was conducted to assess the effectiveness of a self-instructional module on knowledge regarding emergency contraception among reproductive-age women in a selected community area of Jaipur.

The findings showed a marked improvement in knowledge following administration of the self-instructional module. The overall mean knowledge score increased from 44.2% in the pre-test to 81.2% in the post-test, and the calculated paired *t* value of 15.86 was statistically significant at the 0.05 level.

Therefore, the study concludes that the self-instructional module was effective in improving knowledge regarding emergency contraception among the study participants.

NURSING IMPLICATIONS

Nursing Education

Nursing educators can use self-instructional materials as an additional educational strategy for providing reproductive-health information to women.

Nursing Practice

Community health nurses can provide structured information regarding emergency contraception during health education and counselling sessions.

Nursing Administration

Nursing administrators can support the development and distribution of appropriate educational materials in community health programmes.

Nursing Research

Further studies can be conducted using larger samples, probability sampling and controlled research designs to strengthen evidence regarding educational interventions.

COMMENDATIONS

1. Similar studies may be conducted with a larger sample size.
2. A true experimental or quasi-experimental design may be used in future research.
3. Similar educational interventions may be evaluated in different community settings.
4. Awareness programmes regarding emergency contraception may be organized for reproductive-age women.
5. Self-instructional educational materials may be incorporated into community health education programmes.

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