

A Study to Assess the Level of Knowledge Regarding Emergency Contraception Among Asha Workers in A Selected Community Area Mukkam, Thiruvambadi

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ABSTRACT

The present study aims to assess the level of knowledge regarding emergency contraception among ASHA workers in selected community area Mukkam, Thiruvambadi. The objectives of the study were to assess the level of knowledge regarding emergency contraception among ASHA workers. To determine the association between demographic variables (age, education, work experience) and knowledge levels. The study was based on Health belief model. The tools used for data collection was a structured knowledge questionnaire on emergency contraception. The study was conducted among 50 ASHA workers in a selected community area Mukkam, Thiruvambadi using purposive sampling technique. The data collection started with administration of structured knowledge questionnaire on emergency contraception. The data were tabulated and analysed.

Majority (68%) had average level of knowledge, 28 % had Inadequate knowledge and 4 % had adequate level of knowledge. The study proves there is no significant association between knowledge levels on emergency contraception and demographic variables such as Age, education, work experience, habitats and marital status among ASHA workers and indicates the need for training program among ASHA workers regarding emergency contraception.

Key words – (Knowledge, Emergency contraception, ASHA workers)

INTRODUCTION

Background

Reproductive health is a crucial aspect of overall health and well-being that focuses on the proper functioning of the reproductive system. Reproductive health is a fundamental aspect of individual well being and it is essential for socio-economic development. One of the key components of reproductive health is the ability to control fertility through access of safe and effective contraceptive methods¹. Among this emergency contraceptive play a vital role in preventing unintended pregnancies following unprotected sexual intercourse or contraceptive failure. Emergency contraception (EC) is a critical component of reproductive health services, intended to prevent unintended pregnancies after unprotected sexual intercourse, contraceptive failure, or sexual assault². Globally 20 million illegal abortions take place every pregnancies in the world are still unintended. Accredited Social Health Activists (ASHAs), being the cornerstone of India's community based healthcare system under the National Rural Health Mission (NRHM), play a vital role in delivering reproductive and maternal health services. Their role includes educating women about contraceptive options, guiding them in decision-making, and providing basic healthcare at the grassroot level. However, the effectiveness of ASHAs in promoting the use of emergency contraception is significantly influenced by their own level of knowledge and understanding of the method³. This study aims to assess the current level of knowledge regarding emergency contraception among ASHA workers in a selected community area. The findings are expected to help identify specific educational needs and gaps, which can guide future training programs and policy planning. By empowering ASHAs with accurate information, the broader goal of reducing unintended pregnancies and improving reproductive health outcomes can be better achieved.

. According to recent data, about 65% of Indian women aged 15-49 use some form of contraception, but there is still a significant gap in knowledge and access to emergency contraception. Kerala has shown better health indicators compared to other Indian states, but there is still a need for awareness about emergency contraception among ASHA workers and the general population. A study conducted by Kaur et al. (2017) in Punjab revealed that only 38% of ASHA workers had adequate knowledge of emergency contraception, including its timing and dosage. Another study by Sharma & Verma (2016) in rural Haryana found that only 30% of health workers could explain the proper use of EC, despite having heard of it. Similarly, These findings clearly indicate a pressing need to assess the current knowledge level of ASHA workers regarding EC, identify gaps, and implement targeted interventions. Nurses have a critical responsibility in ensuring that emergency contraception is used safely, effectively, and ethically. By improving awareness and access, they contribute significantly to reducing unintended pregnancies and promoting reproductive rights⁵. The researcher observed a lack of awareness about emergency contraception among health workers during community postings. Therefore, they were interested in assessing the level of knowledge and chose this topic for their study.

Problem Statement

A Descriptive study to assess the level of knowledge regarding emergency contraception among ASHA workers in a selected community area, Kozhikode.

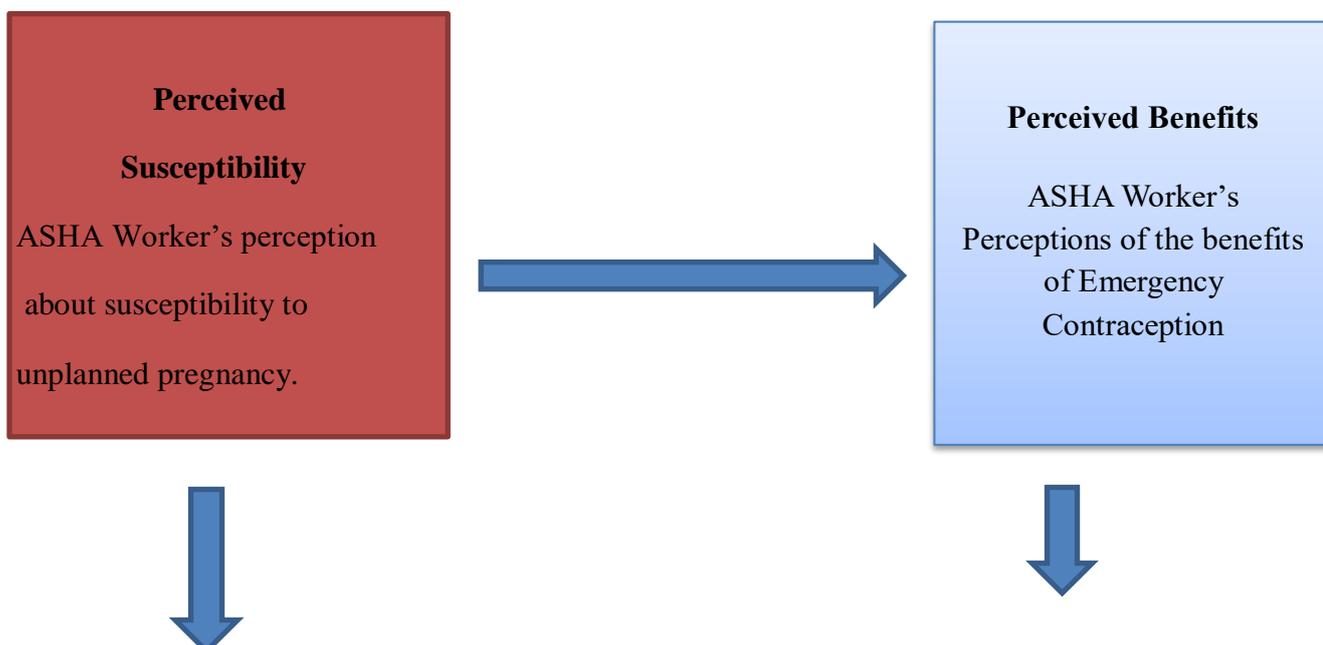
Objectives

- To assess the level of knowledge regarding emergency contraception among ASHA workers
- To determine the association between demographic variables (age, education, work experience) and knowledge levels.

Hypothesis

There will be a significant association between knowledge levels of emergency contraception and demographic variables such as Age, education, work experience, habitats and marital status among ASHA workers.

Application of Health Belief Model for A Study to Assess Level of Knowledge of Asha Workers on Emergency Contraception



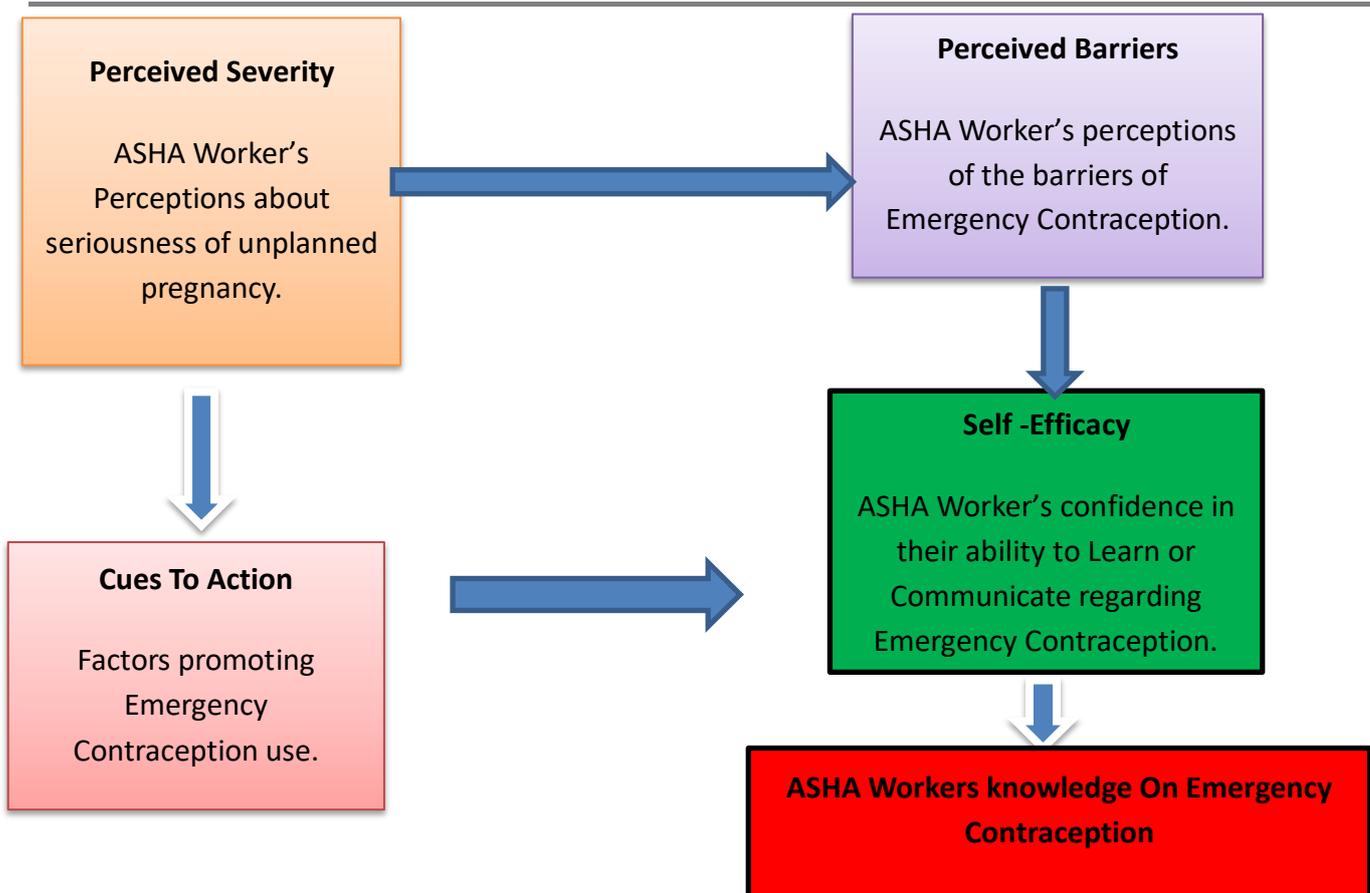


Figure 1: Conceptual frame work of Health Belief Model

METHODOLOGY

Research Approach

- The present study adopted a quantitative research approach, as it aims to collect numerical data and statistically analyze the knowledge levels.

Research Design

- Non Experimental descriptive research design was used to assess the level of knowledge regarding emergency contraception among ASHA (Accredited Social Health Activist) workers in a selected community area of Kozhikode.

Variables

- Research variable:** ASHA worker's characteristics ,Level of knowledge on Emergency Contraception

Setting of the Study

- The study was conducted in Mukkam and Thiruvambady community area in Kozhikode district, Kerala. The area was chosen based on accessibility, permission, and availability of ASHA workers.

Population

- The target population of this study comprised ASHA workers working in Kozhikode, Kerala.

Sample and Sampling Technique

- -Sample size: 50 ASHA workers.
- Sampling technique:** Purposive sampling technique was used to select ASHA workers who were available and willing to participate at the time of data collection.

Criteria for Sample Selection

•Inclusion Criteria:

- - ASHA workers working in the Mukkam and Thiruvambady community area.
- - Those who were willing to participate.
- - Those who were available at the time of data collection.

Exclusion Criteria:

- - ASHA workers who were on leave or absent during the data collection period.
- - Those who underwent special training on emergency contraception.

Description of the Tool

The tool used for data collection was a structured knowledge questionnaire on emergency contraception. The tool consisted of two sections:

Section A: It consist of questions to collect Age, Education, Marital Status, Habitat and previous knowledge and information.

Section B: Knowledge questionnaire consisting of 20 multiple-choice questions consists of :

- Definition and purpose of emergency contraception
- Types of emergency contraceptives
- Indications, contraindications, timing, dosage
- Side effects and effectiveness
- Availability and accessibility

Scoring:

- 15 - 20 (GOOD/ADEQUATE KNOWLEDGE)
- 8 - 14 (AVERAGE KNOWLEDGE)
- 0 - 7 (INADEQUATE KNOWLEDGE)

Validity and Reliability of the Tool

Content validity of the tool was established by consulting experts in obstetrics, gynecology, and community health nursing. Tool was provided in both Malayalam and English language to validate. Reliability of the tool was tested using split-half method (or Kuder-Richardson Formula 20 if MCQs), and a reliability coefficient of ≥ 0.7 was considered acceptable.

Data Collection Procedure

- Data collection was started after obtaining written permission from the concerned health authorities. 30 sample collected from Mukkam and 20 were collected from Thiruvambady community area. Informed consent was taken from each participant. Data collection was conducted with 50 Sample over a period of 1–3 days. Data collection was done in 2 days at Mukkam community area and data collection done within 1 day at

Thiruvambadycommunityarea.

Each participant was given the questionnaire and sufficient time (about 15 minutes) to complete the questionnaire. Clarifications were provided if participants had doubts during completion.

RESULTS

Section I: Demographic variables of the sample

Following were the major findings of the study :

- majority of the subjects (54%) were in the age group of above 50Years, whereas 32% were at the age group of 45-50 Years, 10% in the age group of 31-40 years and 4% were in the age group of 20-30 years.
- majority of them (64%) had completed high school education. 14% belonged to the category that completed Diploma. Another 12% had completed graduation and 10 % had other educational qualifications.
- majority (70%) had more than 6 years of experience, 14% had 4-6 years of experience, 10% had 1-3 years of experience and only 10 % had less than 1 year of experience.
- With respect to habitat 16% lives in urban area and majority (84%) lives in rural area.
- majority (88%) were married and 4 % were widowed. Another 8% were single and No one was divorced.

Demographic variables of the sample.

This section deals with the description of demographic characteristics of the sample and has been summarized in terms of frequency and percentage. The characteristics include age, education, work experience, habitat, and marital status.

DEMOGRAPHIC VARIABLES	FREQUENCY (f)	PERCENTAGE
<u>Age</u>		
Above 50 years	27	54%
41-50 years	16	32%
31-40 years	5	10%
20-30 years	2	4%
<u>Education</u>		
High school	32	64%
Diploma	7	14%
Graduate	6	12%
Others	5	10%

<u>Work Experience</u>		
>6 years	35	70%
4-6 years	7	14%
1-3 years	5	10%
<1 years	3	6%
<u>Habitat</u>		
Urban	8	16%
Rural	42	84%
<u>Marital Status</u>		
Single	4	8%
Married	44	88%
Widow	2	4%
Separated	-	-

Table1: Frequency and Percentage distribution of demographic variables

Section II: Level of Knowledge of the sample

Table 2. shows majority (68%) had average level of knowledge, 28 % had Inadequate knowledge and 4 % had adequate level of knowledge.

LEVEL OF KNOWLEDGE	FREQUENCY (f)	PERCENTAGE
Good/Adequate Knowledge	2	4%
Average Knowledge	34	68%
Inadequate Knowledge	14	28%

Table2: Frequency and Percentage distribution of Sample based on Level of knowledge regarding Emergency Contraception.

Section III: Association between Level of knowledge and Demographic variables.

There is no significant association between knowledge level of ASHA workers regarding emergency contraception and demographic variables such as age, education, work experience, habitat and marital status of ASHA workers.

CONCLUSION

The study assessed the level of knowledge regarding emergency contraception among ASHA workers in a selected community area. The findings revealed that ASHA workers had varying levels of knowledge, with many demonstrating inadequate understanding of emergency contraception. The study highlights the need for targeted training programs to enhance ASHA workers knowledge and skills in this area.

REFERENCE

1. World Health Organization (WHO). Emergency Contraception: Fact Sheet.
<https://www.who.int/news-room/fact>
2. Das A, Sharma A, Sharma N, Das R, Panda S. A Study to assess the knowledge and awareness among young doctors about emergency contraception. *J Fam Med Prim Care*. 2021 Jul 2;10(7):2304-12.
3. Palla J, Komaram RB. Assessment of knowledge among ASHAs in the delivery of contraceptive information and services in coastal Andhra Pradesh. *Int J Community Med Public Health*. 2020 Jun 17;7(6):2747-53.
<https://www.ijcmph.com/index.php/ijcmph/article/view/6527>
4. Mishra M, Varma MK, Tripathi SS. Knowledge and attitude towards emergency contraception in females of urban area of Lucknow, Uttar Pradesh, India. *Int J Reprod Contracept Obstet Gynecol*. 2017 Jan;6(1):210-4.