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Effectiveness of structured teaching programme on knowledge regarding prevention of reproductive tract infections among married women in selected rural areas of Jaipur

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Abstract

Women & children are our Nation's greatest assets. Health of the women is the basis for the better health of the family as well as of the nation. Reproductive tract infections (RTIs) are recognized as a public health problems and rank second- after maternal morbidity and mortality as the cause of healthy life loss among women of reproductive age in developing countries. If left untreated, RTIs can cause the following serious consequences: infertility, ectopic pregnancy, cervical cancer, menstrual disturbances, pregnancy loss and low birth weight babies.

Objectives: 1. To assess the pre-test knowledge of married women regarding prevention of reproductive tract infections. 2. To assess the post-test knowledge of married women regarding prevention of reproductive tract infections. 3. To assess the effectiveness of structured teaching programme on knowledge of married women regarding prevention of reproductive tract infections. 4. To find out the association between post- test level of knowledge of married women regarding reproductive tract infections with the selected demographic variables.

Methodology: The research design adopted for this study was one group pre-test, post-test Pre-experimental design and research approach adopted for this was to evaluative approach. The sample size was 60 married women selected by non-probability convenient sampling techniques. Data was collected by using structured questionnaire, this consists of two sections. Section I on Demographic variables and Section II on Questionnaire regarding knowledge on RTIs.

Results: The mean pre-test knowledge score of married women on RTIs was 16.47 ± 4.935 whereas 61.66% women had inadequate knowledge. In post-test the mean knowledge score was 25.38 ± 5.150 and more than half 58.33% married women had adequate knowledge on RTIs. So, it was observed that there was a significant difference between pre-test and post-test knowledge score of women regarding RTIs. It showed the effectiveness of STP on prevention of RTIs among women.

Conclusion: The finding of study showed that a nurse conducted an educational programme regarding prevention of reproductive tract infections among married women. The study revealed that married women had an inadequate knowledge regarding prevention of RTIs. So authors concluded that there is need for providing right information and knowledge in regards prevention of RTIs to women so it will be an important strategy to improve the sexual and reproductive health of women.

Keywords: Consequences, infertility, ectopic pregnancy, cervical cancer, sexual

Introduction

Reproductive tract infections (RTIs) are recognized as a public health problem and rank second after maternal morbidity and mortality - as the cause of healthy life loss among women of reproductive age in developing countries. Reproductive tract infections include endogenous infections, iatrogenic infections and sexually transmitted infections (STIs). If left untreated, RTIs can cause the following serious consequences: infertility, ectopic pregnancy, cervical cancer, menstrual disturbances, pregnancy loss and low birth weight babies. The presence of RTIs (especially ulcer-causing sexually transmitted infections) can promote the acquisition and transmission of the human immunodeficiency virus⁴. Several studies show that women often suffer from reproductive morbidities for a long time because of their 'culture of silence' and they believe that it's not a condition for which they should seek medical help.

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Hence it is the responsibility of the health care provider to create awareness regarding prevention of reproductive tract infections which helps in early identification of problem in the initial stage⁵. Health is not mainly an issue of doctors, social services & hospitals. It is an issue of social justice. In order to achieve it, every woman should receive the required health care and attention.

An estimated 340 million new cases of RTIs emerge each year, with 151 millions of them in Asia. In India alone, about 40 million new cases emerge each year these are infections of reproductive system and are group of communicable diseases that are transmitted predominantly by sexual contact and caused by a wide range of bacterial, viral, protozoan and fungal agents. National family health survey has reported that 39.2% women in India have one or more reproductive tract infections whereas prevalence of self-reported RTI symptoms has been found to be 11-18% in various nationally representative studies¹¹. Health education, prevention, counselling, condom promotion, the importance of treatment adherence, and partner referral are all recommended by the algorithms as an integral part of effective management¹⁷. Hence, the aim of study was to assess the effectiveness of structured teaching programme on reproductive tract infection among married women.

Materials and Methods

The educative evaluative research approach and one group

pre-test, post-test pre experimental design was used to conducted this study. As a sample total 60 married women was selected by non-probability convenient sampling technique from Amarpura, Govindgarh Jaipur (Raj.). The data collection instrument was a structured knowledge questionnaire which comprised two sections i.e. section -I demographic and baseline information sheet which consist 10 items and section-II consist 35 items on knowledge regarding prevention of RTIs. Each question has correct answer that carries one mark and wrong answer carries 0 mark. An educational structured teaching programme was developed by extensive review on prevention of RTIs among women. Validity and reliability of the tool was assessed. Formal permissions were obtained from the concerned authorities to conduct the study. After the pilot study necessary changes were made. The information pertaining to demographic data was collected. Data collection instrument was distributed to married women to assess the knowledge in pre-test. Structured teaching programme was conducted after the pre-test for all married women on same day. The post-test structured knowledge was assessed after 7 days of conducting structured teaching programme. The collected data was summarized and tabulated by utilizing inferential and descriptive statistics.

Results

Table 1: Demographic variables

S. No.	Demographic variable	Frequency (%)
1.	Age (In year)	
	21-25	12(20.00%)
	26-30	32(53.33%)
	31-35	16(26.67%)
2.	Religion	
	Hindu	36(60.00%)
	Christian	08(13.33%)
	Muslim	12(20.00%)
	Any other(specify)	04(06.67%)
3.	No. of Child	
	One	28(46.67%)
	Two	09(15.00%)
	More than three	06(10.00%)
	None	17(28.33%)
4.	Educational qualification of women	
	Primary	16(26.67%)
	Secondary	16(26.67%)
	Senior secondary	10(16.66%)
	Graduate or more	18(30.00%)
5.	Type of family	
	Joint	13(21.67%)
	Nuclear	39(65.00%)
	Extended	08(13.33%)
6.	Family income per month (in Rs.)	
	<5000	18(30.00%)
	5001-10000	13(21.67%)
	10001-15000	09(15.00%)
	>15000	20(33.33%)
7.	Occupation of women	
	Housewife	20(33.33%)
	Govt. Job	06(10.00%)
	Private Job	26(43.34%)
	Self employed	08(13.33%)
8.	Had previous knowledge regarding RTIs?	
	Yes	07(11.67%)
	No	53(88.33%)

Demographic variables

In relation to age of women more than half 32(53.33%) were belonging to age group 26-30 year while 12 (20.00%) were belong to 21-25 year age group. Regarding religion 36(60.00%) women were Hindu and 04 (06.67%) were from other specified religion group. In term of number of children 28(46.67%) women have one child whereas 06(10.00%) women have more than three children. In relation to educational qualification 18(30.00%) women were graduate

while 10(16.66%) were senior secondary passed. In term of type of family more than half 39(65.00) were belong to nuclear type family, in considering family income per month 20(33.33%) women family had more than 15000 Rs. Per month income. In regard occupation of women 26(43.34%) women were in private Job. In relation to previous knowledge most of 53(88.33%) women does not have any specific knowledge regarding RTIs.

Table 2: Pre-test and post-test mean score of women regarding prevention of RTIs

S. No.	Knowledge variable	Maximum score	Pre-test (Mean score)	Post-test (mean score)
1.	Anatomy and physiology of female reproductive system	5	2.21	3.27
2.	Definition, incidence, causes and sign and symptoms, risk factors of RTIs	14	6.32	9.78
3.	Diagnosis, complication, prevention and treatment of reproductive tract infection (RTIs)	16	7.93	12.33
	Overall knowledge score	35	16.47	25.38

Table 2 depict the area wise mean score of the married women in pre-test and post-test, in anatomy and physiology of female reproductive system the mean score in pre-test was 2.21 and in post-test it was 3.27. In area of definition, causes and symptoms mean score of women in pre-test was

6.32 whereas in post-test it was 9.78 in term of complication and preventions of RTIs women knowledge mean score in pre-test was 7.93 and in post test 12.33. The overall knowledge mean score was in pre-test 16.47 whereas in post test 25.38.

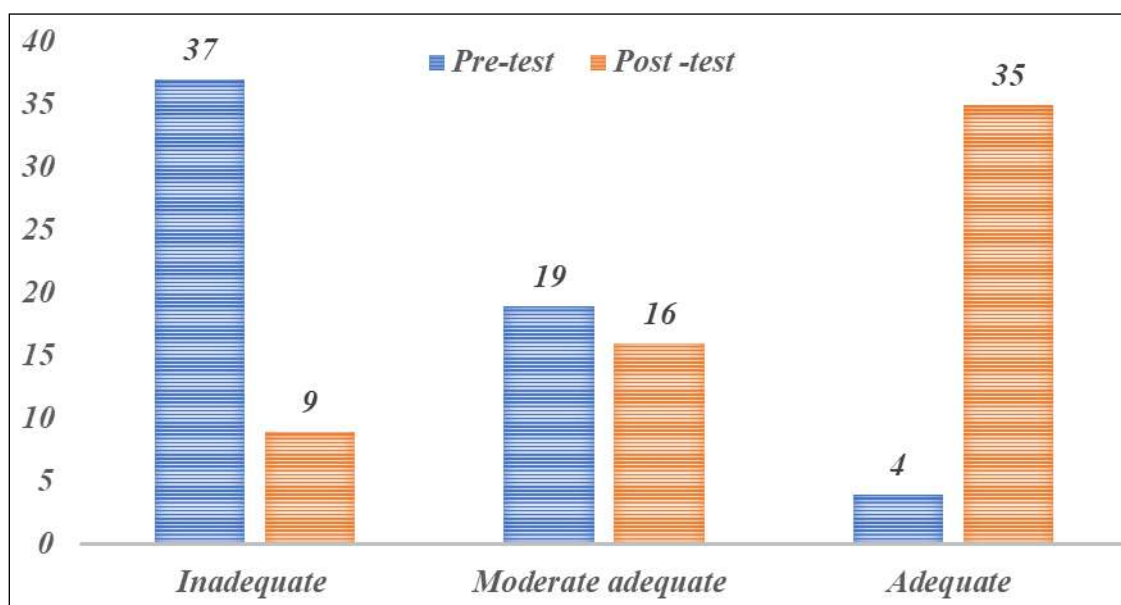


Fig 1: Bar diagram showing the frequency distribution in pre-test and post-test level of knowledge among married women regarding RTIs

Figure 1 depict the frequency distribution in pre-test and post-test level of knowledge among married women regarding RTIs, in which 37 women had inadequate knowledge in pre-test while only 4 women had adequate

knowledge regarding RTIs. In post-test only 09 women had inadequate knowledge whereas 35 women had adequate knowledge regarding RTIs.

Table 3: Mean score difference between pre-test and post -test knowledge scores of with paired "T" value

S. No.	Knowledge variable	Mean Difference	Standard Deviation	Paired 't' value
1.	Anatomy and physiology of female reproductive system	1.06	0.233	7.035*
2.	Definition, incidence, causes and sign and symptoms, risk factors of RTIs	3.47	2.782	9.649*
3.	Diagnosis, complication, prevention and treatment of reproductive tract infection (RTIs)	4.4	2.578	13.215*
	Overall knowledge	8.916	5.579	12.379*

*Significant at the level of $p < 0.05$

Table 3 describe the effectiveness of the structured teaching programme on prevention of reproductive tract infections

among married women in which the overall knowledge mean score difference was observed 8.91 ± 5.579 with paired

“t” value 12.37 which was highly significant at the $p < 0.05$, thus it revealed that the post-test mean score was higher than pre-test mean score that showed the effectiveness of STP.

Discussion

Overall we found that the knowledge about prevention of RTIs mean score of married women in pre- test was 16.47 and in post-test was 25.38. Overall mean < 0.05 . It was revealed that the post-test knowledge mean score was significantly higher than the pre-test mean knowledge score. So the study results shows that structured teaching programme was effective in increasing the knowledge of married women regarding prevention of RTSs. The findings of the study was supported by a study conducted by Dhital AD, *et al.* (2011) [5]. Effectiveness of structured teaching program in improving knowledge and attitude of school going adolescents on reproductive health in Nepal that shows a significant improvement between pre-test and post score.

Conclusion

Study conclude that structured teaching programme was effective in improving the knowledge of married women regarding RTIs. Therefore, nurses must constantly focus on improving the knowledge of women regarding reproductive tract infections through different educational techniques and a health education is a medium which could be helpful in improving reproductive as well as general health of women.

Conflict of Interest

The authors certify that they have no involvement in any organization or entity with any financial or non-financial interest in the subject matter or materials discussed in this paper.

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References

1. Park K. Preventive and social medicine, 21st ed. Bhanarsidas Bhanot: Jabalpur; c2009. p. 14,15,19
2. Sharma KS. textbook of nursing research & statistics: second edition, Elsevier publication, New Delhi; c2014; p. 76-80.
3. Ram R, Bhattacharya SK, Bhattacharya K, Baur B, Sarkar T, Bhattacharya A, *et al.* Reproductive Tract Infection among Female Adolescents Indian Journal of Community Medicine. 2006 March;31(1):32-33.
4. MM Singh, Devi R, Garg S, Mehra M. Effectiveness of syndromic approach in management of RTI among women in Dadu Majra Colony, Chandigarh. Indian J Med Sci. 2001;55:209-14.
5. Dhital AD, Badhu BP, Paudel RK, Uprety DK. Effectiveness of structured teaching program in improving knowledge and attitude of school going adolescents on reproductive health in Nepal [Internet]. Kathmandu Univ Med J (KUMJ). 2005 Oct-Dec [Cited 2011 Nov 5];3(4):380-3. Available from

- URL: <http://www.ncbi.nlm.nih.gov/pubmed/16449840>
6. Sharma Poonam, Sheoran Poonam. A study on Screening and Assessment of Knowledge and Expressed Practices Regarding Reproductive Tract Infection among Married and Unmarried Women in Rural Area of Mullana, Ambala, Haryana, Indian J Communicable Diseases. 2013 March;3(9):201-112.

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