



International Journal of Obstetrics and Gynaecological Nursing

E-ISSN: 2664-2301
P-ISSN: 2664-2298
IJOGN 2019; 1(2): 01-05
Received: 01-05-2019
Accepted: 05-06-2019

Anita Shravan Phulpagare
IInd Year M. Sc Nursing, Dr.
Vithalrao Vikhe Patil
Foundation's College of
Nursing, Ahmednagar,
Maharashtra, India

Veerabhadrapa G Mendagudli
Associate Professor,
Department of Community
Health Nursing, Dr. Vithalrao
Vikhe Patil Foundation's
College of Nursing,
Ahmednagar, Maharashtra,
India

Correspondence
Anita Shravan Phulpagare
IInd Year M. Sc Nursing, Dr.
Vithalrao Vikhe Patil
Foundation's College of
Nursing, Ahmednagar,
Maharashtra, India

Effectiveness of planned teaching programme on knowledge regarding prevention of reproductive tract infection among women at selected rural community

Anita Shravan Phulpagare and Veerabhadrapa G Mendagudli

Abstract

A Quasi Experimental Design was used for the present study & 50 married women of reproductive age group from 18-45 years were selected using purposive sampling technique. A semi-structured questionnaire was used to assess the knowledge. Descriptive and inferential statistics were used to analyze the data. The analysis and the data were based on the objective and hypothesis. Both descriptive and inferential statistics were used for data analysis. The assessment of overall post-test knowledge level of the married women regarding prevention of reproductive tract infections shows that, the majority of 62% married women had average knowledge, 0% had poor knowledge and 38% were had good knowledge.

The levels of knowledge during the pretest and post-test are compared to prove the effectiveness of planned teaching programme. The Finding of the study showed that, the majority of 62% married women had average knowledge, 0% had poor knowledge and 38% were had good knowledge regarding prevention of reproductive tract infections. The study concluded that there is significant increase in the knowledge level among married women after planned teaching programme.

Keywords: Women, reproductive tract infection

Introduction

Reproductive tract infections are recognized as public health problem and rank second as the cause of healthy life lost among women of reproductive age after maternal morbidity and mortality in developing countries. In addition, the presence of reproductive tract infections is often associated with an increased risk for acquiring and transmitting HIV in much different population.

Women of reproductive age group (15-45 years) constitute 19% of the total population in India and they are the architects of their children's future [3]. The common problem faced by the women during this reproductive age group (15-45 years) includes puerperal sepsis, infection related to abortion, pelvic inflammatory diseases, infertility and Reproductive Tract Infections (RTI) including sexually transmitted diseases and HIV/AIDS. Among these, the reproductive tract infection (RTI) including sexually transmitted diseases (STD) and HIV/AIDS forms the second leading cause of death among women and accounts for 6% of global disease burden.

The basic elements of reproductive health are responsible for reproductive or sexual behaviour, widely available family planning services, effective maternal care and safe motherhood, effective control of reproductive tract infections including sexually transmitted diseases, prevention and management of infertility, unsafe abortion, and malignancies. In India, prevalence of RTI among women vary from 19% to 86%. Globally the prevalence of pattern of RTI in developing countries are up to 100 times more in developed countries.

A reproductive tract system disease is any disease that impairs the ability to reproduce. Such disease may arise from genetic or congenital. Reproductive tract infections are being increasingly recognized as a serious global health problem with impact on individual women and men and their families and communities. Women can have a severe consequence including infertility, ectopic pregnancy, chronic pelvic pain, miscarriage, and increased risk of HIV transmission. Reproductive tract infections especially sexually transmitted infections cause a wide spectrum of pathology in women which include vaginitis, cervicitis, endometritis, salpingitis, pelvic inflammatory diseases, prematurity, conjunctivitis, and pneumonia in the neonates.

Reproductive health is one of major issue today because of, increasing spread of sexually transmitted infection causing a great of acquiring HIV and AIDS increasing number of adolescent pregnancies the growing incidence of reproductive tract infection, maternal and child mortality and morbidity highlight the urgent need for appropriate and effective interventions of sex related matters and access to reproductive health services and information. Many studies have indicated association of factors like of education early marriage. Menstrual hygiene practice. Contraceptive usage. Knowledge about reproductive tract infections, treatment seeking behavior with the prevalence of reproductive tract infections. The fact that creating awareness among the vulnerable group will clear various misconceptions about reproductive health issues including RTI and encourages preventive practices especially in Indian scenario.

Reproductive tract infection (RTI) which includes sexually transmitted infections (STI) cause considerable morbidity among women of reproductive age worldwide any morbidity in this group present as a huge obstacle to the overall socioeconomic development of the community countrywide data in India indicate a higher prevalence in rural areas compared to urban areas.

High levels of gynecological morbidity especially RTI/STI if untreated it can lead to adverse health outcome such as infertility. Ectopic pregnancy and increases vulnerability to transmission of HIV/AIDS. Sexually transmitted infections are worldwide major concern in developing countries the major aspect of the control and prevention of disease and health protection is health education since knowledge plays an important role in people attitude and behaviors.

Reproductive tract infections generally seen as a silent epidemic can have severe consequences including infertility, ectopic pregnancy, chronic pelvic pain, miscarriage, neonatal blindness, increased risk of HIV Infection and even death.

The global burden of reproductive tract infection enormous and of a major public health concern, particularly in developing countries where reproductive tract infections are endemic. Reproductive tract infections, excluding HIV constitute the second major cause of disease burden in young adult women in developing countries.

A community-based cross-sectional study of RTIs was conducted in 1996–1997 among married women 16–22 years of age in Tamil Nadu, India. The women were questioned about symptoms, received pelvic and speculum examinations and provided samples for laboratory tests. Qualitative and quantitative data on treatment-seeking behavior were collected. The results revealed that, 53% of women reported gynecologic symptoms, 38% had laboratory findings of RTIs and 14% had clinically diagnosed pelvic inflammatory disease or cervicitis. According to laboratory diagnoses, 15% had sexually transmitted infections and 28% had endogenous infections. Multivariate analysis found that women who worked as agricultural laborers had an elevated likelihood of having a sexually transmitted infection (odds ratio, 2.4), as did those married five or more years (2.1). Two-thirds of symptomatic women had not sought any treatment; the reasons cited were absence of a female provider in the nearby health care center, lack of privacy, distance from home, cost and a perception that their symptoms were normal.

A study conducted about to find the prevalence of Reproductive tract infections among both symptomatic and

asymptomatic women and also to assess the levels of knowledge of women regarding RTIs and its prevention after taking treatment. 122 married asymptomatic and symptomatic women were explained about the study. Diagnosis of RTIs and treatment has given to patients based on the relevant history, gynecological examination, vaginal or cervical discharge examination. 60% and 72.7% were from lower socioeconomic status among symptomatic and asymptomatic women. Among various clinical presentations of both symptomatic and asymptomatic women, vaginitis was found to be predominant (26.2%) followed by cervicitis - 20.4%. Among which the candidiasis was higher among both asymptomatic and symptomatic women. Follow up cases, vaginitis and vulvitis was cured in 93.7% of studied women, cervicitis was cured in 23 (92%) out of 25 cases. Need to create awareness among rural and urban slum communities about menstrual and genital hygiene, advice to seek health care by both husband and wife, educate them about chances of acquiring STIs with multiple partners and the morbidity associated with RTIs.

High levels of gynaecological morbidity, especially reproductive tract infections and sexually transmitted infections may turn out to be fatal if not treated properly.

In India the prevalence of reproductive tract infection is very high due to silent epidemic. The low status of women in parts of India makes women suffer in silence or even feel too ashamed to seek treatment. Hence, there is need to assess women's level of knowledge regarding reproductive tract infection through study.

Objectives of the study

1. To determine the level of knowledge regarding prevention of Reproductive Tract Infections among married women as measured by structured knowledge questionnaire.
2. To assess the effectiveness of planned teaching programme on knowledge regarding prevention of Reproductive Tract Infections among married women.
3. To find out the association between pre-test knowledge score of married women regarding prevention of Reproductive Tract Infections and selected demographic variables.

Operational definitions

Effectiveness: It refers to the extent to which the planned teaching programme has achieved the desired effect in improving the knowledge of women regarding Prevention of Reproductive Tract Infections.

Planned teaching programme: It refers to a systematically organized teaching plan to provide information to married women regarding prevention of reproductive tract infections.

Knowledge: In this study, knowledge to awareness of married women regarding prevention of reproductive tract infections.

Prevention: Any action directed towards avoidance of getting reproductive tract infections.

Women: In this study woman refers to married women of reproductive age group from 18-45 years women who are resident from the selected community.

Reproductive tract infections: These are the infection of the genital tract. The infections affect the vulva, vagina, cervix, uterus, fallopian tubes and ovaries in the women. In this study refers to, The reproductive tract infections include common sexually transmitted infections such as Gonorrhoea, Hepatitis B, Herpes genitalis, Syphilis, HIV/AIDS.

Selected demographic variables: Age in years, Religion, Type of family, Occupation status, Family monthly income (in rupees), and Source of information regarding RTI's.

Assumptions: This study assumes that

- Married women may have some knowledge regarding RTIs and its prevention.
- Married women may have positive attitude on reproductive tract infection and its prevention.
- Planned teaching programme may improves the knowledge of married women regarding RTIs and its prevention.
- The knowledge of married women on RTI may vary with their selected demographic variables.

Hypothesis

H₀: There will be no significant difference between pre-test and post-test knowledge scores of married women regarding prevention of reproductive tract infections.

H₁: There will be significant difference between the pre-test and post-test knowledge scores of married women regarding prevention of reproductive tract infections.

H₂: There will be significant association between pre test knowledge scores with selected demographic variables among married women regarding prevention of reproductive tract infections.

Delimitations of study

1. This study limited only to the selected rural community in Maharashtra.
2. Study is limited to age group between 18-45years.
3. Who are not co-operative and willing.
4. Sample size is limited to 50 married women.

Methodology

Research Approach: An evaluative research approach was adopted in this study.

Research design: Pre Experimental one group pretest post-test design.

Research Setting: Selected rural areas in Ahmednagar District.

Population: The populations of the study were Married women.

Sample: the married women of rural areas in Ahmednagar District.

Sample size: 50 Married women in rural areas of Ahmednagar district.

Sampling technique: Purposive sampling technique was used in this study.

Variables

- **Independent Variable:** Planned teaching programme
- **Dependent Variables:** Knowledge questionnaire on reproductive tract infection.

Criteria for sample selection

Inclusion criteria

1. Women who live in the selected rural community.
2. Women who are willing to participate in the study.
3. Women who are married and in the reproductive age group (18-45 years).
4. Women who can understand Marathi.
5. Women who are present during the time of data collection.

Exclusion criteria

1. Women who are not willing to participate in the study.
2. Women who cannot understand Marathi.
3. Women who are not present during the time of data collection.

The major findings of the study

Section 1: Deals with analysis of demographic data of the married women at selected rural community in terms of frequency and percentage.

- Majority of 46% of married women were in the age group of 29-39 years, 34% of them were in the age group of 18-28, and 20% of them were in the age group of 40-45 years,
- Majority of 36% of the married women were belongs to Hindu religion, 34% of them were belongs to Muslim, 18% of them were belongs to Christian and 12% of them belongs to other religions.
- Majority of 42% married women were from the nuclear family, 40% married women were from the joint families and 18% married women were from the extended families.
- Majority of 48% of the married women had a family income of 3001-5000 per month, 32% had an income of 5001 & above per month and 20% had an income of 1000-3000.
- Majority of 50% married women were higher school, 26% were educated up to primary school, and 16% were educated up to higher primary and 0% were in the group of degree and above.
- Majority of 32% married women were house wife, 22% married women were private & 22% married women were self-employed, 20% of them from daily wages and 4% of them from government job.
- Majority of 30% married women got the knowledge from the husband and 26% from the media, 26% from health personnel, 10% from friends and 08% from parents.

Section 2: Deals with analysis of data related to assessment of the knowledge regarding reproductive tract infections among married women at selected rural community in terms of frequency and percentage.

Knowledge related to "Reproductive tract infection".

In pre test knowledge level of the Married women related reproductive tract infections, shows that the majority of 66% mothers had average knowledge, 34% had poor knowledge

and 0% were had good knowledge.

In post-test knowledge level of the married women related reproductive tract infections, revealed that the majority of 72% mothers had average post-test knowledge, 0% had poor knowledge and 14% had good knowledge.

Knowledge related to "Prevention of RTI"

In pre test knowledge level of the married women related to prevention of Reproductive tract infections, shows that the majority of 56% mothers had average knowledge, 36% had poor knowledge and 8% were had good knowledge.

In post-test knowledge level of the married women related prevention of reproductive tract infections revealed that, the majority of 48% mothers had average post-test knowledge, 12% had poor knowledge and 40% had good knowledge.

Assessment of overall pretest & post-test knowledge score of married women regarding prevention of reproductive tract infections.

The assessment of overall pretest knowledge level of the married women regarding prevention of reproductive tract infections shows that, the majority of 56% mothers had average knowledge, 44% had poor knowledge and 0% were had good knowledge.

The assessment of overall post-test knowledge level of the married women regarding prevention of reproductive tract infections shows that, the majority of 62% married women had average knowledge, 0% had poor knowledge and 38% were had good knowledge.

Section 3: Deals with analysis of data related to the effectiveness of planned teaching programme on knowledge regarding prevention of reproductive tract infections among women at selected rural community.

The researcher applied paired t-test for assessment of effectiveness of planned teaching programme and for comparison of pretest and post-test knowledge score of married women. Average knowledge score in pretest were 18.5 with standard deviation of 4.87 which increased to 27.16 with standard deviation of 5.56 in post-test. t- Value for this comparison was 10.25 and p value for this comparison was 0.00, which was less than 0.05, concludes that H₀ is rejected. Planned teaching programme proved significantly effective in improving the knowledge of married women regarding prevention of reproductive tract infections.

Section 4: Deals with analysis of data related to the association between pre test knowledge scores with selected demographic variables among married women regarding prevention of reproductive tract infection.

The chi square test was used to see the association between the demographic variables with the pre test knowledge.

For all the demographic variables the p value of the association test with knowledge was more than 0.05. That means, the knowledge regarding prevention of reproductive tract infections among married women is independent of these demographic variables. Concludes that, there was no significant association of these demographic variables with the knowledge.

Conclusion

Finding of the study showed that, majority of subjects 62% of the married women had average knowledge, 0% of them

had poor knowledge and 38% had good knowledge regarding prevention of reproductive tract infections. Planned teaching programme is proved to be significantly effective in improving the knowledge of married women regarding prevention of reproductive tract infections. Study concluded that H₀ was rejected.

Recommendations

On the basis of the findings of the study following recommendations have been made:

- A similar study can be replicated on a large sample to generalize the findings.
- An experimental study can be undertaken with a control group for effective comparison of the result.
- A study can be conducted by including additional demographic variables.
- A comparative study can be conducted between rural and urban settings or between married and unmarried women or between men and women.
- A similar study can be conducted among eligible couples.
- Manuals, information booklets and self-instruction module may be developed in areas of reproductive tract infections among women.
- A study can be carried out to evaluate the efficiency of various teaching strategies like SIM, pamphlets, leaflets and computer-assisted instruction on RTIs and its prevention.

References

1. Salhan Subha. Textbook of gynecology. Jaypee Brothers Medical Pub. New Delhi, 1st Ed, 240-45.
2. Jindal N, Aggarwal A, Gill P, Sabharwal B, Sheevani BB. Community based study on reproductive tract infection, including sexually transmitted infection, among the rural population of Punjab, India. Indian J Community Med [serial on the internet].2009Oct[cited on 2012; 34(4): [about 8 screens].available from: <http://www.ijcm.org>
3. Gupta Piyush, Ghai OP. Text book of Preventive and Social Medicine. New Delhi: CBS Publishers. 2nd Ed., 2007, 320, 321, 326, 365-66.
4. Reproductive tract infections an introductory overview. Population Council [Internet] 2010. Available from: <http://www.popcouncil.org/pdf/RTIFacsheets Rev.pdf>
5. Reproductive tract infection Available from: www.icmr.nic.in/annual/nirrh/2003-04/Ch%203%20Reproductive%20Tract%20Infection.pdf
6. Shelke Madhuri. Effect of health education programme on knowledge and practices related to common selected reproductive tract infection among the married women. Sinhgad e-journal of nursing. 2016; 6(1):3-15.
7. Mani G. Prevalence of reproductive tract infections among rural married women in Tamil Nadu, India; A community based study. J Pioneer Med SCI. 2014; 4(1):18-24.
8. Rani, Vidya. *et al.* KAP Study on Reproductive Tract Infections (RTIs) Among Married women (15-44 years) in rural area of Etawah, Uttar Pradesh. Indian Journal of Community Health. 2016; 28(1):78-83.
9. Reproductive tract infections (RTI) policy guidelines (Ghs/Hru/Horizons/Usaid and \WHO) 2003. Available at: <http://www.ilo.org>.

10. Prashar A, Gupta BP, Bharadwaj AK, Sarin R. Prevalence of reproductive tract infection among women of reproductive age group in Shimla. *Indian J Community Med.* 2012; 25:31(1).
11. Prasad JH, Abraham S, Kurz KN, George V, Lalitha MK, John R *et al.* Reproductive tract infections among young married women in Tamil Nadu, India. 2012; 31(2).
12. Reproductive tract infection assessed through <http://www.reproductivehealth.nih.gov.com>. on February 22, 2010.
13. Prevalence of reproductive tract infection assessed through <http://www.who.prevalence/rsti-sti.com> on February 22, 2010.
14. Hernandez LS *et al.* A qualitative interview on understandings of RTIs in periurban Pueblo Joven in Lima, Peru. *BMC Womens Health.* 2006; 6:7.