e - ISSN – 2349-0691

AMERICAN JOURNAL OF ADVANCES IN NURSING RESEARCH

Journal homepage: www.mcmed.us/journal/ajanr

PREVENTION OF REPRODUCTIVE TRACT INFECTIONS

Joisy S.Joy [1*] & Anu mol Sebastian [2]

MKINS Jodhpur, Rajasthan 342005, India.

Article Info

Received 25/12/2018
Revised 15/01/2019
Accepted 17/01/2019

Key word:
Reproductive tract infections, prevention of reproductive tract infection.

ABSTRACT

Global observations show that in developed regions maternal mortality ratio averages at 30 per 100,000 live births, in developing regions the figure is 480 for the same number of live births. The aim of the study was to evaluate the effectiveness of structured teaching programme on knowledge regarding prevention of reproductive tract infections among married women. The first objective was to assess the pre-test knowledge of married women regarding prevention of reproductive tract infections. The second objective was to assess the post-test knowledge of married women regarding prevention of reproductive tract infections. The third objective was to evaluate the effectiveness of structured teaching programme on knowledge of married women regarding prevention of reproductive tract infections. The fourth objective was to find association between the pre-test knowledge scores regarding prevention of reproductive tract infections among married woman with selected demographic variables such as age, religion, type of family, educational status, occupation, income of family, source of information and duration of marriage. The statistical value supported the research hypothesis that "the post test knowledge regarding prevention of reproductive tract infections among married women will be significantly higher than the pre-test knowledge who had structured teaching programme".

INTRODUCTION

Women are the primary care takers, first bearers, nurturers and educators. Our destiny lies with the wellbeing of women's health. Nowadays women's health care has changed from traditional settings and the change in the doctor's care and their goals to enable and empower women will improve the total quality of women's health [1]. In India, women of the childbearing age (15 to 44 years) constitute 19% of the total population. Mothers constitute a large group, but they are also a "vulnerable" or special risk group. The risk is connected with childbearing in the case of women. Global observations show that in developed regions maternal mortality ratio averages at 30 per 100,000 live births, in developing regions the figure is 480 for the same number of live births. Maternal mortality rates are high in many developing countries. According to WHO estimates, about 510,000 maternal deaths (about 0.9 percent of total deaths) occurred globally during the year 2002. Maternal mortality rate in India is 407 per 100,000 live births during the year 2000 [2]. RTIs often cause discomfort and lost economic productivity. The most serious long-term sequelae arise in women; Pelvic inflammatory disease (PID), cervical cancer, infertility, spontaneous abortion and ectopic pregnancy, the latter may lead to maternal death. The presence of STI increases the risk of acquiring and transmitting HIV infection by three to five times [3]. Vaginal infections are the most common reason for women to seek health care. Nurses play a key role in educating women concerning vaginal health and the prevention of STIs. Identifying high-risk behaviour and providing non-judgmental, sensitive counselling and

Corresponding Author

Joisy.S.Joy
Email:- jprincy84@gmail.com

education should be part of every physical check-up. Teaching STIs prevention to women across the life span is important because some viral STIs remain in the body for life and can have long-term complications. Prevention of disease is the key role of the nurse. Teaching all age groups healthy behaviour such as abstinence, safe sex practices and discussion of STI prevention is essential [4].

STATEMENT OF THE PROBLEM

"Pre-experimental study To Evaluate the Effectiveness of Structured Teaching Programme on Knowledge Regarding Prevention of Reproductive Tract Infections Among Married Women."

OBJECTIVES OF THE STUDY

- Assessed the pre-test knowledge of married women regarding prevention of reproductive tract infections.
- Assessed the post-test knowledge of married women regarding prevention of reproductive tract infections.
- Evaluated the effectiveness of structured teaching programme on knowledge of married women regarding prevention of reproductive tract infections.
- Found out association between the pretest knowledge scores regarding prevention of reproductive tract infections among married woman with selected demographic variables.

RESEARCH QUESTIONS:

Primary research question:

1. Whether the structure teaching Programmed is Effective on Knowledge Regarding Prevention of Reproductive Tract Infections Among Married Women

Secondary research question

1. What is the effect of the reproductive tract infection among unmarried women's patients?
2. What is the measure to control or reduce complication related to reproductive tract infection?

HYPOTHESIS OF THE STUDY

- **H_1 -** There will be significant difference between the pre-test and post-test knowledge scores regarding prevention of reproductive tract infections among married women.
- **H_2 -** There will be significant association between the pre-test knowledge scores regarding prevention of reproductive tract infections among married women with their selected demographic variables.

OPERATIONAL DEFINITIONS

a) Evaluate: it refers to analysing the knowledge of married women regarding prevention of reproductive tract infections.

b) Structured Teaching Programme: it refers to a systematically organised teaching plan to provide information to married women regarding prevention of reproductive tract infections.

c) Effectiveness: Effectiveness refers to the difference in the percentage of correct responses and mean knowledge scores of pre-test and post-test conducted for the sample before and after STP.

d) Knowledge: it refers to response of married women regarding prevention of reproductive tract infections.

e) Prevention: Any action taken towards avoidance of getting reproductive tract infections.

f) 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. The reproductive tract infections include sexually transmitted infections such as syphilis, trichomoniasis, gonorrhoea, chancroid, lymphogranuloma venereum, herpes genitalis, hepatitis B, genital warts, HIV/AIDS.

ASSUMPTIONS OF THE STUDY

Married women have some knowledge regarding prevention of reproductive tract infections.

The structured teaching programme on prevention of reproductive tract infections will improve the knowledge of married women.

DELIMITATIONS:

i. This study is limited to married women residing in Jodhpur.
ii. Married women who are willing to participate in the study.
iii. Married women who will be present at the time of data collection.
iv. Married women who are in the reproductive age group
v. Married women who are literate and can understand Hindi
vi. Period of study is limited to 6 weeks.

RESEARCH METHODOLOGY

RESEARCH APPROACH

Quantitative research approach is considered appropriate for the present study.

Research Design

A pre-experimental design, one group pre-test and post-test design was adopted for this study.

- O_1 x O_2
- O_1 - Pre test
- X - Intervention
- O_2 - Post test

RESERCH VARIABLE

INDEPENDENT VARIABLE:

Structured teaching programme regarding prevention of reproductive tract infections among married women was the independent variable.

DEPENDENT VARIABLES:
Knowledge of married women regarding prevention of reproductive tract infections among married women was the dependent variable.

POPULATION
Married women living in urban area.

SAMPLING SIZE-
Total sample size for this study is 60 married women for urban area.

SAMPLING TECHNIQUE-
Purposive sampling technique was used for this study.

RELIABLTY OF THE TOOL

Spearman's rank correlation coefficient formula was used to test the reliability of the tool. The reliability of the tool was 0.84. It was statistically significant and thus reliable.

Major finding of the study
SECTION – I

Data in the table no. 1 depicts that the mean average score of the respondent's knowledge is 7.36 and the mean percentage is 26.3% for the assessment of the pretest knowledge. The maximum score is 28.

Data in the table no. 2 depicts that the mean average score of the respondent's knowledge is 24.30 and the mean percentage is 86.8% for the assessment of the post-test knowledge after structured teaching programme. The maximum score is 28.

The effectiveness of SIM was statistically tested by paired't' value and the results were found to be significant at $p<0.005$ level.

The study showed that there was a significant association between pre-test level of knowledge with selected demographic variables such as age, religion, educational status and income of family (at $p < 0.05$,).

Table 1. Frequency and percentage distribution of demographic variables among the females

N=60

S.No	Demographic variables	Frequency	Percentage
1	**Age**		
	Below 18 years	7	11.66
	18 – 25 years	12	20
	26 – 33 years	24	40
	Above 33 years	17	28.33
2	**Religion**		
	Hindu	29	48.33
	Muslim	9	15
	Any others	22	36.66
3	**Education**		
	Primary Education	19	31.66
	Higher Education	14	21.66
	Graduate	27	46.66
4	**Occupation**		
	House wife	16	27
	Coolie	8	13
	Employed	27	45
	Any others	9	15
5	**Monthly income**		
	Below Rs.5000	7	11.66
	5001-10000	17	28.33
	10001- 15000	8	13.33
	Above Rs.15001	28	46.66

7	**Duration of Marital status**		
	Below 2 years	10	16.66
	2-5 years	14	23.33
	6-10 years	12	20
	11years and above	24	40
9	**Sources of information**		
	Relatives / friends	12	20
	TV / Radio	7	11.66
	Health personnel	24	40
	No information	17	28.33

Table 2. Pretest knowledge score of married women regarding prevention of RTI

PRE-TEST	Maximum score	Respondent's knowledge	
		Mean	Mean %age
	28	7.36	26.3

Table 3. Post-test knowledge score of married women regarding prevention of RTI

POST TEST	Maximum score	Respondent's knowledge	
		Mean	Mean %age
	28	24.30	86.8

CONCLUSIONS:

The conclusions drawn on the basis of the findings of the study include:

1. Knowledge of married women regarding the prevention of RTIs was inadequate before the administration of STP.
2. The STP was effective in increasing the level of knowledge of married women, i.e., overall and in all aspects in the post-test.
3. There was significant association between the gain in knowledge scores and selected demographic variables except with type of family, occupation, source of information and duration of marriage.

REFERENCES:

1. Basavanthappa BT. (2001) Community health nursing. 1st ed. New Delhi: Jaypee Brothers, p. 205.
2. Park K. (2005) Preventive and social medicine. 18th ed. Jabalpur: Bhanot, p. 383.
3. Cates W, Rolf RJ, Aral SO. (1990) Sexually transmitted diseases, pelvic inflammatory disease and infertility; an epidemiologic update. *Epidemiologic Reviews*, 12, 199-221.
4. Gloria Leifer. (2003) Introduction to maternity and paediatric nursing. 4th ed. Missouri: Saunders, 255-261.