

A STUDY TO ASSESS THE EFFECTIVENESS OF SELF INSTRUCTIONAL MODULE (SIM) ON KNOWLEDGE REGARDING PREVENTION OF REPRODUCTIVE TRACT INFECTION (RTI) AMONG THE ADOLESCENT GIRLS OF SELECTED SCHOOL OF KHARAR, MOHALI , PUNJAB

¹MRS. KAMALJEET KAUR & ²MRS. DALJIT KAUR

¹Vice Principal S.P.H.E College of Nursing, Gharuan, Punjab.

²Associate Professor, S.P.H.E College of Nursing, Gharuan, Punjab

ABSTRACT

The study was conducted by researcher to assess the effectiveness of self instructional module (SIM) on knowledge regarding prevention of reproductive tract infection (RTI) among the adolescent girls of selected school of Kharar, Mohali , Punjab, to find out the pretest knowledge and post test to assess the knowledge among adolescent girls regarding prevention of reproductive tract infection and to find out the difference between pretest and post test score on knowledge among adolescent girls regarding prevention of reproductive tract infection and to find out the association between post test knowledge among adolescent girls regarding prevention of reproductive tract infection with selected demographic variables. Purpose of the study was to assess the knowledge of adolescent girls regarding prevention of reproductive tract infection. The main study was conducted at Govt. School Kharar, Mohali, Punjab. 50 samples were selected by total enumeration technique. Structured questionnaire was used for assessing their knowledge which includes demographic variables, Knowledge questionnaire contains 36 items. Planned teaching programme were imparted to enhance the knowledge of adolescent girls regarding prevention of reproductive tract infection. The data gathered were analyzed by using descriptive and inferential statistics.

Pre test results shows that 74% had average knowledge, 20% had poor knowledge and 6% had good knowledge regarding RTI. Post test results shows that 84% had good knowledge, 16% had average knowledge.

KEY-WORDS: Adolescent girls, Effectiveness, Knowledge Reproductive tract infection, SIM.

INTRODUCTION

Adolescence is a fascinating period of life, which is regarded as a unique phase of human development. This period comprised the second decade of individual's life (10-19 yrs). The adolescent years is the bridge between childhood and adulthood and are usually marked by trouble, confusion and stress.

The term adolescence comes from the Latin word "adolescents" which means to grow up. According to James "Adolescence is the period from puberty to early adulthood. WHO describes adolescence as the period between

10 -19 years which includes pre-adolescent (10-13years), middle-adolescent (14-16 years) and late adolescent (17-19 years) .

Adolescent fact sheet reports that adolescents constitute nearly half of world's population (about three billion people), and four out of five young people live in developing countries, a figure which is expected to increase to 87% by the year 2020. According to an article "Adolescents in India", adolescents constitute 21.4% of India's population i.e. 207 million.

In India, comparing with boys, the adolescent girls health, nutrition, education and development are more neglected, which has adverse effect on reproductive health. "Reproductive health is defined as a state of complete physical, mental and social well being not merely absence of disease or infirmity in all matters related to the reproductive system, its functions and processes". Adolescents sexual and reproductive health refers to the physical and emotional well being of adolescents which includes their ability to stay healthy and remain free from RTI and STD.

In our country, early marriage among adolescent girls is an age-old tradition, now-a-days this is changing, at the same time the mean age of marriage is rising resulting in an unprotected sexual activity by this group. In many countries, majority of young people are sexually experienced by the age of 20 and premarital sex is common among 15-19 years old. Risky sexual behavior of adolescents' endangers reproductive health and exposes them to reproductive tract infection.

Reproductive tract infections, which are preventable and treatable, are responsible for causing serious consequences such as Pelvic inflammatory diseases which are very commonly affecting 1 in 8 sexually active adolescent girls before they reach the age of 20.

OBJECTIVES OF THE STUDY

The objective of the study is to assess the knowledge of adolescent girls regarding prevention of reproductive tract infection.

MATERIALS & METHODS

A Quantitative research approach was adopted to achieve the objectives of the study. The research design selected for this study was Quasi experimental. In this study the samples were selected by non probability convenience sampling technique. The study was conducted among 50 adolescent girls. The target population of the study was adolescent girls who are studying in selected schools of Kharar.

CRITERIA FOR SAMPLE SELECTION INCLUSION CRITERIA

- Adolescent girls of 13-17 years
- Adolescent girls who are studying in selected schools.
- Adolescent girls who are willing to participate in the study.

DESCRIPTION OF THE TOOL

Part I: It consist of 8 items related to demographic variables such as age, father's education, mother's education, family income, type of family, source of health information.

Part II: It includes 36 items related to reproductive tract infection which was divided into 3 sections namely Section A, Section B.

Section A: had 16 questions related to female reproductive system.

Section B: had 20 questions related to concept of Reproductive diseases, causes and risk factors.

DATA COLLECTION PROCEDURE

Prior permission was obtained from the concerned authority of the selected schools at Kharar. Keeping in mind the ethical aspect of research data was collected after obtaining informed consent of the sample. The respondents were assured of the anonymity and confidentiality of the information provided by them. The researcher has collected data from samples. Pre-test was conducted from 15/01/2013 to 15/03/2013. The self-instructional module was distributed on the same day following the pre-test. The post-test conducted seven days after the administration of the module to evaluate the effectiveness of SIM.

RESULTS

Pre test results shows that 74% had average knowledge , 20% had poor knowledge and 6% had good knowledge regarding RTI. Post test results shows that 84% had good knowledge ,16% had average knowledge .

FINDINGS RELATED TO PRE TEST AND POST TEST LEVEL OF KNOWLEDGE AMONG ADOLESCENTS GIRLS REGARDING REPRODUCTIVE TRACT INFECTION.

TABLE 1

Pre Test Knowledge Level Of The Adolescent Girls Regarding Prevention Of Reproductive Tract Infection.

Level of knowledge	Percentage range of scores	No of respondents	Percentage
Poor	≤50	10	20%
Average	51-75	37	74%
Good	>75	3	6%

Table 1 shows that highest percentage (74%) of the adolescent girls had average knowledge regarding RTI. 20% of adolescent girls had poor knowledge and only 6% had good knowledge about RTI.

TABLE 2

Post test knowledge level of the students regarding prevention of Reproductive tract infections.

Level of knowledge	Percentage range of scores	No of respondents	Percentage
Poor	≤50	0	nil
Average	51-75	8	16%
Good	>75	42	84%

Table 2 shows that highest percentage (84%) of the adolescent girls had good knowledge regarding RTI. That was really a significant change in knowledge. 16% of adolescent girls had average knowledge and none of the subjects had fallen in poor knowledge category.

TABLE 3

Comparison of pre & post test mean knowledge scores (N=50)

Observation	Mean± S.D	
Pre-test	20.06±4.5	t score: -14.702 df:49 p-value: .0001
Post-test	30.14±3.4	

Table 3 shows that the total mean knowledge score is increased. The findings revealed that the mean percentage of post-test knowledge score was higher as compared to the mean percentage of the pre-test knowledge. The pretest mean score was 20.06±4.5 and the post test mean score was 30.14±3.4. The effectiveness of SIM was observed in all areas suggesting that it was effective in increasing the knowledge of girls regarding prevention of reproductive tract infection.

TABLE 4
Distribution of adolescents girls based on association between demographic variables with post test knowledge

N=50

Socio-demographic Characteristics	Below mean	Above mean	Chi square, df, p-value
Age(in years)			
13-14	16	22	.116, 1, .733 ^{NS}
15-16	4	7	
Type of Family			
Nuclear	12	17	0.009, 1,.963 ^{NS}
Joint	8	12	
Family Income (in Rupees)*			
≤20000	15	14	
21000-30000	3	8	20.41,3,.026*
31000-40000	1	5	
41000-50000	1	2	
Residence			
Urban	13	15	
Rural	7	4	0.852,1,.356 ^{NS}
Fathers Qualification			
Upto 10 th	11	10	
Senior secondary	4	7	
Graduate and above	5	12	2.168,2,.338 ^{NS}
Mothers qualification			
Illiterate	1	2	
Upto 10 th	13	20	
Senior secondary	3	2	
Graduate and above	3	5	0.895, 3, 0.827 ^{NS}
Source of information			
Mass media	1	2	
	17	22	

Parents friends	2	5	0.628,2,0.734 NS
*statistically significant (p<0.05)		NS: Non significant (p>0.5)	

Table 4 depicts that distribution of the subjects based on association between demographic variables with post test knowledge. As the knowledge score is divided into two category i.e. Score above and score below the mean .and its association with the different variables is seen. Chi square value for each demographic variable with the pretest knowledge score was calculated. In none of the variable except family income significant relation was found.

DISCUSSION

RTI is a very common problem among the adolescent girls. The present study was conducted to evaluate the effectiveness of SIM on RTI among adolescent girls in order to improve their knowledge regarding prevention of RTI.

Part I: Percentage distribution of adolescent girls with reference to their demographic variables:

In the current study 76% were in the age group of 14-15 years whereas (24%) were in the age group of 15-16 years. A similar study was conducted on diagnosis of RTI in U.S.A. Study results revealed that sexually active adolescent girls aged 14-19 years are frequently diagnosed with RTI than adult women aged 25-29 years. These findings suggest that age of adolescent girls is a significant factor in describing the risk factors for RTI.

Percentage distribution of adolescent girls according to their fathers' education shows that about 2/3 (42%) of girls belonged to fathers' who had matric qualified, (24%) belonged to fathers' who were senior secondary. (34%) belonged to fathers', who were graduate.

Distribution of adolescent girls according to their mother's education shows that more than (68%) of girls belonged to mothers' who were Metric.(16%) belonged to mothers' who had graduation and (6%) belonged to mothers' who were illiterate.

As presented in the (58%) of the girls belonged to a family income less than 20,000. (24%) had a family of Rs 21-30000 Rs/month..

Distribution of samples with reference to type of family reveals that greatest percentage (58%) of girls belonged to nuclear family and (42%) belonged to joint family

The analyzed data regarding source of health information for adolescent girls reveals that highest percentage (80%) of samples received health information from parents. (6%) gained knowledge from mass media, (14%) from friends

A similar study was conducted on risk factors for PID in inner city of Mumbai. Study result revealed that one of the independent risk factor for PID was later age at Menarche. (.or =14 years.) These findings suggest the feasibility of considering the age at menarche of adolescent girls as a significant factor in defining risk group for PID.

Part II: Analysis of pre-test knowledge of adolescent girls in selected areas of RTI

Section A: Level of knowledge of adolescent girls regarding RTI.

Assessment of level of knowledge of adolescent girls shows that highest percentage (74%) of the adolescent had average knowledge regarding RTI. 20% of adolescent girls had poor knowledge and only 6% had good knowledge about RTI.

CONCLUSION

Pre test results shows that 74% had average knowledge, 20% had poor knowledge and 6% had good knowledge regarding RTI. Post test results shows that 84% had good knowledge, 16% had average knowledge. This findings shows that Structured Teaching Programme had significant effects on Knowledge adolescents girls regarding prevention of RTI.

Implications:

The findings of the following study can be utilized in the following ways.

Nursing practice:

- Promotion of health and prevention of diseases is the present day trend in health care industry, which is also greatly emphasized by WHO.
- Nurses have a major role in improving the health of the people by conducting awareness education programme. National population policy identified adolescent girls as the underserved population of the country.
- Adolescent girls are more prone for reproductive tract infection and its complication such as RTI.
- In the hospital setting nurses can provide health teaching on RTI.
- Self -instructional module can be distributed in the OPD.
- Health education pamphlet can be given on RTI
- Audio –visual materials can be prepared on RTI including PID and can be displayed in STD and pediatric clinics. Nurses from STD clinic, pediatric clinic and OPD can contribute much to the public by the above said ways.

Nursing education:

Nurses should have thorough knowledge regarding various components of health in order to provide holistic care to the society. One of the major aspects of health is reproductive health. Nurses should to have detailed knowledge regarding reproductive health and issues so that they can motivate the adolescents about the preventive measures. The sex education including various reproductive problems should be incorporated in curriculum of nursing

education; the findings of the study would help the nurses to develop an in-sight into the importance of health education regarding RTI.

Nursing research:

Nursing practice should be based on scientific body of knowledge. There are only very few studies conducted on RTI in India. More innovative teaching methods like reproductive health and issues package can be implemented and its effectiveness can be evaluated. Further research should be conducted to create awareness

Recommendations:

Based on the findings following recommendations were put forward for the further research.

- A same study can be conducted on a larger sample
- A same study can be conducted in community area among reproductive age group women.
- A planned teaching programme can be conducted to determine the Effectiveness of PTP on RTI.
- A comparative study can be conducted between urban and rural high school students on knowledge of RTI

REFERENCES

1. Bang RA, Bang AT, Baitule M, Choudhary T, Sarmukaddam S, Tale O. High prevalence of gynaecological diseases in rural Indian women. *Lancet*. 1989;1: p 85–8.
2. Behman RE, Kleigman EM, .Nelson’s Textbook of pediatrics,2004. 5th edition, Philadelphia, Saunders Publication p 68.
3. Garg S, Sharma N, Bhalla P, Sahay R, Saha R, Raina U, et al. Reproductive morbidity in an Indian urban slum: Need for health action,2002; *Sex Transm Infect.*: p 68–9.
4. Latha K, Kanani SJ, Maitra N, Bhattacharya RV. Prevalence of clinically detectable gynaecological morbidity in India: Results of four community based studies. *Family Welfare*. 1997;43:p 8–16.
5. Majundar R, GangulySK. “A study of adolescent girls in Pune” 2000;. *Health and population perspectives and issues* 23 (2) : p 95- 104.
6. NIAID – Pelvic inflammatory diseases (online) available from URL: <http://www.niaid.nih.gov>.
7. Thalprabhu. Mumbai, 1998, Sex education to adolescents, 1st edition , Ashok Kesav publication,; p 69,180.
8. Vishwanath S, Talwar V, Prasad R, Coyaji K, Elias CJ, de Zoysa I. Syndromic management of vaginal discharge among women in a reproductive health clinic in India. *Sex Transm Infect*. 2000; p303–6.
9. Whaley Wong, Philadelphia, 1995.Nursing care of infants and children, mosby publication:
10. World Health Organization. Programme for adolescents Health and development; 1999 Report of a WHO, UNFPA<UNICEF study group; GENEVA
11. World youth report 2005, report of the secretary General, New York, United Nations.