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Effectiveness of structured teaching programme regarding prevention of sexually transmitted infections on knowledge among women attending department of obstetrics and Gynaecology KGMU Lucknow

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Abstract
Background: The world health organization defined (STIs) as 'Infections that are transfuse from one individual to another individual by sexual contact indeed to be transfer through the utilization of intravenous drug needles once its use from an infected person as well as spread during childbirth or breastfeeding'. The study was conducted to determine the effectiveness of structured teaching programme regarding prevention of sexually transmitted infections on level of knowledge among women.
Method: A quasi experimental research design (one group pre test post test based study was carried out in department of Obstetrics and Gynecology. Total 90 women aged 15-49 years were selected by convenient sampling technique. Structured teaching questionnaire was administered regarding sample characteristics of the women and their knowledge about the sexually transmitted infections. Mean, standard deviation of scores, frequency and percentage were used for the descriptive analysis. Chi-Square test used to find the association between sample characteristics with scores of knowledge aspect 't test to find out the effectiveness of structured teaching programme.
Results: The result revealed that pre test experimental group, majority of 40(44.4%) women had poor knowledge, followed by 37(41.2%) had average knowledge and least 13(14.4%) had good knowledge. In post test experimental group, majority of 49(54.4%) women had good knowledge, followed by 37(41.2 %) had average knowledge and least 04(4.4%) had poor knowledge. The mean pre test score of women was 12.04 and the mean post test score was 18.29.The standard deviation of pre test score was ±5.700 and the post test score was ±4.791.
Conclusion: The study concluded that structured teaching programme was effective.

Keywords: Effectiveness, knowledge, women, sexually transmitted infection, structured teaching programme

Introduction

Sexual along with reproductive health is an imperative component of human well-being. It is in fact important to ensure that every person of society privilege from healthy sexual interactions they have an opportunity to live their sexuality, but some of the most extensive threats to this well-being are sexually transmitted infections (STIs). These can be passed on between partners that are infected also another who expose further susceptible to these infections. STIs can cause a vast array of consequences in short and long term, moreover addressed effectively through treatment once diagnosed properly [1].

The world health organization defined Sexually Transmitted Infections (STIs) as 'Infections that are transfused from one individual to another individual by sexual contact indeed to be transferred through the utilization of intravenous drug needles once its use of an infected person as well as spread during childbirth or breastfeeding' [2].

In 2017 over 30 various types sexually transmissible viruses, bacteria, parasites, protozoa and fungus that can lead to have the sexually transmitted infection [3]. More than 1 million STIs attains every day worldwide among individual age group 15-49 year. In each year an estimated 357 newly infections with 1 of 4 sexually Transmitted Infections such as Chlamydia, Syphilis, Trichominasis and Gonorrhea. Considerably over 500 million persons are predicting to have the genital infection. Herpes Simplex Virus (HSV) infection causes 570000 cases of cervical cancer in which 300000 deaths each year. Further 290 million women have Human Papillomavirus

Further 290 million women have Human Papillomavirus (HPV) infection. The greater numbers of persons have no symptoms or only some mild symptoms that may not be recognized as STIs [4].

In India calculates that 5% of the adult population (2017) has STIs symptoms that impinge health adversely as infertility, chronic physical pain, infant mortality rate, ectopic pregnancy, puerperal sepsis, social rejection by women. Around 340 million current cases are sexually transmitted bacterial infections in which 100 million young people suffer annually. Many people untreated due to numerous obstacles in identification along with lack of access to competent or affordable services. Many of these infections even increase the risk of HIV transmission [5].

In past decades Sexually Transmitted Infections are also labelled as Sexually transmitted Diseases (STDs) or Venereal Diseases [6]. The women don't exhibit indications with some STIs, such misconstrue they need treatment. It's estimated that numerous as one in five Americans has genital herpes but up to 90 percent are unaware that they have it. HPV is the foremost common STI in women [7]. Sexually transmitted human papillomavirus (HPV) are high risk cause of carcinoma and low risk types lead to warts of genitoanal area [8].

Almost all STIs affect men and women, but in the majority of cases the health problems are more severe for women. If a pregnant woman has STI, it can cause genuine wellbeing issues for the baby. Antibiotics can treat STIs caused by bacteria or parasites. There is no cure for STIs caused by a virus, but medicines can often help with the symptoms even they keep infection beneath control the rectify usage of latex condoms enormously diminishes infections [9]. The cause of increase incidence is certainly related to the disinterest of most population towards STIs the lack of interest is link to inadequacy for information devote to subject especially by young people consequently to poor knowledge. The hassle with most of STIs is that they can occurs symptom free and thus can be passing on throughout unprotected sexual intercourse [10].

STIs are spread primarily spread through sexual contact a major cause of morbidity and mortality around the world. Once identified some sexually transmitted infections can be cured following appropriate therapy others suppressive regimens and approaches to prevent ongoing transmission are critical. The incidence of many common STIs is expanding in the US as well as worldwide. Hundred millions of people are currently infected. Laboratory analysis plays a major support in the diagnosis and treatment of STIs. The clinical laboratories should be familiar with the current guidelines for testing [11].

Data signify that pregnant women could increase STIs incidence due to gravitate report for minimum use of condom compared to women who are not pregnant. In conquest to sexual venture behaviours as intravaginal practices, including douching cleaning, wiping insertion of materials into the vagina also been analysis as a possible risk determinant for STI acquisition particularly HIV can be varied during pregnancy. Aberrant in immune ramification physiological advance to the cervix that occur during pregnancy are thought to be potential biological pathways of increased risk [12].

Methodology

A quasi experimental research design one group pre test post test. Total 90 samples selected by convenient sampling technique. Structured teaching questionnaire was administered regarding sample characteristics of the women and their knowledge about the sexually transmitted infections. This study was conducted in department of Obstetrics and Gynaecology KGMU Lucknow Description of tool

Section A

Consist of Sample characteristics

It includes Age, Religion, Educational status, Type of family, Occupation, Family income per month, Residential area, Number of children, Have you ever heard about sexually transmitted infections, If yes source of information, Marital status, If yes years of marriage.

Section B:

Consist of Self Structured knowledge questionnaire

The tool is organized into two parts

B1: Contains (1-15) questions about the sexually transmitted infections that include an Introduction, Definition, Factors affecting the incidence, Mode of transmission, Health problem, Types, Symptoms of sexually transmitted infections.

B2: Contains (16-30) questions about the prevention of sexually transmitted infections.

Scoring mode

For knowledge questions, each correct answer was given of one mark and wrong answer awarded zero mark.

Data collection procedure

1. After getting ethical permission from the ethical committee of KGMU.
2. Women selected by convenient sampling technique.
3. Self introduction was given to women.
4. Rapport established with them.
5. The purpose of the study and confidentiality of information also explained to women.
6. Written informed consent taken from the women after explaining research problem statement aims and objectives.
7. On 1st visit of women attending in Gynecological OPD in the Department of Obstetrics and Gynecology KGMU Lucknow. Pre test data collected by taking filled responses of women taken by structured questionnaire through paper and pencil technique in separate room on first floor of Gynecological OPD in the Department of Obstetrics and Gynecology KGMU Lucknow.
8. Each woman has taken an average time of 25-30 minutes to complete structured questionnaire. On same day after women completed pre test data the structured teaching programme given for 30 minutes.
9. Effectiveness of teaching programme assessed on 2nd visit after 7 days of pre test the post test taken by same women through same structured questionnaire through paper and pencil technique in separate room on first floor of Gynecological OPD in Department of Obstetrics and Gynecology KGMU Lucknow.

Plan for data analysis

Statistical analysis is the organization and analysis of quantities data using statistical procedures using descriptive (frequency and percentage) and inferential statistics (chi-square, t test).

Result

Section – A

Distribution of selected sample characteristics of women attending department of Obstetrics and Gynecology

Table 1: Frequency and percentage distribution of women attending department of Obstetrics and Gynecology with their sample characteristics

n=90

S. No	Categories	Frequency	Percentage
1	Age in completed years		
	15-24 year	18	20.0
	25-34 year	53	58.9
	35-44 year	15	16.7
	45- 49 year	4	4.4
2	Religion		
	Hindu	74	82.2
	Muslim	13	14.4
	Christian	0	0
	Others	3	3.3
3	Educational status Primary	10	11.1
	Secondary	45	50.0
	Graduation	28	31.1
	Post graduation above	7	7.8
4	Type of family Nuclear	27	30.0
	Joint	61	67.8
	Extended	2	2.2
	Other	0	0
5	Occupation Housewife	61	67.8
	Private employee	19	21.1
	Government employee	3	3.3
	Others	7	7.8
6	Monthly family income Below10, 000 Rs	7	7.8
	10,001-20,000 Rs	26	28.9
	20,001-30,000 Rs	42	46.7
	Above 30,000 Rs	15	16.7
7	Residential area Rural	52	57.8
	Urban	38	42.2
8	Number of children Single children	30	33.3
	Two children	19	21.1
	Three children	2	2.2
	More than three children	1	1.1
9	a) Have you ever heard about Sexually Transmitted Infection?		
	Yes	64	71.1
	No	26	28.9
	b) If, yes source of information Mass media	15	16.7
	Family	9	10.0
	Peer group	19	21.1
	Physician /Health workers	21	23.3
10	a) Marital Status Married	77	85.6
	Unmarried	13	14.4
	Others	0	0
	b) If, yes than years of marriage Less than one year	14	15.6
	1-5 years	35	38.9
	5-10 years	17	18.9
	More than 10 years	12	13.3

Section – B: Analysis and interpretation on pre test and post test level of knowledge regarding sexually transmitted infections among women attending department of Obstetrics and Gynecology.

Table 2: Item wise overall analysis of pre test and post test level of knowledge regarding sexually transmitted infections among women attending department of Obstetrics and Gynecology.

n=90

S. No	Section in questions	Pre test		Post test	
		(f)	(%)	(f)	(%)
Introduction of sexually transmitted infections					
1.	Incorrect	24	26.7	02	2.2
	Correct	66	73.3	88	97.8
2.	Incorrect	64	71.1	46	51.1
	Correct	26	28.9	44	48.9
Factors affecting the incidence of sexually transmitted infections					
3.	Incorrect	51	56.7	21	23.3
	Correct	39	43.3	69	76.7
4.	Incorrect	59	65.6	37	41.1
	Correct	31	34.4	53	58.9
Mode of transmission of sexually transmitted infections					
5.	Incorrect	37	41.1	20	22.2
	Correct	53	58.9	70	77.8
6.	Incorrect	52	57.8	37	41.1
	Correct	38	42.2	53	58.9
7.	Incorrect	70	77.8	49	54.4
	Correct	20	22.2	41	45.6
Health Problems related to sexually transmitted infections					
8.	Incorrect	60	66.7	37	41.1
	Correct	30	33.3	53	58.9
9.	Incorrect	60	66.7	38	42.2
	Correct	30	33.3	52	57.8
10.	Incorrect	69	76.7	42	46.7
	Correct	21	23.3	48	53.3
11.	Incorrect	52	57.8	36	40.0
	Correct	38	42.2	54	60.0
12.	Incorrect	69	76.7	44	48.9
	Correct	21	23.3	46	51.1
Types of sexually transmitted infections					
13.	Incorrect	54	60.0	38	42.2
	Correct	36	40.0	52	57.8
Symptoms of sexually transmitted infections					
14	Incorrect	52	57.8	36	40.0
	Correct	38	42.2	54	60.0
	Incorrect	70	77.8	44	48.9
	Correct	20	22.2	46	51.1
Pre15vention of sexually transmitted infections					
16	Incorrect	51	56.7	32	35.6
	Correct	39	43.3	58	64.4
17	Incorrect	56	62.2	39	42.2
	Correct	34	37.8	51	57.8
18	Incorrect	62	68.9	38	42.2
	Correct	28	31.1	52	57.8
19	Incorrect	55	61.1	39	43.3
	Correct	35	38.9	51	56.7
20	Incorrect	38	42.2	29	32.2
	Correct	52	57.8	61	67.8
21	Incorrect	58	64.4	46	51.1
	Correct	32	35.6	44	48.9
22	Incorrect	53	58.9	34	37.8
	Correct	37	41.1	56	62.2
23	Incorrect	48	53.3	34	37.8
	Correct	42	46.7	56	62.2
24	Incorrect	52	57.8	27	30.0
	Correct	38	42.2	63	70.0
25	Incorrect	70	77.8	48	53.3
	Correct	20	22.2	42	46.7
26	Incorrect	50	55.6	31	34.4
	Correct	40	44.4	59	65.6
27	Incorrect	42	46.7	29	32.2
	Correct	48	53.3	61	67.8
28	Incorrect	60	66.7	38	42.2
	Correct	30	33.3	52	57.8
29	Incorrect	37	41.1	19	21.1
	Correct	53	58.9	71	78.9
	Correct	51	57	64	71.1
30	Incorrect	39	43.3	26	28.9

Section –C: Comparison of pre test and post test level of knowledge regarding prevention of sexually transmitted infections among women attending department of Obstetrics and Gynecology.

Table 3: Categories wise overall pre test and post test comparison of level of knowledge regarding prevention of sexually transmitted infections among women attending department of Obstetrics and Gynecology based on total score.

n=90

	Study group			
Level of knowledge	**Pre test Frequency Percentage**		**Post test Frequency Percentage**	
	(f)	**(%)**	**(f)**	**(%)**
Poor	40	44.4	04	4.4
Average	37	41.2	37	41.2
Good	13	14.4	49	54.4
Total	90	100.0	90	100.0

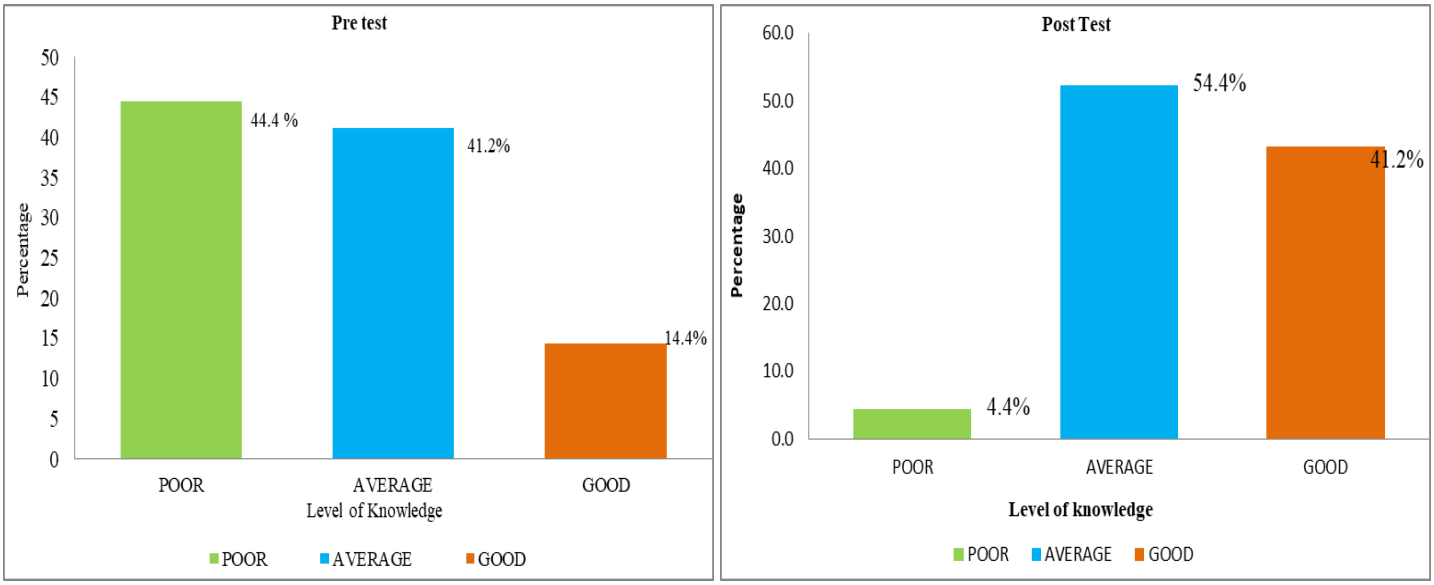

Fig 1: Categories wise overall pre test and post test comparison of knowledge regarding prevention of sexually transmitted infections among women attending department of Obstetrics and Gynecology based on total score.

Table 4: Mean, standard deviation, mean difference paired 't' value and p value of pre test and post test level of knowledge among women attending department of Obstetrics and Gynecology.

n=90

Level of knowledge	Mean score	Standard deviation	Mean difference	't' value	p value
Pre test	12.04	5.700	6.25	14.796*	0.00001
Post test	18.29	4.791			

*Significant at the level of $p<0.05$

Table no 4 reveals that among women, the pre test mean score was 12.04 with the standard deviation 5.700 and post test mean score was 18.29 with the standard deviation 4.791 in which mean difference was 6.25.The calculated 't' value 14.796 and calculated p value 0.00001 was significant at p <0.05 level.

Hence the stated null hypothesis (H_0) was rejected and research hypothesis (H_1) was accepted and it was inferred that there was significant difference between mean pre test and post test level of knowledge. The calculated p value is less than 0.05 at 0.05 level of significance. Hence, it proves that the structured teaching programme was effective in improving knowledge regarding prevention of sexually transmitted infection among women

Section –D: Association of pre test level of knowledge regarding prevention of sexually transmitted infections among women attending department of Obstetrics and Gynecology with their selected sample characteristics.

Table 5: Distribution of association of pre test level of knowledge with selected sample characteristics among women attending department of Obstetrics and Gynecology.

n=90

Sample characteristics	Subject knowledge			χ^2	df	p value 0.05
	Poor	Average	Good			
Age						
15-24 year	10	6	2	3.073	6	12.59^{NS}
25-34 year	22	22	9			
35-44 year	6	8	1			
45- 49 year	2	1	1			
Religion						
Hindu	3	33	8	3.073	4	9.49^{NS}
Muslims	3	2	4			
Christian	7	2	1			
Educational status						
Primary	7	2	1	16.33	6	12.59^{NS}
Secondary	22	19	4			
Graduation	9	15	4			
Post graduation and above	2	1	4			
Type of family						
Nuclear	14	10	3	3.552	4	9.49^{NS}
Joint	25	27	9			
Extended	12	1				
Occupation						
Housewife	30	23	8	3.020	6	12.59^{NS}
Private employee	6	9	4			
Government employee	1	2	0			
Others	3	3	1			
Have you ever heard about Sexually Transmitted Infection?						
Yes	19	32	13	2.478	6	12.59^{NS}
No	21	5	0			
If, yes source of information						
Mass Media	3	9	3	23.868	8	15.51^{NS}
Family	5	3	1			
Peer group	5	10	4			
Physician /Health workers	6	10	5			
Marital Status						
Married	37	29	11	3.113	2	5.99^{NS}
Unmarried	3	8	2			
If, yes than years of marriage						
Less than one year	8	4	2	8.644	8	15.51^{NS}
1-5 years	19	11	5			
5-10 years	6	7	4			
More than 10 years	4	7	1			

Table no 5 reveal association of pre test level of knowledge regarding prevention of sexually transmitted infections among women attending department of Obstetrics and Gynecology with their selected sample characteristics.

Discussion

The study revealed that among 90 women, majority of the women 40(44.4%) had poor knowledge, followed by 37(41.1%) had average knowledge and least 13 (14.4%) had good knowledge. In majority of the women 49(54.4%) had good knowledge, followed by 37(41.2%) had average knowledge, and least 04(4.4%) had poor knowledge. It was inferred that, most of women had poor and average knowledge in pre test and most of had good knowledge in post test. The mean pre test score of women was 12.04 and the mean post test score was 18.29.The standard deviation of pre test score was 5.700 and the post test score was 4.791

The above mentioned findings are supported by the following study

Kashid S, Mhaske N. (2017) conducted a Quasi Experimental study to assess the Effectiveness of Structured Teaching Programme on Knowledge of Sexually Transmitted Disease among 100 women of Vitthalnagar Loni. Data was analysed by descriptive and inferential statistics. The tests used for calculation of frequency, percentage, mean, standard deviation and chi-square test. Result revealed that 45.58% women knew about information of sexually transmitted disease, 46.25% knew sign and symptoms, 41.25% knew the treatment & prevention, 41.11% knew the treatment and prevention after the planned teaching so there is significant change in the pre test knowledge. Study concluded that the planned teaching on sexually transmitted disease is proved to be effective in bestow knowledge and raise awareness.[45]

Zala R. (2017) conducted a pre-experimental, one group pre-test and post-test research design in selected Lowry Memorial High School, Bangalore to evaluate the effectiveness of the Structured Teaching Programme with 50 sample using non-probability convenient sampling technique. The tool used for the data collection was self administered structured questionnaire. In result statistical paired' test implies that the mean percentage difference in the pre-test and post-test knowledge score found statistically significant at 5% level (t=51.20*, *P*<0.05). The overall mean post-test knowledge score of adolescent girls on transmission and prevention of HIV/AIDS is 88.83%. It is apparently higher than that of pre-test knowledge score of 67.67% with intensification of 21.16%. The study concluded that Structured Teaching Programme further improve the knowledge of the adolescent girls. [46]

Finding related to comparison of level of knowledge

Analysis results showed that the overall pre test mean was 12.04 and post test mean score was 18.29.So the knowledge score of women regarding prevention of sexually transmitted infections had enhanced. Since the post test score is more than the pre test score, so the structured teaching programme was effective.

The comparison of pre and post test level of knowledge reveals that the overall improvement mean was 18.29. The obtained value was higher than table value 't' t=14.79 which is highly significant at 0.05 level than table value. So the research hypothesis (H1) is accepted and null hypothesis is rejected. So this is evident that the structured teaching programme regarding sexually transmitted infections was effective.

Conclusion

The purpose of the study was to assess the effectiveness of structured teaching programme regarding prevention of sexually transmitted infections on knowledge among women attending department of Obstetrics and Gynecology KGMU Lucknow. The Quasi experimental research design (one group pre test-post test design) used by researcher to assess the level of knowledge, Convenient sampling technique is used to select 90 samples. The tool was developed than after reviewing the relevant literature, self structured questionnaire was used to assess the level of knowledge regarding prevention of sexually transmitted infections among women. The collected data was calculated by using descriptive and inferential statistics based on the objective of the study. The hypothesis were tested and accepted.

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